

Interim-Direct Limited

Right at Home (Reading)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 10 and 11 March 2016 and was announced. Right at Home (Reading) is a domiciliary care service. At the time of the inspection the service was providing personal care to 43 people living in their own homes.

There was a registered manager in post. 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.

People were happy with the service they received from Right at Home (Reading) and felt safe using the service. There were systems in place to manage risks to people and staff. People were kept safe by staff who were trained and had a good awareness of the policies and procedures used to safeguard people.

Recruitment systems were effective and helped to ensure only suitable people were employed by the service. There were sufficient numbers of staff employed. Staff were matched to people using the service whenever possible to ensure they were compatible with each other. Staff received training to ensure they had the skills to care for people safely and effectively. There was a system in place to manage medicines safely.

People felt well cared for and said they were involved in planning their care. People's right to make decisions was protected and staff sought people's consent before support was provided. People were treated with kindness, dignity and respect and told us they made decisions about their care.

People were confident in the service to listen and to act on their views which were sought in a number of ways. People's care and support needs were reviewed regularly with them and up to date information was communicated to staff promptly to ensure appropriate care was provided.

Staff were knowledgeable about actions to take in emergency situations. They contacted healthcare professionals to seek advice regarding people's well-being when necessary.

Staff spoke highly of the registered manager and were comfortable to approach him for advice and guidance. They told us they were supported well by the whole management team and felt they were listened to if they raised concerns. Action was taken promptly to manage any concerns raised.

The registered manager monitored the quality of the service in a variety of ways. This included gaining regular feedback from people using the service and conducting audits. Improvements had been made as a result of feedback received.

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.

Recruitment systems were robust and there were sufficient staff to meet people's needs. Risks were identified and managed to protect people and staff.

Staff had relevant skills and experience to keep people safe. Medicines were managed safely.

Staff demonstrated a good knowledge of safeguarding policies, procedures and reporting requirements. The provider had plans in place to manage emergencies.

Is the service effective?

Good ●

The service was effective.

People's right to make decisions was protected. Staff gained people's consent before providing support.

People were supported by staff who had received relevant training.

Staff felt supported. They had confidence in the management team, they were listened to and action was taken when necessary.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect. They felt involved in and supported to make decisions about their care.

People were encouraged and supported to maintain independence.

People's personal preferences were respected.

Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed and they were involved in planning their care. Their care needs were reviewed regularly.

People's preferences were recorded and taken into account. They were supported in a personalised manner.

People were asked to give feedback on the service and they knew how to make a complaint or raise a concern if necessary.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture in the service. People and staff praised the registered manager and said he was approachable. Staff said he listened and acted promptly when necessary.

The quality of the service was monitored and action taken when issues were identified.

People were asked for their views on the service. They had the opportunity to make suggestions and improvements had been made as a result.

Right at Home (Reading)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. Therefore we needed to be sure that senior staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector. Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service.

We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we carried out a home visit, we spoke with five people, two relatives and a friend of people who use the service. We also received written feedback from one relative. We spoke with eight members of staff, including the registered manager, the training manager, the care manager, four care workers and a field support co-ordinator. We also received feedback from one service commissioner. We looked at records relating to the management of the service. These included six people's care plans and associated documents, five staff files including recruitment records, training records, policies, procedures, the complaints log and accident/incident records.

Is the service safe?

Our findings

People felt safe when they received care from the staff. Comments included, "Safe, oh yes, they are very good" and "No worries at all about being safe, the carer takes great care in making sure I'm alright." One relative commented, "Oh yes, definitely, they've been very good with [name]" and another told us, "I believe they do care about her safety and [name], in particular has come to her aid several times." People said care staff usually arrived on time and stayed for the full duration of the visit time. Most people said their visits were at times that suited them and they were told if a visit time was going to be changed. This helped to make them feel safe.

Each member of staff had a staff handbook which contained important information regarding the provider's policies for staff to refer to. This included information regarding the safeguarding of vulnerable people. Additional information about safeguarding people was displayed in the office to remind staff of their responsibilities. Staff had also received training in this area. They were knowledgeable with regard to abuse and the signs that could indicate a person had been abused. They described the actions they would take if they had concerns and were clear they would report it promptly. One staff member said, "I'd report it immediately, it's very serious." Another said, "I'd contact the office straight away and then I'd follow up what action they had taken." Staff knew they could also report concerns outside the organisation if necessary, for example they said they could contact the police or local authorities.

The registered manager also had a very good knowledge of safeguarding and whistleblowing procedures. They had dealt appropriately with related matters that had arisen, reporting them to the local authority safeguarding team. However, notifications had not been submitted to the Care Quality Commission (CQC) to inform us of these important events. When this was brought to his attention, the registered manager took action immediately and sent a retrospective notification. Appropriate disciplinary action had been taken against staff when required. Referrals were made to the Disclosure and Barring Service when questions had arisen as to a staff member's suitability to work with vulnerable people.

Risk assessments were carried out before any care was provided. This helped to ensure care staff were aware of risks relating to the person and the home environment. Guidance was provided to enable staff to manage risks in a way that minimised the possibility of harm without restricting the person unduly. Individual risks such as those associated with moving and handling and assistance with medicines were assessed for each person and reviewed regularly. Staff made observations at each visit to identify any changes or new risks. They told us any changes were reported immediately so a review could take place. They also confirmed that all staff working with the person would be contacted to ensure changes were communicated. Changes were recorded in people's care plans.

People received safe care from staff who had been recruited using a thorough and robust process. Checks had been carried out to establish the suitability of staff to work with vulnerable people. These included establishing proof of identity and gaining a full employment history. However, in two of the recruitment files we reviewed, we noted small gaps in employment histories had not been explained. We brought this to the attention of the registered manager who acted immediately and contacted the staff to explain these gaps.

They undertook to ensure all gaps are identified and explained during the recruitment process in future. References were sought in relation to conduct in previous employment and a disclosure and barring service (DBS) criminal record check was completed. A DBS check ensures there are no criminal records which may prevent a prospective member of staff working with vulnerable people.

The number of staff required was determined by the needs of the people using the service. The registered manager told us recruitment had been particularly difficult in 2015. During this time DBS checks had taken longer than usual to be processed and led to a number of potential staff finding alternative work. As a result the registered manager took action to ensure they could continue to provide a safe and effective service. They scaled back the geographical area they worked in and reduced the number of care packages so as to ensure they had sufficient staff. This meant people continued to receive a safe and effective service. At the time of the inspection recruitment had improved and the service had begun to accept new care packages.

Staff received training in the safe management of medicines. The training manager and registered manager had worked together to design bespoke training which included the use of the medicines management record. This was designed to ensure full and accurate recording of medicines management and was audited monthly. Where issues or errors were identified action was taken. For example, if a care worker had omitted to sign to indicate a medicine had been taken they were immediately contacted and asked for an explanation. If errors were repeated this resulted in the member of staff undergoing further training and a competency check or disciplinary action being taken. Staff had their skills and knowledge checked during monitoring visits carried out by senior staff.

Appropriate plans to manage emergencies were in place. Staff were familiar with the provider's policies in relation to emergencies that may arise in people's homes. They described the action they would take and some told us they had called 999 for medical emergencies relating to people they visit. The provider had a system to monitor accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred. The provider also had contingency and disaster recovery plans. These plans provided instruction for staff on actions to take when such things as power failure or adverse weather affected the service.

Is the service effective?

Our findings

Staff received an induction when they began to work at the service which incorporated mandatory training. Topics covered included moving and handling, safeguarding, medicines management and health and safety. This was followed by a period of shadowing more experienced staff until they were familiar with their role. A minimum of four shifts were spent shadowing. This period could be extended if necessary until new staff were confident and they had been monitored to ensure their competence. The training manager maintained contact with new employees throughout the induction and probation periods. They offered support and gave each new employee the opportunity to meet and discuss their progress and any worries or concerns.

All new staff completed the care certificate standards. This is an identified set of standards that health and social care workers adhere to in their daily working life. Two of the management staff had received training to assess these standards. The training manager explained that they had designed a tool to assist in the assessment of the care certificate standards which included observation of staff in practice. In addition to this training, all staff were encouraged to gain national vocational qualifications in health and social care at an appropriate level for their job role. Staff felt they received, "very good training," and told us they were encouraged to further themselves. One said, "I've done a level two diploma and now I'm going to do (level) three." Staff spoke positively about having a dedicated training manager and told us they were always able to give advice and guidance. For example, one commented, "The training manager is always available, she gives advice and information. I can ring at any time she will always help."

Mandatory training was refreshed and there was a system in place to identify when training was required. As well as mandatory training staff had also been provided with more specific training in relation to the people they cared for. This included dementia care, stoma care and end of life care.

People felt staff were skilled and had the knowledge to do their job. One person said, "They've had training and sometimes they (managers) come and check the carers are doing what they're supposed to." Another said, "They (the staff) know what they're doing."

Staff felt supported, they each had a senior member of staff who met with them on a one to one basis every six months or more frequently if they wished. The meetings gave staff time to discuss their work and raise any worries or issues they had. One staff member told us, "We talk about concerns from both sides. We talk about training like the NVQ." Staff said they were listened to, one commented, "I can share ideas, discuss development. Each day it is absolutely clear that management listen and take notice of what carers tell them." Monitoring visits were carried out to check on the practical work of staff. When issues or concerns were identified they were addressed with the staff 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. We checked whether the service was working within the principles of the MCA.

Staff had received training in relation to the MCA and understood their responsibilities in relation to assessing people's capacity to make decisions. People had signed their care plans to indicate their consent whenever possible and confirmed it had been explained to them. Staff sought people's permission before supporting them. One person said, "Yes, they always ask." We observed staff checking with people before doing things during a home visit. They offered a choice of different meals and asked how the person liked it prepared and served. Care plans gave staff information on how people made and indicated their decisions.

When people required support with eating and drinking it mainly involved heating up ready prepared meals or making sandwiches, snacks and drinks. People were supported to choose what they wanted to eat and drink and when appropriate people's food and fluid intake was monitored. Staff were aware of the importance of nutrition and hydration in maintaining people's well-being and when appropriate left snacks and drinks for people.

Staff sought medical attention for people when necessary. For example, they contacted people's GP or other healthcare professionals if they had concerns about a person's well-being. They called the emergency services if it was a medical emergency.

Is the service caring?

Our findings

People were spoken to and about in a kind and caring manner. Staff showed respect in the way they addressed people and wrote about the support provided. People were complimentary about the staff and in particular the registered manager. They valued the relationships they had with staff and described their care as, "Very good" and "Magnificent." Relatives also praised the care provided and made comments such as, "It's one hundred percent" and "I can't fault it."

People were visited by a consistent team of care staff who whenever possible were matched to the people they cared for by personality and/or interests. The registered manager explained this had been implemented following feedback from people using the service. People confirmed they were visited by regular care workers and felt they knew them well. One said, "They know automatically what to do for me now, we're able to have a chat and laugh." Another person spoke about having shared interests with a staff member who visited and said they could have, "A good discussion."

Staff were able to demonstrate they knew people well and how they liked things done. For example, during a home visit we observed a senior member of staff explain to a newer member of staff how the person liked their meals served. They also described how one person liked a particular accompaniment to go with the main meal.

The registered manager explained that dignity and privacy formed part of staff induction as well as being covered as part of the care certificate and the national vocational qualifications. The approach of staff to these aspects of their role was monitored during observations carried out by senior staff.

People were shown respect and their privacy and dignity were protected. One person said the staff were, "Very respectful indeed." Relatives also commented on the politeness of staff and the respect shown for their family members. Staff gave examples of how they respected people, for instance one said, "Think before you act, if I was that person what would I like?" Another told us they did this by, "Being polite, (forming) a close relationship with the client to ensure they feel as comfortable as they can with me." Staff gave examples of how they protected people's privacy and dignity when assisting them with personal care. They included, "I will make sure all curtains are closed and doors are shut" and "I make sure I keep them covered." Another explained how they acted as naturally as possible to help avoid people feeling embarrassed.

Staff supported people to maintain their independence and said they encouraged people to do things for themselves when appropriate. One gave an example of how they supported a person to maintain their mobility by encouraging them and reassuring them. Another spoke about how they, "Always encouraged independence." They felt it was important to give people enough time to do things for themselves. They said, "I always ask, do you think you can do it? Then, shall I wait a while?" People and their relatives confirmed staff helped them maintain independence as much as they were able and wanted to. They said they felt involved in their care.

Is the service responsive?

Our findings

People were involved in planning their care. The care manager or a senior member of staff visited the person prior to the care package beginning to assess their needs. This allowed the agency to determine if they were able to meet an individual's support needs and confirm they had sufficient resources. The assessment included people's personal history, their preferences and details of their social interests and hobbies. The assessment led to the development of a care plan that was personalised and focussed on the outcomes people wanted to achieve. People said they had been given choices about their care and had the opportunity to change things if they wished to.

People's care plans were reviewed regularly every six months. However, if there were changes in a person's health or well-being a review would be carried out straight away and the care plan updated to reflect those changes. For example, one person had recently been discharged from hospital and their care plan was being discussed and reviewed to reflect their current condition and the support they required.

People were asked for feedback on the service at their review meetings. They said they had frequent contact with the registered manager and other senior staff. They felt they were listened to and the service took action when necessary. For example, one person said, "They respond straight away, I like being able to ring up and discuss (things). They're flexible." Another person told us they had asked for their visit times to be changed and this had been done promptly.

The registered manager, training manager and care manager all conducted care visits. This was to both monitor the service and keep their own practice up to date. They also took these opportunities to gather informal feedback. People commented on how they valued the senior staff making visits. One said, "[The registered manager] comes regularly and he listens to me" another said, "[Name] comes and visits so he gets to know what's going on." It was clear people knew the senior staff and felt at ease with them. They said they would have no hesitation to call them to raise concerns if they had any.

Staff were kept informed about any changes in people and their needs. They said they received information promptly and felt confident they always knew what was happening with people. This meant they could respond and provide appropriate care for people. People confirmed they always received their visits. They said that staff usually arrived promptly and stayed for the full allocated time.

There was a complaints policy and a system for recording and dealing with complaints. Five complaints had been received by the service in the last year. All had been investigated thoroughly and dealt with in line with the provider's policy. Complaints were taken very seriously and used to inform and develop the service and staff training. For example, following a complaint relating to medicines the training manager and registered manager worked together to develop a bespoke training session to help staff understand effective recording. Staff were now very clear on recording medicines and understood their responsibilities. Staff said the registered manager encouraged people to raise concerns and understood the importance of learning from them. One said, "If you don't have feedback or complaints you can't improve the service." One person said they had raised a complaint some time ago which they felt was dealt with effectively and commented, "They

take notice," referring to the issues raised.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post. We found an open and positive culture within the service.

People felt they received a good service from the managerial staff as well as from care staff. For example, one person said, "There's really good office back up." People said they never had a problem getting hold of the office staff and felt there was always someone to answer their queries. There was an on-call system which ensured there was always a senior member of staff who people and care staff could contact for advice. Staff also commented on how they felt supported at all times by the management team. For example, one commented, "They are always happy to listen to what you've got to say." Another said, "I would just like to add all the office staff are amazing, they are professional but will make you feel relaxed and are able to have a giggle with you."

The quality of the service was monitored by the registered manager and other members of the management team. People were asked if they were satisfied with the service and given the opportunity to make suggestions about how to improve things about the service. The management team conducted audits of the service, for example, medicine records, care records and complaints. The registered manager discussed any deficits identified with the other managers and planned action to improve the service. A number of improvements had been implemented as a result of these audits, such as the introduction of more robust recording systems and additional training for staff.

Staff had their work spot checked in order to monitor the quality of the care they provided. If issues were identified, they were raised with the staff member at a one to one meeting and discussed. Issues such as timing, following the care plan and communication had been raised and discussed with staff members. People were also asked to provide feedback on the care they received. One person told us they received visits from the registered manager and also had phone calls from the office to "Check everything is alright."

Team meetings were held regularly. This provided team members with the opportunity to come together to share ideas and discuss important matters about all aspects of the service. Meetings were well attended and discussions took place relating to such issues as health and safety, record keeping, quality of the service and confidentiality. Staff said they were given the opportunity to contribute and express their ideas. One told us, "Our ideas are definitely listened to."

A quality questionnaire was sent annually. The 2015 survey showed over 92% of people felt care staff were good to excellent and over 96% felt the quality of the service was good to excellent. A report had been prepared to summarise the results of the survey and was made available to people using the service. Suggestions had been asked for and the registered manager said they were being addressed if it was at all possible. For example, one person had said they were not always contacted if visit times changed. This had been addressed and a tracker form had been introduced to monitor any changes to visits. This recorded any contact made with people to inform them of changes. Staff were also expected to record and explain the reason if contact was not made, for example, if the telephone was not answered.

Staff knew the values of the service, one said, "Each person is different. (We) respect them; listen to what they have to say. (We) encourage independence and autonomy." Another said, "We believe that creating a friendly work place where people are listened to, encourages a happy and caring culture that shows in the care we provide our clients." While another told us the registered manager had clear values and said he talks to all new staff about them so they are clear, they added, "It's always quality over quantity."

Staff were very complimentary about the registered manager. They told us he was approachable and always had, "An open door." One said, "[Name] is a brilliant boss and will always help you with anything." Another staff member said, "[Name] is motivated and dedicated to care. He is a good leader and the door is always open."

Staff also spoke positively about working as a team. One said, "It's a great team, I'm very happy." Another commented, "Overall Right at Home is a brilliant company to work for. I'm glad I'm part of such an amazing team."