

Right Care (NW) Ltd

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Inspection report

58 Chorley New Road
Bolton
Lancashire
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Tel: 01204567856

Date of inspection visit:
22 May 2018

Date of publication:
25 July 2018

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 22 May 2018 and was announced. This service is a domiciliary care agency and provides personal care to people living in their own houses in the community. It provides a service to people living with dementia, older people with physical disabilities and younger disabled adults. At the time of the inspection there were seven people using the service. The office is situated on Chorley New Road in Bolton. This was the first inspection since the service registered in May 2017.

There was a manager at the service who was in the process of applying to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service felt safe with the people who supported them. Staff files showed the recruitment system was robust and people employed had been checked with the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. Staff rotas showed there were enough staff to meet the needs of the people who currently used the service.

Systems were in place to monitor that staff had arrived at a person's home. This helped to ensure visits were not missed. There were appropriate individual risk assessments within the care plans.

The service had a relevant and up to date safeguarding policy and procedure and all staff had received training in safeguarding. The medicines systems were safe and staff had undertaken appropriate training in medicines administration.

Records showed a thorough induction programme for new staff. New staff shadowed an experienced member of staff until they felt confident in their role.

Further training was on-going and staff were required to complete regular refresher courses for mandatory subjects.

Care plans we reviewed included relevant information about people's health and well-being. People's nutritional and hydration needs were clearly documented, along with any allergies and special dietary needs.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People who used the service told us the staff were kind and caring. Staff we spoke with were positive about their jobs and were complimentary about how the service was managed.

We saw from care plans we looked at that independence was promoted and people told us their dignity and privacy were respected. There was a service user guide which included relevant information about the service.

Care files we looked at were person-centred and people's choices for their care and support were respected.

Risk assessments and care plans were reviewed on a regular basis. Any changes were clearly documented within the care files. Activities, such as accompanying people to go out in to the community were facilitated by the service if possible.

Feedback was sought from people who used the service. Home visits from the manager and quality assurance surveys were completed. There was an up to date complaints policy and procedure and complaints were dealt with appropriately.

The manager had only been in post since February 2018. The manager was experienced and had worked in care settings for several years. People who used the service told us they could contact the management team when they needed to and care staff felt well supported by management.

The manager had commenced staff supervisions and had carried out a staff meeting. We saw records of observations of staff competence which had been undertaken by the manager.

There were many audits carried out on a regular basis. The manager needed to add to the audits any trends or patterns arising and dates of actions when completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People who used the service felt safe with the people who supported them. The recruitment system was robust and there were enough staff to meet the needs of the people who currently used the service.

Systems which helped ensure visits were not missed were in place. There were appropriate individual risk assessments within the care plans

There was a relevant safeguarding policy and procedure and all staff had had training in safeguarding. The medicines systems were safe and staff had undertaken appropriate training in medicines administration.

Is the service effective?

Good 

The service was effective.

Records showed a thorough induction programme for new staff. Training was on-going and staff were required to complete regular refresher courses.

Care plans included relevant information about people's health and well-being. People's nutritional and hydration needs were clearly documented, along with allergies and special dietary needs.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring.

People who used the service told us the staff were kind and caring. Staff we spoke with were positive about their jobs and were complimentary about the management.

Independence was promoted and people told us their dignity and privacy were respected. There was a service user guide which included relevant information about the service.

Is the service responsive?

Good ●

The service was responsive.

Care files were person-centred and people's choices for their care and support were respected.

Risk assessments and care plans were reviewed on a regular basis. Regular feedback was sought from people who used the service and through quality assurance surveys.

There was an up to date complaints policy and procedure and complaints were dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

People who used the service could contact the management team when they needed to and care staff felt well supported by management.

Staff supervisions were carried out and staff meetings were held. These had been planned throughout the year.

There were a number of audits carried out on a regular basis to assess and monitor the quality of the care provided. Some added information was required.

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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.

The inspection took place on 22 May 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small service and we needed to be sure the manager would be available to facilitate the inspection.

We visited the office location on 22 May 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. On this occasion we had not sent a provider information return (PIR) to the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Bolton local authority commissioning team and the local safeguarding team to find out their experience of the service. This was to gain their views on the care delivered by the service. We also received feedback from two healthcare professionals.

During the inspection we spoke with the manager, the director and five members of care staff. We contacted one relative to gather their views and another relative provided us with written feedback. Due to people's care needs it was not possible to speak with people who used the service. We spent time at the office and looked at two care files, two staff personnel files, training records, staff supervision records, service user satisfaction surveys, meeting minutes and audits.

Is the service safe?

Our findings

A relative spoken with told us their relative felt safe with the people who supported them. They said, "They [staff] always come on time we are never left without a visit". Comments from a recent survey included: "Workers turn up when they should and never leave me without a visit".

We looked at two staff files and they included an application form, full employment history, interview questions, two written references, proof of identity and terms and conditions of employment. Each file contained a Disclosure and Barring Service (DBS) check. A DBS check helps a service to ensure people's suitability to work with vulnerable people. We saw evidence that disciplinary matters were followed up as per the service's policy and procedure.

We looked at staff rotas which showed there were enough staff to meet the needs of the people who currently used the service. We saw that staff had time to get from one visit to the next in the time allotted. Systems were in place to show when staff had arrived at their calls. This helped the service to monitor when care staff arrived at a call and left the premises. There was an out of hours on call system which could be used by people who used the service or staff. This also helped ensure visits were not missed.

There were appropriate individual risk assessments within the care plans. These referred to issues such as falls, mobility, nutrition and hydration and moving people safely. The risk assessments were regularly reviewed and updated to ensure the information remained relevant and current.

There was a relevant and up to date safeguarding policy and procedure and all staff had had training in safeguarding. Staff members we spoke with were confident to report any issues. There was a safeguarding concerns log where details of any concern, actions taken and outcomes were documented.

Records we looked at showed us risk management policies and procedures were in place. These were designed to protect people who used the service and staff from risks including those associated with cross infection, the handling of medicines and the use of equipment. The medicines systems were safe and staff had undertaken appropriate training in medicines administration.

Any equipment used in people's home was maintained and regularly serviced by the manufacturers. Systems were in place to reduce the risk of cross infection. Staff had access to disposable gloves and aprons when providing personal care tasks.

We saw that accidents and incidents had been logged and any actions required were recorded. Audits had been completed by the registered manager and these helped identify any trends or patterns, which could then be addressed by the management.

Is the service effective?

Our findings

Records showed a thorough induction programme for new staff. This included essential training and we saw that new staff shadowed experienced staff until they felt confident in their new role.

All staff, including the manager had completed the Care Certificate. The Care Certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. All staff were provided with a staff handbook to help them understand the vision, values and philosophy of the company.

The handbook contained information on equal opportunities, confidentiality and standards of conduct and performance.

Training was on-going and staff were required to complete regular refresher courses in moving people safely, safeguarding and medicines administration. Staff we spoke with confirmed they had completed training relevant to their role.

We saw that the manager had planned and started regular one to one supervision sessions. Staff spoken with confirmed these took place. Supervision meetings enabled staff to discuss any areas of concern and discuss any further training and development they may wish to undertake.

We discussed with the manager about staff appraisals. The manager told us that no staff had worked at the company for 12 months. The manager had factored these meetings in to the diary to complete when required.

Care plans we reviewed included relevant information about people's health and well-being. A copy of the care plan was available in people's home. This included a communication sheet so family could make comments and leave messages for the carers.

We asked the manager how they made sure that information, for example the Service User Guide was accessible people who used the service. We were told that the service had staff who were bilingual and if required the information could be provided in a person's first language.

People's nutritional and hydration needs were clearly documented, along with any allergies and special dietary needs. The service worked with other agencies, such as dieticians, the Speech Language Therapy team and the community nursing team.

We received information from two healthcare professionals who were very positive about the service. One said, "So far I have found the staff to be very professional, polite, communicative and client centred. I have worked with the manager and she was very receptive and helpful. The care staff have been very confident with their hoisting skills. Their time keeping has also been very good when I have arranged to meet with them". Another said, "I have found Rightcare and especially the manager have been helpful and willing to help make a difficult care package work. The manager has attended professionals' meetings and Best

Interest meetings and presented information relevant to the discussion. Overall I have found Rightcare to be approachable and receptive to work with us and providing support to my patient".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

People who used the service had signed consent forms for areas such as the sharing of their information for CQC inspections. Staff we spoke with were aware of the need to make any decisions in the person's best interests, where they lacked capacity to make their own decisions.

Is the service caring?

Our findings

People we spoke with told us the staff were kind and caring. One person said, "[Carer] has been very proactive in identifying and discussing [Relative] needs. [Carer] is thorough in everything she does for us. I cannot praise her enough and so glad she is caring for [Relative]. She is simply the best". We were told that staff were polite and respectful.

Staff demonstrated a commitment to providing high quality support and care. Staff spoken with were genuinely happy with their jobs and role. Comments included, "I love it", "Best place I have worked", Good training and good support. We just need some more people now".

We saw from care plans we looked at that independence was promoted and the service worked with people to help them achieve their goals. This was also evident from discussions with care staff and management. Staff had training in promoting dignity and people we spoke with felt their dignity and privacy were respected.

There were policies and procedures in place with regard to confidentiality. People who used the service were asked to give their consent for information to be shared if required.

There was a service user guide which included information about the service, confidentiality, people's rights, equal opportunities, complaints, safeguarding and care, treatment and support to meet individual needs.

There was also a statement of purpose in place, which included the aims, objectives and principles of the service. There was information about the responsible person, staff, training people's rights and choices, complaints and contact details. This information could be made available for people in large print by contacting the office.

Is the service responsive?

Our findings

Care files included a service user profile which had information about the person's background, family circumstances, hobbies and interests, routines, what they needed help with, likes and dislikes.

Risk assessments and care plans were reviewed on a regular basis. Any changes were clearly documented within the care files. Activities, such as accompanying people to go out in to the community were facilitated by the service if possible.

Regular feedback was sought from people who used the service and through quality assurance surveys. We saw that recent feedback had been positive about the service delivery. Comments included; "I have been fully involved in how my care was planned", and "The quality of care is excellent". "Another said, "Staff have been supportive and responsive to my changing needs".

The manager had also been out to introduce herself to people who used the service so they could put a face to name.

There was an appropriate complaints policy and procedure. The manager had a complaints file. There had been no complaints since the manager started at the service in February 2018.

The complaints procedure was outlined within the service user guide so that all people who used the service would be aware of how to raise a concern. One person who used the service said, "I have no complaints, not at all". The manager was to set up a compliments file to save any cards or letters received and to share these with staff.

Is the service well-led?

Our findings

There was a manager at the service to was in the process of applying to register with the Care Quality Commission (CQC) . A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care staff we spoke with told us they felt well supported by management. One told us, "Any problems I can ask. I can always speak with the manager, she is great". Another said, "Support is good".

We saw that the office was very organised. Policies and procedures were easily accessible for staff to refer to if required. All the information required for inspection was available.

Staff supervisions and staff meetings were now taking place. Staff meetings were scheduled in the diary on a regular basis. We saw minutes of previous meetings had been recorded and actions addressed.

We saw records of observations of staff competence that were undertaken by the management. Any issues identified were recorded and actions taken to address these.

Care files were reviewed and monitored on a regular basis to ensure the appropriate paperwork was included and being filled in as required. There were completed records of these checks in all the care files we looked at.

There were a number of audits carried out on a regular basis. The manager was to add to the audits, any trends or patterns, actions needed and timescales for completion.

The manager was aware that statutory notifications of serious incidents or accidents needed to be sent to CQC in a timely manner.