

Your Way Senior Care Limited

# Right at Home South Cheshire

## Inspection report

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## Ratings

Overall rating for this service	Outstanding 
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?	Outstanding 

# Summary of findings

## Overall summary

The inspection took place on 21 February 2018 and was announced.

This was the first inspection of Right at Home South Cheshire since it was registered in December 2016.

This service is a domiciliary care service. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

Right at Home South Cheshire (Right at Home) operates as a franchise of Right at Home UK. It provides care and support to people in their own homes including; companionship, home help and personal care. This report focuses on the experiences of people who received personal care as part of their support package. Most of the people who use the service are older people, some of whom are living with dementia. Right at Home provided services to 37 people at the time of our inspection. 18 people received the regulated activity of personal care.

The service had two registered managers in place at the time of the inspection.

People were supported by staff who were exceptionally kind, caring and compassionate. Each of the people we spoke with was very positive about their relationship with their care givers and the manner in which they were treated.

The staff that we spoke with clearly knew the people they cared for well and provided care in a genuinely person-centred way. Each of the care records that we saw contained detailed information about people's care needs, their likes, dislikes and personal histories.

We saw clear evidence that staff had worked in their own time for the benefit of people using the service. People using the service and their relatives were given additional support during difficult periods.

We saw from records that people had shown significant improvement in their physical and mental health and wellbeing since receiving support from Right at Home. People told us that care givers always treated them in a respectful way and provided care in a way that maintained their dignity.

People, relatives and staff told us the service was exceptionally well-managed and communicated effectively with them. They said the service they received from the office staff was friendly, professional and efficient.

The management team carried out regular checks, including spot checks to ensure that staff continued to demonstrate the service's values in their day to day work. The registered care manager and deputy care manager regularly worked with care givers to provide additional support as required.

Staff were provided with the support they needed to deliver outstanding care. This included; regular supervision and appraisal, team meetings, effective communication, additional training and informal support. Staff were also actively encouraged to speak-out and make suggestions to improve safety and quality.

It was clear that the management team had worked effectively with people using the service, community professionals and staff to deliver high-quality, person-centred care. Care records and comments provided evidence that this had been the case when the service was first registered. It was equally clear that service quality had continuously evolved and improved to meet the needs of individuals and the wider community.

The management team organised events that were open to people receiving care but also benefited people in the local community who did not use the service. For example, a chair-based exercise group had been recently established in the service's offices. Right at Home made extensive use of its shop-front location to promote other activities and events in the local area. For example, Dementia Friends events had been regularly delivered with the support of the Alzheimer's Society.

Right at Home had established effective working relationships with other professionals involved in people's care, including GPs, district nurses and occupational therapists. The professionals we contacted told us the service was well managed and maintained high standards of care and professionalism.

Right at Home demonstrated a clear commitment to learn from incidents and actively encouraged people receiving care and staff to make suggestions for improvements in safety and quality. The responses to the 2018 surveys provided positive feedback about the service, with many people highlighting the caring and responsive approach of staff. 100% of the people who responded said that the service was making a positive difference to their life. 100% of the respondents said they were likely or highly likely to recommend Right at Home.

People told us they felt safe receiving care from Right at Home. Staff were knowledgeable about the types of abuse and neglect people may experience and in recognising the signs of abuse. Staff knew how to report their concerns and told us that they would not hesitate to whistleblow (report concerns to an external body) if necessary.

Staff were safely recruited following the completion of appropriate checks. Each staff file that we saw contained at least two satisfactory references, photographic identification and evidence of a recent Disclosure and Barring Service (DBS) check. DBS checks are used to help employers establish if applicants are suited to working with vulnerable people.

Where people's care involved support with medicines, this was managed safely. The medicines' policy was extensive and provided clear guidance for staff regarding safe practice and legislation. Staff responsible for administering medicines had been trained in this area and their competency had been assessed.

People received their care from staff who were well trained and supported. People and their relatives told us the staff were of a consistently high standard. Staff were given the induction, training and support they needed to do their jobs to a high standard. New staff were required to complete the Care Certificate.

People who received support with meals told us they enjoyed the food their care givers prepared and that their care givers knew their dietary needs and preferences. Staff commented that the minimum call time of an hour gave them time to prepare meals from fresh ingredients rather than just re-heating pre-prepared meals.

Each person had an individual care plan developed from their initial assessment. This was done with the involvement of the person and/or their representative. Care plans provided detailed guidance for staff about people's needs and the way they preferred things to be done. Care plans and risk assessments were subject to regular review to ensure that they reflected current needs.

Right at Home had a complaints procedure which was provided to people and their relatives when they started to use the service. The majority of people told us they had not needed to complain as the provider contacted them regularly to hear their views and ask for feedback about the service. Where people had felt the need to complain or raise concerns, the service had responded promptly in accordance with policy to resolve the matter and produce a written response.

## 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.

Systems and processes were in place to protect people from the risk of abuse and neglect.

Staff were safely recruited in sufficient numbers to provide consistency of care.

Medicines were well managed in accordance with people's individual needs and preferences.

### Is the service effective?

Good ●

The service was effective.

The service made good use of legislation and standards to deliver effective care.

People were supported to access healthcare in a flexible manner.

People were actively encouraged to eat well, and staff were creative in ensuring that their needs were met.

### Is the service caring?

Outstanding ☆

The service was extremely caring.

People were exceptionally positive regarding the caring attitude and approach of staff.

Staff knew people well and used information effectively to develop strong relationships and provide high-quality care.

People and their relatives were consistently engaged in making decisions about care which were subject to regular review.

### Is the service responsive?

Good ●

The service was responsive.

Staff took time to get to know people and record their

preferences in detail.

Information was used effectively to ensure that people received care that was tailored to meet their needs and flexible enough to respond as required.

The service had received a small number of complaints that had been responded to appropriately and used as an opportunity to improve practice

### **Is the service well-led?**

The service was extremely well-led.

People told us the service was very well-managed and that office staff were friendly, professional and efficient.

All staff shared a commitment to providing high quality person-centred care that consistently exceeded people's expectations.

The agency had very positive working relationships with other professionals involved in people's care.

The agency's quality monitoring systems were effective in monitoring performance and driving improvement.

**Outstanding** 

# Right at Home South Cheshire

## **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 was 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 21 February 2018. The provider was given 24 hours' notice of our visit because we wanted to ensure the registered managers were available to support the inspection process. The inspection was undertaken by an adult social care inspector.

Before the inspection we reviewed records held by CQC which included notifications and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. We also contacted health and social care professionals to ask for their comments. We used all of this information to plan how the inspection was conducted.

During the inspection we visited the service's office and spoke with the managing director/registered manager, care manager/registered manager, group care and compliance manager and three care givers (care assistants). We also spoke with four people who used the service and two relatives. We checked care records for six people, including their assessments, care plans and risk assessments. We also checked four staff files, complaints and compliments logs, audits and other documents relating to the management of the service.

## Is the service safe?

### Our findings

People told us they felt safe receiving care from Right at Home. Comments included; "We're safe. The carers couldn't be any better. Everything they do for us really helps. We couldn't manage without the carers", "The attentiveness of the people that come here [makes me feel safe]. Staff make sure I take the right medication" and "They're never late. Always on time." The relatives that we spoke with were equally positive about how safe the service made people feel. One person said, "[Relative] can be difficult, but they always cope. They're always on time and stay for as long as you want. They're all introduced. You recognise their faces." While another relative told us, "Staff are very reliable and [relatives] are safe and settled."

Staff completed safeguarding training and understood their responsibilities. Staff were knowledgeable about the types of abuse and neglect people may experience and in recognising the signs of abuse. Staff knew how to report their concerns and told us that they would not hesitate to whistleblow (report concerns to an external body) if necessary. The registered managers completed a safeguarding tracker which captured important information and allowed for the monitoring of outcomes and improvements in practice. For example, care givers reported concerns that a person living with dementia was vulnerable because they were left alone for long periods in between visits. Managers reported this to the adult safeguarding team within the local authority. Following an incident when the person was found to be missing from their home by a care giver, Right at Home introduced the Herbert Protocol which requires the recording of important information about vulnerable people which can be used to help find them if they go missing.

Risk was assessed as people were referred to the service and was subject to regular review. We saw clear evidence of risk assessments in people's care records in relation to; falls, medication, personal care, moving and handling and the physical environment. Where incidents had occurred which potentially compromised people's safety, the service responded quickly to ensure their safety was maintained. For example, staff had identified a risk because two walking frames were kept on a landing. Instructions were included in care plans to remind staff to keep them stored against a wall to reduce the risk of tripping. Incidents and accidents were recorded in appropriate detail and analysed to see if any patterns or trends emerged. The number of incidents and accidents was low for a service of this size.

Staff were safely recruited following the completion of appropriate checks. Each staff file that we saw contained at least two satisfactory references, photographic identification and evidence of a recent Disclosure and Barring Service (DBS) check. DBS checks are used to help employers establish if applicants are suited to working with vulnerable people. Staff files also contained a one page profile which provided basic information on people including hobbies and interests. This information was used to help match staff to people receiving care.

The service had recruited sufficient staff to ensure consistency for people receiving care. People told us how much they valued seeing the same people. People also told us that they could rely on their care givers and that their care givers had never missed a visit. Relatives told us that care givers were nearly always on time. They said a member of office staff always contacted them or their family member to let them know if a care worker was running late.

Where people's care involved support with medicines, this was managed safely. The medicines' policy was extensive and provided clear guidance for staff regarding safe practice and legislation. Staff responsible for administering medicines had been trained in this area and their competency had been assessed. Staff maintained medicines administration record (MAR) sheets in people's homes. MAR sheets were returned to the office and audited on a regular basis. We saw that a small number of minor issues had been identified and corrected. For example, one member of staff had completed the sheet using blue ink. An action had been agreed and completed to remind them of the necessity to use black ink in accordance with policy and best-practice. No significant issues had been identified in the records we saw. The level of support people required to take their medicines was detailed in their care plans, which ensured staff provided appropriate assistance with this aspect of their care.

The managing director explained that the service's monitoring systems would alert the office team if a care worker had not arrived on time at a scheduled visit. Care givers were required to log in when they arrived at a visit and to log out on departure. If a care worker had not logged in within 15 minutes of the scheduled call time, the office received an alert to advise them of this. Office staff were then able to contact the care worker to establish their whereabouts and to contact the person receiving care if necessary.

People were protected from the risk of infection by staff who were appropriately trained and provided with personal protective equipment (PPE). The proper use of PPE (such as gloves and aprons) when providing personal care or preparing food significantly reduces the risk of cross-infection. Staff understood their responsibility to relation to infection control and were guided by a comprehensive policy.

## Is the service effective?

### Our findings

People received their care from staff who were well trained and supported. People and their relatives told us the staff were of a consistently high standard. Comments included; "We've been very lucky with all the carers. They know enough to do things automatically. They've all taken care of my [specific healthcare need] exceptionally well", "They've got a high calibre of carers" and "They have incredible training to support them in what they're doing."

It was clear from discussions with managers and staff that they understood and made good use of best-practice guidance in relation to a range of care topics. This included; medicines, a range of physical health conditions and dementia. Throughout the inspection we saw reference to nationally accredited bodies, their standards and resources. For example, standards developed by the National Institute for Health and Care Excellence (NICE) were used widely.

Staff were given the induction, training and support they needed to do their jobs to a high standard. New staff were required to complete the Care Certificate. The Care Certificate is a national standard for training and assessment of competency in social care. Other training included; basic life support, food safety, moving and handling and medication. The training matrix provided indicated that all staff had completed their training recently. Staff had been given basic awareness training in dementia which was then supplemented with more advanced training. For example, dementia friends and a dementia sensory experience. This provided staff with a better understanding of the condition and meant that they delivered more effective care.

Staff were required to complete shadow shifts (working under the supervision of an experienced colleague) before working independently. This gave the service users and managers an opportunity to evaluate their performance during induction.

Care givers provided very positive feedback about the quality of induction, training and support they received to do their jobs. One care giver told us, "The training is absolutely brilliant. I've been in for support and get supervision every few months." Another care giver said, "I've got 30 years' experience, but I re-did all the training. It was very good." In the most recent staff survey 97% of people rated initial training and support positively. 94% rated on-going training and support positively. Care givers met regularly with their line managers for one-to-one supervision and had an annual appraisal. They told us supervision sessions were useful opportunities to seek advice and receive feedback on their performance.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care was provided in accordance with the MCA. People told us staff always asked for their consent

before providing their care. They said they had been asked to record their consent to their care and we saw signed consent forms in people's care records. If people lacked the capacity to make decisions, relevant people had been consulted to ensure any decisions were made in the person's best interests. Staff had received training on the principles of the MCA and how these principles applied in their work. The managing director recognised that people who lacked the capacity to make some decisions remained able to make choices about their day-to-day lives and encouraged staff to promote choice when providing care.

People who received support with meals told us they enjoyed the food their care givers prepared and that their care givers knew their dietary needs and preferences. Staff commented that the minimum call time of an hour gave them time to prepare meals from fresh ingredients rather than just re-heating pre-prepared meals.

Care givers supported people to stay healthy and to obtain treatment when they needed it. In many cases, care givers liaised with healthcare professionals involved in people's care and accompanied them to healthcare appointments. People and their relatives said they valued this aspect of support. In one example, staff had supported a person to hospital and provided care for their spouse at the same time. This helped to reduce the level of anxiety for both people.

## Is the service caring?

### Our findings

People were supported by staff who were exceptionally kind, caring and compassionate. Each of the people we spoke with was very positive about their relationship with their care givers and the manner in which they were treated. Comments included; "They're always well-mannered. They treat us with absolute respect", "It's more like having friends" and "All my carers are wonderful. They're always polite. I get them to sit on my bed and talk to me." The relatives that we spoke with were equally positive about the staff. Their comments included; "They've been absolutely fabulous. They've got a higher calibre of carers. They ask how [relative] is feeling. [Relative] loves it when they come" and "My [relative] is placed at the heart of the service. I have found the carers to be caring, compassionate and creative in overcoming obstacles to go the extra mile in order to promote my [relative's] independence and wellbeing."

The staff that we spoke with clearly knew the people they cared for well and provided care in a genuinely person-centred way. Each of the care records that we saw contained detailed information about people's care needs, their likes, dislikes and personal histories. For example, people's preferences for food and drinks included reference to their preferred brands and the way in which they liked their cups of tea prepared. One person was identified as being at risk of weight loss and was under the care of a dietician. Their care records contained instructions for staff on the use of high-calorie products and an instruction for staff to ask the person if they wanted snacks in addition to their regular meals.

When we spoke with staff they were able to explain people's care needs, likes and dislikes accurately. Senior staff used this knowledge to positive effect at Christmas when selecting gifts for people. They contacted staff and asked what each person receiving care might like. They then used this information to purchase presents tailored to each individual. We saw photographs of the presents being given, and people told us how thoughtful they found the experience. People also received a birthday card signed by senior staff each year.

People's needs in relation to equality and diversity were considered by staff and the provider. Consideration was given to protected characteristics, for example; age and disability at the assessment stage and in care planning. There were a limited number of specific examples for us to consider, however the majority of people had additional needs related to their age which were accommodated well by the service.

We saw clear evidence that staff had worked in their own time for the benefit of people using the service. In one example, a member of staff had prepared home-made cakes and taken them to people receiving care. In another example, a member of staff had cooked a roast dinner for two people on Easter Sunday. We were told of other examples of staff doing things that were not required as part of their core duties including giving hand massages, painting people's nails and transporting people in their own vehicles (subject to the correct insurance). The provider recognised the additional contributions made by staff in the provision of awards. We saw clear evidence that managers led by example in this regard and had been actively involved in providing additional care in a responsive manner.

People using the service and their relatives were given additional support during difficult periods. One member of staff was recognised and commended for providing support at short notice in the early hours of

the morning when one of the people they cared for had a medical emergency. Other staff had worked creatively with a person who regularly refused support to improve their personal care and access to nutritious food. This work had been completed with guidance from senior managers and in conjunction with the local authority. Care records and comments from staff clearly indicated that the person was now more accepting of personal care and ate at least one healthy meal per day. In an independent survey one relative commented, "I trust the service and I like the care givers' understanding personality and genuine caring attitude that allows me time to work. I really value that Right at Home gives us a better quality of life." While a person using the service said, "As my condition deteriorates we get more attentive care."

Professionals held the service in high regard and commented on their experience in a survey. Comments included; "I have been very impressed with any contact we have had with Right at Home. Professional, responsive and people focussed. They are making a real difference to our community", "I am advised that Right at Home are a care provider that places the person at the centre of what they do" and "Fantastic care service. Nothing but good feedback from the customers we recommend to Right at Home. The staff from the management to the care staff are amazing and actually do care."

Care givers were passionate about their work and wanted to make a positive difference to people's lives. They reported that they enjoyed supporting people to live their lives as they chose and achieve their goals. Comments made by care givers in the 2018 staff survey included, "Clients are treated as people not profits. The ethos is everything I could want to find in a company both for my clients and myself", "I like to make a difference to the clients that I see and, if I can make someone's life a little easier whilst putting a smile on their face I have achieved what I wanted to do", "It gives me great satisfaction when I can put a smile on their face and share a laugh" and "Most important is giving the client the dignity and respect they need to stay in their own home as long as they can."

People told us they received their care from a regular team of care givers. They said they were always informed if their regular care worker would not be attending a visit and that the service always arranged a suitable replacement care worker. People told us new care givers were introduced to them before providing their care. They said their care givers had enough time at each visit to provide the care they needed. Care givers told us they had enough time during visits to spend time talking to people and getting to know them, which enhanced the care people received. One care worker said, "Seeing familiar caregivers helps them [people receiving care] feel good about being at home even if it's just for a social visit once a week they know they won't be rushed because Right at Home do care very much."

We saw from records that people had shown significant improvement in their physical and mental health and wellbeing since receiving support from Right at Home. Staff confirmed that one person who was extremely unwell when they first began supporting them had an advanced directive not to resuscitate them in the event of a medical emergency. Within six months of receiving care their health and wellbeing had improved so much they asked for the directive to be removed from their record. Right at Home also provided care to the person's spouse. We spoke with both people as part of the inspection. One person told us, "Everything they do for us really helps. We've been very lucky with all of the carers. I do a programme of exercises. My legs have got better." It was clear from talking with both people that their experience of care and the positive impact that this had were influential in the decision to remove the advanced directive.

People told us that care givers always treated them in a respectful way and provided care in a way that maintained their dignity. Staff were clear about their responsibility to protect people's rights to privacy and dignity regardless of their care needs. In one example staff explained in great detail how a person's behaviours and their refusal of care and support to maintain their home compromised their dignity. The person's needs were so complex and challenging that staff were asked if they wanted to withdraw from the

service. They went on to explain that they declined the offer to withdraw and worked creatively as a team to improve the person's physical environment and encourage their acceptance of personal care while respecting the person's right to refuse. Staff also told us about the practical things they did with other people to promote and respect their right to privacy. For example, covering parts of people with a towel when providing personal care and ensuring that doors and curtains are closed. One person using the service told us how male staff who supported their spouse had been asked to stay downstairs until they had finished washing and dressing in case their dignity and privacy were compromised. The staff member that we spoke with fully understood this arrangement and why it was important.

The management team ensured that dignity and respect underpinned care givers' approach to their work. The importance of ensuring people were treated with dignity and respect was emphasised in the induction attended by staff and was reflected in the core values displayed prominently in the office. The registered care manager told us how staff were required to role play personal care tasks to give them a better understanding of the experience. They said, "We do a practical session around personal care. Preparing the area, placing a towel over somebody and asking the client what they can do for themselves."

People were supported to be as independent as possible. People told us their care givers encouraged them to do things for themselves where they could. We were provided with examples where this had been managed effectively with due regard to the risks involved. One person had tremors, but was supported by staff to shave independently. While another person wanted to take their medication independently, but was concerned that they may drop some of their tablets because of a loss of sensation in their hands. Arrangements were in place for staff to observe the person and support them as required.

People were given clear information about their rights and the service to which they were entitled. The provider's Statement of Purpose set out the aims and objectives of the service and explained the organisation's values. Confidential information was stored and shared securely and staff were briefed on the importance of confidentiality during their induction.

None of the people receiving personal care was making use of an advocate. However, the service held information on independent advocacy and made this available to people if required.

## Is the service responsive?

### Our findings

The service was responsive to people's individual needs, including times when their needs changed. The management team ensured the staffing rota was sufficiently flexible to accommodate requests for changes and new services, including those made at short notice. One person commented, "Home care has to be flexible as care needs can vary daily." A different person said, "[Managers] checked after 6 weeks and 3 months to see if we were happy with care and if we had any concerns. Excellent communication." People also spoke positively about how complaints and concerns had been managed. Comments included; "A complaint about one care giver was handled very well and thoroughly and fairly dealt with", "There was a problem with a carer that was quickly resolved" and "If I wasn't happy I'd have spoken to them already. Right at Home is an exemplary care company. We need more like them." In a recent survey 100% of people who answered said that Right at Home were responsive to any queries they had.

We saw from records that Right at Home had responded quickly to requests for care and support and had helped people make significant progress within a short period of time. In one example a family member contacted the service because they were concerned about their spouse's refusal to shower or leave their bedroom. An assessment of need was completed within 48 hours of the initial contact and staff were introduced following specialist dementia training. Within two weeks the person had showered and joined their spouse downstairs for tea. In another example, the service was contacted by a family member who required care for their relative. The relative had physical health needs and advanced dementia which limited their ability to communicate. During the assessment process it was identified that the person enjoyed knitting. Two staff that could knit were allocated to be the regular care givers. They worked closely with the family member in relation to meeting the person's physical health needs and used knitting to engage the person in activity. The person taught the care givers more advanced knitting techniques and improved their speech in the process. The family member told us, "[Relative] will do more for them than me. They can get [relative] out of bed and showered."

One of the service's stated aims was to enable people to stay in their own homes as long as they wished. This aim was shared by the management team and staff. In one example, a person who had received a terminal diagnosis was reluctant to allow family members to provide personal care. Right at Home was contacted and completed an assessment of care needs on the same day. Suitable staff were allocated immediately. To avoid any unnecessary delay the registered care manager agreed to be the second carer. Because of this rapid response the person was able to stay in their own home and have their care needs met in accordance with their wishes.

People's needs were always assessed before they used the service to ensure Right at Home could provide the care and support they needed. The assessments carried out by the service were comprehensive and identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. Assessments also recorded what people wanted to achieve and their preferences about their care. Any risks to people receiving care and their care givers were also assessed during the initial visit by the service.

Each person had an individual care plan developed from their initial assessment. This was done with the involvement of the person and/or their representative. Care plans provided detailed guidance for staff about people's needs and the way they preferred things to be done. Care plans and risk assessments were subject to regular review to ensure that they reflected current needs.

The service had a commitment to ensuring that people were assigned care givers who were not only able to meet their care needs but whose interests they shared and whose company they enjoyed. When people began to use the service, particular attention was paid to the 'matching' of people with their care givers with the aim of bringing people together who shared similar interests. Care records and staff files contained one page profiles to help the initial matching process. We heard examples where this resulted in additional benefits for people receiving care. In one example, a person who used to ride horses as part of their job was matched with staff who had access to horses in their leisure time. The person was supported to visit the horses as part of their care. In another example, a person was demonstrating anxiety and a reluctance to engage with care givers. It was identified that the person was originally from another country and English was not their first language. A member of staff who spoke the same language was deployed and was able to offer enough reassurance for the person to engage more effectively with their care givers.

The majority of visits were commissioned to meet people's needs for the regulated activity of personal care. However, because Right at Home had a minimum of one hour per visit people were also supported to access their local communities and to engage in activities of their choice. We saw and were told of examples including; city visits, a history project, knitting and board games. A relative commented, "One of [relative's] carers often comes to our home with games and activities ready to try and stimulate and occupy [relative]."

Right at Home had a complaints procedure which was provided to people and their relatives when they started to use the service. The majority of people told us they had not needed to complain as the provider contacted them regularly to hear their views and ask for feedback about the service. Where people had felt the need to complain or raise concerns, the service had responded promptly in accordance with policy to resolve the matter and produce a written response.

## Is the service well-led?

### Our findings

People, relatives and staff told us the service was exceptionally well-managed and communicated effectively with them. They said the service they received from the office staff was friendly, professional and efficient. One person receiving care told us, "[Relative] gets a rota each week. If there's any change or someone is running late we get a phone call." A relative said, "I'd recommend them to anybody." A different relative commented, "The registered manager and deputy manager, supported by the managing director take leading roles in promoting the values and standards they expect staff to embody to ensure continuous improvement." While another told us, "The management team are brilliant. All the people who work there are caring and considerate. I can't recommend them highly enough."

Staff recognised and valued the establishment of a social media group to share non-confidential information and provide informal support. The group was also used to promote innovative activities. For example, staff were asked to speak with people receiving care to see if they wished to share any photographs of their loved ones for a window display celebrating Valentine's Day. Images were collected, printed and displayed and a short video was posted on another social media site so people who couldn't visit the shop could see their photographs.

Right at Home had clear values which were widely understood and referenced in promotional materials. The managing director summarised these values and reflected them in a single question. They asked staff to consider if the quality of the care was good enough for their relative. The records that we saw and the comments that we received demonstrated that the core values had been present from the point of registration. They had been sustained, and in some areas enhanced as the service grew. For example, the inclusion of service users at staff meetings was developed because one person expressed a wish to share their experience of receiving care. Staff told us they understood the service's values and shared the management team's commitment to providing high quality person-centred care that exceeded people's expectations. The service presented a regular award for staff who 'lived the values' of the organisation. One member of staff said, "I step-in whenever I'm needed. I've got the time to do extras."

In the 2018 staff survey 86% of care givers reported they were proud to work for the service and motivated to 'go the extra mile'. 100% of care givers said they understood how their work contributed to the service's overall goals. Comments made by staff included, "The support is always there for me. Great management team. That they go the extra mile to make the care team feel respected for all the hard work that they do. But most important is giving the client the dignity and respect they need to stay in their own home as long as they can" and "I am able to give my full care and compassion in this job and help my clients as much as I can, it is a pleasure to work for this company, all management are brilliant and help you in whatever way possible." We saw examples of these values in action. In one example, staff reported concerns about the risk to health and safety caused by cluttered and unsanitary conditions in a new service. The people could not afford to pay for the deep cleaning required so managers worked alongside staff without charge to clean their home.

The management team carried out regular checks, including spot checks to ensure that staff continued to

demonstrate the service's values in their day to day work. Checks were completed as part of the quality and service reviews which were scheduled for week one, week six and then quarterly thereafter. The registered care manager and deputy care manager regularly worked with care givers to provide additional support as required. We saw examples of changes to improve safety and quality that were made following audits. For example, changes of staff and working practices.

Staff were provided with the support they needed to deliver outstanding care. This included; regular supervision and appraisal, team meetings, effective communication, additional training and informal support. The provider ensured that staff were supported with any specific needs relating to equality and diversity and adopted a zero-tolerance approach to discrimination. Responsibilities relating to equality were defined within policy and expressed in the provider's value statement. One member of staff told us, "I've had support, supervision, appraisal and spot-checks. My own [relative] has been ill. They've been very accommodating." While another commented positively about the flexibility and support they had been afforded during their pregnancy.

Staff were actively encouraged to speak-out and make suggestions to improve safety and quality. For example, staff had been supported to develop an innovative solution for a person who refused to allow staff to prepare healthy meals in their home. With the support of the management team, an arrangement had been put in place whereby pre-prepared meals were delivered to the office and taken to the person's home by care givers. This had resulted in the person eating a more balanced diet. In another example, managers and staff had worked closely regarding a particularly complex and challenging service where the person regularly declined personal care and support to maintain the cleanliness of their home. Staff told us that the acknowledgement and support of the management team gave them the confidence to try different approaches which led to the person being more accepting of essential care and support.

At the time of the inspection Right at Home had two registered managers in post. We spoke with both of them extensively throughout the inspection. It was clear that they had an in-depth understanding of their roles and responsibilities in relation to registration and the regulatory framework in which they managed. Policies, procedures and other key documents were concise and professional. They made appropriate reference to legislation, regulation and best-practice. This provided staff with an understanding of their own contribution to meeting regulation and providing safe, effective care.

It was clear from discussions with staff and managers that they understood the governance framework and what was expected of them. However, the framework was not rigidly adhered to which meant that staff were made to feel comfortable approaching any member of the management team. For example, a member of staff told us they had recently spoken with the managing director about the changing needs of a person receiving care. This meant that the staff member was able to share their concerns in a timely manner and the needs of the person receiving care were considered without delay. In another example, a senior manager developed a strong and positive relationship with a person and their relative during the assessment process. It became clear that staff would need to be matched carefully because of the person's complex health needs and behaviours. The senior manager lead the recruitment and selection process to ensure that staff were fully briefed and carefully matched to reduce the risk of staff turnover and provide consistency.

The management team organised events that were open to people receiving care but also benefited people in the local community who did not use the service. For example, a chair-based exercise group had been recently established in the service's offices. The first session was run in December 2017 and was promoted across the wider community. The managing director confirmed that the group also provided opportunities for improving social interaction and reducing isolation. The service made extensive use of its shop-front

location to promote other activities and events in the local area. For example, Dementia Friends events had been regularly delivered with the support of the Alzheimer's Society. The managing director was actively involved in promoting the scheme as a dementia champion and had recently been congratulated on creating 263 dementia friends. Sessions had been delivered to; an NHS service, a care home, a church group, children and all Right at Home' staff.

Right at Home had established effective working relationships with other professionals involved in people's care, including GPs, district nurses and occupational therapists. The professionals we contacted told us the service was well managed and maintained high standards of care and professionalism. Comments included; "[Managing director] has established excellent links with our hospital", "Communication/support from their management has been positive and helpful" and "[Managing director] is a wonderful advocate for the company with care, compassion and a fantastic attitude to helping others." In one example, a person requiring complex support with moving and handling had a history of failed relationships with previous agencies. A senior manager from Right at Home worked directly with the local authority, healthcare professionals and care givers to establish and train a dedicated team to meet this person's specific needs. In response to a survey a relative commented, "Right at Home are a very professional care company who have taken a lot off my shoulders and made my [relative's] life better."

Right at Home's management systems ensured that people's care was well planned and monitored. Real time monitoring software enabled the care co-ordinator to know when care givers arrived at and left people's homes. Managers could access this monitoring system remotely, which meant they could assure themselves people's care was being provided effectively at all times. A member of the management team was always available by telephone to people who used the service, their relatives and staff, including out of office hours. The managing director explained how they planned to add further functionality to the system to provide an improved level of safety and accountability.

Right at Home demonstrated a clear commitment to learn from incidents and actively encouraged people receiving care and staff to make suggestions for improvements in safety and quality. People who received care could do this through informal mechanisms, surveys, complaints and reviews. A service user had been invited to the staff meeting in February to talk about their experience of receiving care from Right at Home. This approach demonstrated a degree of openness and honesty within the management team. The management team also engaged an independent consultancy to distribute and collate annual satisfaction surveys. The responses to the 2018 surveys provided positive feedback about the service, with many people highlighting the caring and responsive approach of staff. 100% of the people who responded said that the service was making a positive difference to their life. 100% of the respondents said they were likely or highly likely to recommend Right at Home. The management team used data from these surveys to compare performance with the national average for Right at Home. We saw from the most recent surveys that their performance compared very favourably in the majority of areas. The managing director explained that any area where it did not compare favourably would be analysed and used as a learning opportunity.

The Right at Home head office carried out an annual quality audit of the service. This audit was comprehensive and checked key elements of the service, for example that staff had been recruited appropriately and received the training and support they needed to do their jobs. The audit also ensured that people's care plans were up to date and that staff practice reflected best practice guidance and the service's policies and procedures. In 2017 Right at Home South Cheshire won the National Right at Home award for Community Engagement. This was based on their efforts to create a dementia friendly community. Both the managing director and registered care manager recently attended a two day networking and training event with other Nominated Individuals and Registered Managers from Right at Home franchises across the country. This provided an opportunity to share best practice.

The records we checked in the service's office relating to people's care were comprehensive, accurate, up to date and stored appropriately. Care staff maintained daily records for each person in their home, which recorded the care they received and any medicines they took. Relatives told us the records maintained by staff were clear, comprehensive and accurate. Care records were audited each month by the management team to ensure that the quality of recording was appropriate. The service kept detailed records of statutory notifications submitted to CQC and other important communications.