

JMP Quality Homecare Limited

# Right at Home (Preston & South Ribble)

## Inspection report

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Date of inspection visit:  
16 January 2018

Date of publication:  
28 March 2018

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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

The inspection took place on 16 January 2018 and was announced. We gave the service short notice of the inspection. This was because we needed to be sure the registered manager would be available to support us. This was the first inspection since the service was registered with the Care Quality Commission on 21 December 2016 at their new location. The service had been previously inspected on 3 September 2016 at a former address and was rated as good overall. However, well led was rated as requires improvement. This was because systems and processes were not operated effectively to ensure compliance. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question 'well led' to at least good. During this inspection we found the service was meeting the requirements of the current legislation.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It delivers a service for older people, younger adults, sensory impairment, physical disability, people with learning disabilities or autistic spectrum disorder and people living with a dementia. One of the registered managers told us people who used the service liked to be known as clients and staff liked to be known as care givers.

The service had two registered managers 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.

Care givers understood the procedures for reporting any allegations of abuse. Systems to record and investigate any allegations were in place. Detailed risk assessments had been completed that guided care givers on how to manage any potential risks safely.

Duty rotas confirmed appropriate levels of care givers were in place to deliver clients care. Safe recruitment practices were in place that demonstrated only suitable people were employed by the service. A robust training programme was provided for all of the care givers. This ensured they had the knowledge and skills to deliver effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems of the service supported this practice.

The service worked closely with the wider professional team to support positive health outcomes for clients. Clients and relatives were happy with the care they received and told us care givers treated them with dignity and respect. Records we looked at identified clients likes, dislikes and choices in relation to the care they received. Care records were detailed and comprehensive and reflected clients individual needs.

Assessments of care had been completed.

Where clients were supported at the end of their life care givers were selected according to their skills and expertise to deliver appropriate care.

Complaints procedures were in place and records included lessons learned to improve the service for clients. There was evidence of regular audits and monitoring of the service that ensured clients received good quality care.

There were numerous examples of positive feedback received about the service that demonstrated the quality of care clients received. Minutes from team meetings were seen and care givers and clients newsletters were regularly developed to provide updates about the service.

## 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 to record and investigate any allegations of abuse were in place.

Detailed risk assessments had been completed to manage any potential risks safely.

Duty rotas confirmed appropriate levels of care givers were in place to deliver clients care.

### Is the service effective?

Good ●

The service was effective.

Care givers were supported in their role by a comprehensive training programme.

Care givers and the registered manager demonstrated their understanding of MCA. Clients told us and records confirmed consent was sought by care givers before any activity or care task was undertaken.

The service worked closely with the wider professional team to support positive health outcomes for clients.

### Is the service caring?

Good ●

The service was caring.

The care clients received was good and reflected their individual needs.

Records reflected client's individual needs in relation to support with their communication.

Records we looked at identified clients likes dislikes and choices in relation to the care they received.

### Is the service responsive?

Good ●

The service was responsive.

Care files were detailed and reflected clients individual and current needs.

Where clients were supported at the end of their life care givers were selected according to their skills and expertise to deliver appropriate care.

Complaints procedures were in place and records included lessons learned to improve the service for clients.

**Is the service well-led?**

The service was well-led.

Systems to monitor the quality of service were in place and these supported good care delivery.

Positive feedback was regularly received about the service and regular audits about the care clients received were in place.

Regular team meetings took place and care givers and clients newsletters were regularly developed to provide updates about the service.

**Good** 

# Right at Home (Preston & South Ribble)

## **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 checked 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 16 January 2018 and was announced. We gave the service short notice of our inspection to ensure the registered manager was available to assist us. The inspection was undertaken by two adult social care inspectors and an expert by experience in the care of older people, people living with a dementia and people who have a learning disability, people who have a dual diagnosis of learning disability and mental health and people with autism. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To understand the experiences of people who used the service we spoke with nine clients, two family members and received feedback from one community professional. We also spoke with four care givers, the registered manager and both directors of the service, one of which was a second registered manager and the other the nominated individual.

During our inspection we checked a number of records relating to the management and delivery of care of the service. These included five care files, five care givers files, audits and quality monitoring, duty rotas and feedback.

Prior to the inspection we looked at the information we held about the service. This included feedback, enquiries and statutory notifications which the provider is required to send to us by law. We also checked the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

# Is the service safe?

## Our findings

All clients and their relatives told us they felt safe with the care they received from the service. Comments included, "I do [feel safe] with the carer [care giver] I get, yes. I have regular ones that I have got used to", "Yes, I feel 100% safe" and "Oh yes, I certainly do [feel safe]. They are very helpful and kind." A relative said, "Yes, definitely [safe], I wouldn't have [the care giver] otherwise. I feel confident to go out and leave [relative] with them."

Care givers demonstrated their understanding of how to deal with any allegations, if abuse was suspected. They told us they would report any concerns to the local authority safeguarding team and notify the Care Quality Commission. Care givers told us they would be confident that any concerns would be acted on appropriately by the management team. Training records we checked confirmed care givers had undertaken relevant training in safeguarding and had access to up to date policies and procedures for safeguarding and whistleblowing (Reporting bad practice). This would ensure care givers had the required knowledge and skills to protect people from abuse.

Appropriate systems were in place to monitor and record any allegations of abuse. Where required we saw relevant referrals had been made to the local authority safeguarding team. Records we looked at contained evidence of completed investigation reports, which included the actions taken by the service. We saw information relating to any lessons learned that had been shared with relevant people and care givers to reduce any future risk and protect clients from potential or actual harm.

Clients raised no concerns about the management of their medicines. They told us care givers provided support to them at the required time and medicines administration was delivered safely. Comments received included, "Yes, they come in good time [for medication], every time", "Most of my medications are in a blister pack now and they [care givers] do give them to me. I always check it, every day, and I know what I am taking", "I have quite few tablets. The carers [care givers] put them in a little dish for me and they will stand there and wait while I take them. I can't see very well so they do tell me [what the tablets are], yes" and "The carers are there to make sure [relative] gets their medication every morning."

Care givers clearly understood their responsibilities when dealing with medicines administration and confirmed medicines training and competency checks had been completed. This would ensure care givers had the required knowledge and skills to administer medicines safely. Training records, policies and nationally recognised guidance was available to support care givers to administer medicines safely. This would ensure clients received medicines that supported and promoted positive health outcomes.

Client's medicines administration records were seen, which demonstrated medicines were administered to clients safely. Records had been completed and where gaps in administration had been seen, audits confirmed the actions taken by the service to ensure these were investigated and acted upon appropriately. The service was developing a plan to introduce an electronic system that would identify when clients medicines had not been signed by care givers as being given and would easily enable updates to medicines records, to ensure clients received their medicines as required.

Risk assessments had been completed which provided information about client's individual risks and how to protect them from harm. Areas covered included, bed rails, moving and handling, continence and falls. Environmental risk assessments were in place and demonstrated areas of risks to support the safe delivery of care to clients. These included the kitchen, lounge, stairs, fire risks, appliances, the outside and the neighbourhood. The registered manager told us all care givers were provided with a small torch to enable them to safely enter client's homes where lighting was limited outside. We saw completed fire risk assessments that demonstrated how to ensure in the event of a fire clients were supported safely.

An effective and detailed system was in place to record any incidents or accidents that had occurred. Records included the actions taken along with any lessons learned to ensure any future risks were reduced and clients were protected.

Records we checked in the office confirmed regular and appropriate checks were taking place that would ensure all staff were protected in the event of an emergency. There was a detailed business contingency plan in place. This provided information to guide the service in the event of an emergency arising. Areas included, personal care, IT services, medicines and the functioning of the office. Records included the resources that would be required along with a detailed impact analysis about how to deal with an emergency.

Records confirmed the office environment was regularly monitored and equipment was regularly serviced that ensured they were safe to use. These included training materials for moving and handling such as a hoist and a single bed.

Staff told us and we saw plenty of supplies of personal protective equipment was available to protect clients and care givers from the risks associated with infection. The registered manager told us care givers had no restrictions on the amount of supplies they required to enable them to fulfil their role safely. Policies and procedures were in place and relevant and up to date training in infection control had been completed by care givers. This would help to ensure they had the required knowledge and skills to make certain clients were protected from any unnecessary risks.

Duty rotas we checked confirmed there was enough care givers in place to ensure all visits were completed when they were required. Rotas confirmed each client was provided with their full allocation of time and care givers were paid for travelling between each visit. The directors told us an important part of ensuring clients received safe care was to make sure they received a continuous approach to their care from a regular staff team that understood their individual needs, likes and dislikes.

Clients told us they were happy with the support they received from care givers and that in general they received a consistent team of care givers to support them. They said, "I have two regular people on the whole. The office email [the rota] on Friday afternoon and I get a hard copy on Saturday morning", "I can't recognise faces, but they tell me who they are when I let them in [using secure system]. I have the same few people, yes" and "It's the same two or three [care givers] generally. Sometimes there are changes when new people do the rotas, and there's a bit of a wobble. Carers only change every few months; it's a lot more stable now [than with previous service]", Two people commented about times of visits having changed gradually since support started. We spoke with the directors and the registered manager about this who told us they would ensure clients received their visits as agreed when they required them.

Care givers we spoke with confirmed they had undertaken a comprehensive recruitment process on commencement of their role. They told us and records confirmed inductions had been completed which included training and shadowing of more senior care givers. Records we saw also had details of feedback



from care givers about their induction programme as well as knowledge checks that confirmed new care givers had the knowledge to fulfil their role safely. The management told us and records we looked at confirmed all staff had a 'one page profile'. This included information about care givers such as personal interests, hobbies, family life, preferred name, qualifications, personal experience and areas of recognition. The registered manager told us this information was used to match care givers to clients to promote positive outcomes for them.

The staff files we looked at confirmed applications had been completed and included evidence of the care givers relevant employment history. As part of the interview process references and proof of identity had been obtained as well as evidence of completed Disclosure and Barring Service (DBS) checks. The DBS checks helped the provider to make safer recruitment decisions and helped to prevent unsuitable people from working with those who used the service. To ensure that measures were in place to protect care givers from any potential or actual risks assessments had been completed that demonstrated how to keep care givers safe. These included, hazard checklists, car parking, isolated areas, out of hours, violence, accidents and rest periods.

## Is the service effective?

### Our findings

All of the clients and relatives were positive about the knowledge and skills of the staff team. Comments included, "I definitely do [think carer givers have the necessary skills]. They are very efficient, very caring and knowledgeable about what they do", "Oh yes, definitely. One day they brought a lady who was learning [to be a care giver] so she could watch what they did. Then she came on her own and was fine", "The carers are very conscious of how they leave things within reach for me; they check that what I'm having [for my meal] is all in reach" and "They are a good, high level group of carers. Well trained and experienced."

All of the care givers we spoke with confirmed they had completed training that was relevant to their role. They said, "We do E-learning and face to face training. Some of the E-learning we can do at home or in the office" and "If we need extra training we always have it." A newly recruited care giver told us they had completed an induction on commencement of their role. They said, "I have done a three day induction. It was very informal and friendly." The directors told us one of the registered managers had undertaken train the trainer course that would enable them to deliver up to date and relevant training in safe handling and moving and basic life support. We saw equipment and facilities available in the office to facilitate the training to care givers.

The training records we looked at confirmed staff received a detailed and comprehensive training programme that provided them with the knowledge and skills to care for clients effectively. Topics included; moving and handling, basic life support, fire training, the care certificate and health and safety. Where specialist training was required we saw this was provided by the service and included relevant professionals to ensure up to date and best practice information was shared with care givers. Topics covered included stoma training, nebuliser therapy, BiPap training (BiPap is a type of ventilator, which pushes air into the lungs for those who have difficulty in breathing). The service also had up to date training from the local fire service. This included fire assessments and evacuation plans, as well as providing information leaflets to clients. This promoted the knowledge and skills of care givers to enable them to deliver effective and safe care to clients. Records confirmed all care givers had undertaken a nationally recognised care qualification, as well as medication and dementia training. Senior care givers had succeeded in gaining nationally recognised qualifications in equality and diversity and care planning. This supported the staff to ensure the care they provided met the individual needs of clients effectively.

Care givers told us and records confirmed they received regular supervision and appraisals that provided them with the opportunity to discuss their role. They also received support from the management team to discuss their working day, areas for improvement and care giver development. The registered manager told us they had introduced career pathways for staff at their appraisals that would support their individual goals.

Clients and relatives we spoke with told us they had been involved in the development of their care files and decisions about clients care had been taken into account. They said, "They came to discuss what I wanted, when it [support] first started", "They did a new care plan when they did the takeover. I had a full say, yes", "I was given a very good overview of it, yes. One of the managers came and talked about it [care file] with me"

and "[Relative] came to the meeting with me and was involved, yes."

All the care files we looked at had information in them that confirmed clients or their relatives had been involved in their development. One page profiles were seen which contained information about what was important to clients, their goals, and how to support their individual needs. This helped to ensure care and support was delivered in line with client's wishes and preferences.

Health information specific to clients needs was clearly recorded in the care files we looked at. Records included details of the signs and symptoms of any deterioration of their individual conditions. To ensure care givers had the skills to deal with any changes in clients conditions the directors utilised the support of specialist professionals to deliver specific training. These included the district nurses and St Johns Ambulance. This would support care givers to act on any changes or deteriorations.

We saw evidence where professionals had been contacted appropriately where changes had been identified. Clients told us that care givers were proactive in acting upon deteriorations or changes in their conditions and that their health needs were being met. They said, "They are exceptionally good at picking up if I am not well and feed that back to [registered manager]. The owner has come out more than once to see me about that. I feel like they're a safety net for my health" and "They seem to be, yes [health needs met]. The carers do notice when I'm not well and report it to the office. Then the office report it to my [family member]."

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 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. Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Whilst the registered manager told us no one was subject to DoLS the care givers we spoke with demonstrated an understanding of the MCA and how to protect clients from any unlawful restrictions. They said, "MCA assessments are for people who lack capacity." Policies and procedures were in place and training for MCA and DoLS had been provided to care givers that ensured they had the knowledge and skills to protect clients from any unlawful restrictions. The registered manager clearly understood the principles of the MCA and DoLS and how it related to protecting clients. They said, "We treat everyone as individuals. Everyone is able to make their choice. It is important to do the least restrictive option in their [clients] best interests."

Care files we looked at had information in them which demonstrated consent for all aspects of clients individual care needs had been obtained. Areas covered included, care needs, routines and personal care. All the clients and relatives we spoke with told us care givers always sought consent before undertaking any care delivery or activity. They said, "They ask me what I want them to do. But those that have been coming for a bit know anyway", "Yes, [care giver] is very amenable and does what I want them to do – and above and beyond too" and "[The care giver] talks to [relative] by explaining "Is it all right if I just [The care giver] always asks and explains what they're going to do and checks [the relative] understands and agrees." This ensured care givers had knowledge of the client's individual needs and that they had agreed to it.

Where clients required support to meet their nutritional needs care files reflected the support they required for example, meal preparation. Comprehensive assessments had been completed and demonstrated client's individual needs in relating to their nutritional needs. Clients likes and dislikes in relation to meals were recorded that would ensure care givers had access to clients preferences in relation to food and fluid choices.

## Is the service caring?

### Our findings

All of the clients and relatives were positive about the care they received from the service. Comments included, "I have been really pleased with all the service I have had and another person I know really liked them. I recommended them to a friend for respite when their family went on holiday, and the carers still ask after them", "It is very well-organised. The carers are brilliant, as are the staff and managers in the office. As a company I think they care", "Generally very good; I'm quite happy with the service" and "Excellent. It has exceeded my expectations." A relative said, "I rate it highly. Right at Home have been very good."

Care givers understood how to ensure clients received a good service from them. They said, "I always check everything is alright for them [clients] and if they need anything else [before I leave]." It was clear the service was passionate about how to ensure they provided a quality service to clients. The service user guide stated, 'We deliver the very highest standards of care to people who use our services [clients]. Our support services are specifically designed together with you [clients] and are tailor made to support you to live as independently as possible in the comfort of your own home.'

One of the directors told us that the service was committed to ensuring clients equality, diversity and human rights were supported. They said, "We have developed a large print duty rota that is provided to clients with sight impairments." They told us they were planning to develop a signing video for people with hearing impairments to provide them with relevant information and updates. They also said, "We are in the process of updating our equality, diversity and human rights policy. Equality and diversity underpins everything we do. We have done equality and diversity training with the care givers." The service user guide provided to all clients reflected their commitment to clients. It stated, 'You will not be discriminated against on the basis of age, race, ethnic origin, creed, colour, religion, political affiliation, disability or impairments, marital status, parenthood, sexual gender or sexual orientation.'

Care files we looked at reflected how to support clients diverse needs and communication. Where clients required support in communicating with them this was reflected in their records. This included sight, hearing and speech. However, one record we looked at required a review to ensure it reflected correctly how to support their individual needs in relation to the clients sight. The registered manager confirmed immediate action would be taken to rectify the record to ensure it reflected their individual need. The provider demonstrated its commitment to ensuring the service promoted clients diverse needs and ensured these were respected. The provider told us that one of the directors was proficient in British Sign Language that would enable effective communication where clients required alternative ways to communicate other than verbal skills. The director also discussed the proactive approach to supporting clients who were living with a dementia, both in the service but also in the wider community. They told us they were a dementia friends champion and supported the local community by delivering dementia friends sessions in a local GP practice and a private hospital.

The care files demonstrated clients had been involved in decisions and choices in relation to the care provided by the service. One page profiles included their likes, dislikes and how to meet their individual needs. Daily routines were very detailed and it was clear clients had been involved in decisions about the

care they received. Staff told us all clients had an assessment and care plans were developed prior to care being delivered by the service. They said care files were, "Reviewed when their [clients] needs change and in general every six months." This would ensure clients individual needs were able to be met by the service. It was clear care givers supported clients to be involved in the delivery of their care and supported them to be independent where it was possible. For example, one record reflected how a client was promoted to be independent with their oral medicines.

We saw care givers had access to training, policies and procedures to guide them on how to ensure clients were treated with privacy, dignity and respect. It was clear from our conversation with all members of the staff team that they were passionate about ensuring clients dignity and respect was maintained at all times. We saw details showing that the service had been involved in a dignity action day, as well as certificates to confirm the service had introduced care givers as dignity champions. These staff members had an in-depth knowledge to share good practice to ensure clients were treated with dignity and respect. This would promote the knowledge and skills of care givers and positive outcomes for clients to maintain their dignity.

Clients and relatives we spoke with confirmed they were treated with dignity, privacy and respect. They said they regarded care givers like members of their family and being essential to their/their relative's well-being. Examples of comments included, "They always seem glad to see me; they're nice and they do treat me with respect, yes", "On the whole, they're brilliant, all friendly, polite, chatty and caring. They care, and I don't just mean the physical care. I feel like I'm letting friends into my home", "They are perfect", "I haven't got a single bad thing to say about [the carer]. I can't ask for better" and "They're great and I'm really pleased. The carers are now my [relative's] friends." However, one client told us some care givers shared their own frustrations with the role during their visits, and that this was not always welcome. Another told us of the positive response by the management when they had requested a change of care giver.

Information was available to care givers in the office about how to access relevant support and guidance where the use of advocates was required. Advocacy services ensure people who are unable to make decisions and have no relatives receive external support to make these decisions.

## Is the service responsive?

### Our findings

All the clients and relatives we spoke with told us their care plans had been developed and reviewed regularly with them in line with their choices and needs and that care givers used these records as part of the delivery of their care. Comments included; "The carers fill [the care record] in every time they come but they don't talk about it; we know what they've done, don't we", "[The care plan] has been updated since the start. [Name] came initially to discuss it then [other name] came and put the meat on the bones. It was rewritten because of changes to my hours", "I have definitely had people come from the office to talk to me about [the care plan]", [name] came round a few months ago to meet me and review things, so they knew what I was being given – they were going over what my needs were" and "It wasn't that long before I needed a bit more [support] and they came to sort it out. It was a very seamless process."

Care givers we spoke with told us they, "Looked at care plans to see what client's needs are." Another said, "Full care packages are discussed with clients and they are offered different forms of care."

All the care files we looked at provided information that supported care givers in the delivery of their individual care. The service undertook a full individualised assessment on all prospective clients before they were discharged from hospital. The service told us they felt this was an essential part of the assessment process to enable them, 'To provide the right support at such an important time in someone's life and enable the service to match the right care giver to support the client with their needs. Records confirmed who had been involved in their development. Whilst all the relevant information was in the care files we looked at some were more detailed in their content than others. Medical conditions and health information had been recorded. This would promote positive health outcomes and support clients physical health needs. Records confirmed regular reviews were completed that ensured the delivery of care to clients was up to date and relevant to their individual needs. Information recorded included personal information, such as date of birth, next of kin and GP. Completed assessments and support plans were seen and included how to meet clients individual needs and supported their daily routines. Care plans included what was important to clients and included topics such as medications, gender of care giver, meal preparation, communication, sleep and mobility. Relevant risk assessments were completed that would protect clients from any unnecessary risks. We saw evidence in one clients file that demonstrated the proactive approach to supporting them with rehabilitation that promoted positive outcomes for recovery. One page profiles in clients files indicated how best to support clients with their overall goals. This would promote positive improvements to client's lives.

The service told us that where clients required the support of care givers at the end of their lives they ensured all care givers who delivered their care had the required knowledge and skills to undertake these tasks. Records we looked at confirmed care givers had received relevant training to support the delivery of end of life care to clients. We were shown a 'Magic Moment' file. This identified the excellent support provided by a care giver who accompanied a client on holiday to Jersey. This enabled the client to achieve their end of life wishes and demonstrated the proactive approach by the service to supporting clients with activities of their choosing. We also saw evidence of the continued support provided to the family to scatter their ashes following their death.

We saw records, certificates and photographs which confirmed the service actively supported and encouraged clients to be involved in activities in the local community. These included, collecting for the food bank, the local Christmas light switch on, cupcake day and Remembrance Day. Records about the Remembrance Day included information where care givers had borrowed a reminiscence book from the local library and talked about previous life experiences with clients. We were told about when a care giver had supported a client over the Christmas period by making a Christmas meal on their day off to ensure they were able to receive a special meal at Christmas. As well as care givers who provided extra support to a client to enable the client's family to attend a family wedding. The PIR also confirmed the provider's commitment to engage in the local community and encourage clients with activities. It stated, 'Social events are regularly held by Right at Home to help reduce isolation, including Remembrance day activities, Christmas get together, meet the team at a local venue and coffee mornings.'

All the clients and their families told us they knew who to go to if they had any concerns. Where clients had raised concerns in the past they said these had been dealt with appropriately by the service. They said, "I haven't been told, but it's in the book when I've read it", "Yes, very early on I had to complain about a situation and I wrote an email to [registered manager]. They replied quickly with the complaints procedure and informed me of what they did within about 10 days. I was happy with how it had been resolved", "I would get my [family member] to check on it, but I've never had to do it [make a complaint]", "I have no complaints. Everything's perfect", "[Name of office staff] is my contact, a really nice person I can ring any time. They have been so helpful" and "I would just ring [registered manager] but that hasn't been needed except right at the beginning, and that was sorted. They always respond."

The registered manager and care givers demonstrated appropriate procedures to take to deal with any concerns or complaints. They said, "I would speak with the person and acknowledge the complaint. I would then send the complaints policy and update them every seven days and investigate and provide an outcome within 28 days." The provider PIR stated, 'Comments, compliments and complaints are recorded and managed in line with our complaints policy. Clients [are] advised how to make a complaint and the Service User Guide also contains this information.'

Systems to manage and investigate complaints were in place. Records included any actions taken as a response to complaints that would ensure lessons were learned to improve the quality of the care provided to clients. Records included a complaints log that would support audits and monitoring of any complaints to ensure timely actions had been taken. We saw any complaints were discussed as part of care giver team meetings to ensure staff were aware of recommendations or any further actions required.

There was a copy of the complaints policy available for all care givers. The service was proactive in ensuring all people regardless of their background were able to understand the policy on dealing with complaints. We saw the policy had been translated into a number of different languages. These included Bulgarian, German, Italian, Polish and Gujarati. One of the directors told us they were looking at having a braille copy as well as video copies of the complaints policy to ensure all people were able to access the guidance regardless of their diverse needs.

We saw a wide variety of compliments and feedback about the service. Examples of comments included, "People who provide me with my care are kind", "With grateful thanks for looking after [name] at home over recent months. She enjoyed your company and was always pleased to have your visit", "Thank you for taking such good care of my [name]", "We would like to place on record our grateful thanks for the kind help", "The care givers have been wonderful in looking after me" and "Thank you for the care and attention given to our [name] and we would recommend Right at Home to family and friends."



We saw evidence that the service made effective use of technology to support the delivery of care to clients. Staff told us they received their duty rota each week with information about which clients they were visiting via an internet application (App) on their mobile phone. Where care givers did not have access to the App they were sent a paper copy. The registered manager told us staffing allocations were completed using a computer programme and clients were allocated to care givers weekly. The online App programme supported audits and monitoring of each visit to ensure they were completed in the required time. All staff were expected to scan in at each visit using the App confirming both their arrival and departure time at clients homes. This ensured clients were supported according to their requirements at a time that had been agreed by them.

The registered manager and directors told us about their online social media account that they utilised to provide information and guidance, in areas such as stroke, dehydration, dementia and depression. They also used the social media page to and share good practice with care givers and provide support to care givers in any issues that may arise in the day to day work.

## Is the service well-led?

### Our findings

All of the clients we spoke with were complimentary about the management team and their active involvement in the service. Examples of comments included, "[Names of two managers are] very pleasant, courteous and professional. Always willing to listen and take action as necessary. I know I can ring them and talk to them when I need to", "[Registered manager]; they are all right and they have been here once or twice to see me", "I am pretty sure [registered manager] is the manager. They are fine and I can speak to them on the phone any time", "Yes [Registered manager], they are very approachable everybody's been very kind" and "[Name of both managers]. They always ask after my [relative]."

All of the care givers we spoke with were very complimentary about the leadership and management and the support they provided. They told us, "I feel very supported by the management." The registered manager told us, "We have a skilled workforce. The staff understand client's needs. We have a consistent staff team."

The service was led by managers who were registered with the Care Quality Commission. The registered managers had responsibility for the day to day operation of the service. Certificates relating to the registration of the service with the Care Quality Commission were clearly displayed in the entrance area of the office as well as relevant certificates relating to the registration of the company such as their commissioner's office certificate and employers liability insurance. There was also a variety of certificates that demonstrated the services commitment to delivering good care to clients. These included, united against dementia, home care association and best employer in care dated from 2017 as well as the services employee commitment to providing good care. We also saw guidance on display such as Health and Safety advice and the Social Care Council code of practice.

Relevant policies and procedures were available to support care givers in a consistent approach to care delivery. We saw there was an ongoing programme of updating these that would ensure policies reflected current and best practice.

The registered manager discussed the measures in place to support the care givers development and promote the delivery of care to clients. They said, "We are planning to introduce awards for staff called the 'walk of glory' to recognise good practice." They told us the award would be tailored to care givers individual likes and wishes. It was clear from our observations and feedback from the clients and care givers that the service had a dedicated and knowledgeable management team. The registered managers had overall responsibility for the service and it was clear they were passionate about their roles and the positive difference their service could make to clients lives.

It was clear there was an open and transparent culture in the service that ensured the service adopted an approach of continuous growth and development. Records we saw confirmed the plans for the service going forward to improve for the benefit of its client and staff team. Areas covered included the services performance objectives, quality, excellence and growth.

The registered managers understood their responsibilities in relation to ensuring statutory notifications, as

required by law were submitted to the Care Quality Commission in a timely manner. Relevant authorities for example the local authority safeguarding team were informed of any concerns where it was required. This demonstrated the services open and transparent culture.

Records we looked at and care givers we spoke with told us team meetings were taking place. Records confirmed the topics covered which included, training sessions, clients individual needs, positive attitudes and moving the business forward. Minutes of meetings recorded an ice breaker at the beginning of each session. This assisted in engaging care givers during the meetings and supported open discussions. The PIR confirmed the commitment the provider made to ensure all levels of the staff team were supported and engaged in the service. It stated the senior team undertook, 'Regular attendance to registered managers forums and conferences held by head office, allowing best practice and new ideas to be shared.'

We saw positive feedback had been obtained from the care givers that demonstrated they were happy and felt supported in their role. Examples seen included, 'I feel listened too and you have thanked me when I help out with extra', 'I feel that [Right at Home] value there staff', 'I find Right at Home a good and fair company to work, for and they make me feel right at home.' To ensure care givers were provided with up to date information about the service Right at Home developed regular newsletters which provided them with information about recent events, upcoming events and the resources available to them.

Feedback had been obtained in surveys of the care provided to clients that demonstrated clients and family were happy with the care they received. Clients and relatives we spoke with told us they were asked about the views of the care they received from the service. Examples of comments included, "Yes I think I have a questionnaire form, a while ago", "I think I have done one at the end of last year" and "I think I did [a survey] recently." We saw details of feedback forms, that supported clients and family member to provide feedback about the service they received on topics such as the quality of the care they received, the care givers, support to be independent and to be treated with dignity and respect. We also saw regular newsletters were developed which offered information and guidance for clients on topics such as activities, fundraising, equipment, the services available and allowance (finances) guidance. The PIR stated regular independent surveys were undertaken to ensure clients were happy with the care they received. They said, 'Right at Home offices across the UK conduct an annual satisfaction survey with clients and care givers through a third party organisation. The results of the survey are benchmarked against other Right at Home offices and we are also able to track improvements/decline in satisfaction levels from year to year. Results are always shared with both clients and care givers along with any actions we may be taking where improvements can be made.'

Systems were in place to monitor the quality of the service provided to clients. The PIR submitted by the service stated reviews and regular monitoring of the service was taking place. It stated, 'Audits of MAR sheets and communication logs [were undertaken]. Annual compliance audit [is] completed by Right at Home head office.' Regular and detailed audits were taking place on a variety of topics that ensured the service was providing a good quality service. Topics covered included accident reporting, recruitment files, care records, communication sheets, call logging systems and medication records. We saw evidence of actions taken as a result of the audits which included lessons learned as a result of the findings. The registered manager told us the results from the audits were used as part of sharing best practice to support improvements in the quality of the service. This would ensure clients were cared for by a safe and monitored service.

It was clear the service was proactive in ensuring good links were established in the community and supported people to access the wider community links. We saw evidence of the service taking part in events within the local area and the PIR submitted stated, 'Right at Home works in partnership with local organisations, including Alzheimer's Society, Stroke Association and CCG for end of life care.'

