

RSL Homecare Limited

Right at Home Bromley

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 23 May and was announced. We gave the registered manager 2 days' notice of the inspection to ensure they would be available to meet with us. This was the first inspection of the service since it was registered by the provider.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection the service was providing personal care and support to 11 older adults in the London Borough of Bromley.

The service had 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.

At this inspection we found that people were protected from the risk of abuse because staff were aware of the type of abuse and action to take if they suspected abuse had occurred. Risks to people were assessed and staff worked to ensure identified risks were managed safely. Staff were aware of the action to take to reduce the risk of the spread of infection. There were sufficient staff deployed to meet people's needs and people confirmed they were supported by a consistent staffing group. The provider followed safe recruitment practices.

People received safe support to take medicines where this was part of their assessed needs. Staff were aware to report any accidents or incidents that occurred whilst supporting people and the registered manager reviewed the outcomes of all accidents and incidents with a view to reducing the risk of repeat occurrence. People's needs were assessed before they started receiving a service to ensure that staff were able to provide them with effective care. Staff received an induction when they started work for the service and were supported in their roles through regular training and supervision.

Staff sought people's consent when offering them support. 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 in the service supported this practice. Staff monitored people's conditions and supported them to access healthcare services when needed. People were supported to maintain a balanced diet where this was part of their assessed needs.

Staff treated people with kindness and consideration. They treated people with dignity and respected their privacy. People were involved in making decisions about the support they received. They were involved in developing their care plans and received care which reflected their individual needs and preferences. The provider had a complaint policy and procedure which gave guidance to people on how to raise concerns. People knew how to make a complaint and expressed confidence that any issues they raised would be addressed.

The provider had systems in place for monitoring the quality and safety of the service. People told us the service was well managed. The provider held regular staff meetings to ensure staff were aware of the responsibilities of their roles and kept up to date with service developments. Staff told us they felt well supported and valued by the management team. The registered manager was open to working with other agencies to ensure people received high quality care. The provider sought people's views to ensure they were happy with the service they received and to make service improvements, if required.

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.

Risks to people had been assessed and identified risks were safely managed.

People were protected from the risk of abuse because staff received safeguarding training and knew the action to take if they suspected abuse had occurred.

There were sufficient staff deployed to safely meet people's needs.

The provider followed safe recruitment practices.

Staff worked in ways to reduce the risk of infection.

People's medicines were safely managed.

Staff were aware to report any accidents and incidents. The registered manager reviewed accident and incident reports with a view to reducing the likelihood of repeat occurrence.

Is the service effective?

Good 

The service was effective.

Staff received support in roles through regular training and supervision.

People were able to access a range of healthcare services in order to maintain good health.

Staff sought people's consent when offering them support. The registered manager demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and how it would apply should a person lack capacity to make decisions for themselves.

People's needs were assessed in order to ensure the service was able to provide them with high quality care.

Staff supported people to eat and drink where this was a part of

their assessed needs.

Is the service caring?

Good ●

The service was caring.

Staff were caring in their approach and had built strong relationships with the people they supported.

People were involved in making decisions about their support.

Staff treated people with dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place and received support which reflected their individual needs and preferences.

People were supported to maintain their independence.

The provider's complaints procedure gave guidance to people on how they could raise concerns about the service. People confirmed they knew how to complain and had confidence that any issues they raised would be addressed.

Is the service well-led?

Good ●

The service was well-led.

People and staff told us the service was well managed and spoke positively about the working culture.

The service had a registered manager in place who demonstrated a good understanding of the responsibilities of the role.

The provider sought people's views in order to ensure their satisfaction with the service they received and to make any improvements, where appropriate.

The registered manager was open to working with other agencies where required to ensure people received good quality care.

The provider had systems in place to monitor the quality and safety of the service.

Right at Home Bromley

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 23 May 2018 and was conducted by one inspector. Prior to the inspection we reviewed the information we held about the service, including details of notifications submitted by the provider. A notification is information about important events that the provider is required to send us by law.

The provider completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to provide some key information about the service, what the service does well and any improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we visited the office location and two people in their homes. We also spoke with another person and two relatives by telephone to gain their views on the service. We spoke with four members of staff, the registered manager and nominated individual, and looked at a range of records including four people's care plans, four staff recruitment files, staff training and supervision records, and other records related to the management of the service.

Is the service safe?

Our findings

People and their relatives told us the service was safe. One person said, "I feel safe with the staff that visit me; we've got to know each other and I'm quite comfortable in their company." Another person told us, "I'm well looked after and have not had any concerns about the service." A relative commented, "I feel the service [their loved one] has been receiving is safe. We know which staff are coming and when; they do a good job."

People were protected from the risk of abuse. The provider had safeguarding and whistle blowing procedures in place. Staff received safeguarding training and demonstrated a good understanding of the types of abuse that could occur and the action to take if they suspected someone had been abused. One staff member told us, "I would report any concerns I had to the registered manager as soon as I'd made sure the person was safe. I also know we can contact the safeguarding team at social services ourselves if needed as well."

Risks to people were managed safely. Senior staff had carried out risk assessments in areas including the environment, moving and handling, falls and medicines. Three of the four people's risk assessments had been reviewed on a regular basis to ensure they remained up to date. Whilst the fourth person's risk assessments were overdue a review in line with the provider's procedures, we noted that it had been updated when the person's needs had changed in the time since they started using the service and the registered manager confirmed they had completed a further review following our inspection.

Where risks had been identified, we saw guidance in place for staff on how to ensure people were safely supported. For example, one person's moving and handling risk assessment contained details of the support they required across a range of manoeuvres, including the type of equipment staff should use in each case and the method they should follow when using it. Staff we spoke with were aware of the areas at which the people they supported were at risk and confirmed they provided safe support in line with the guidance in people's care plans and risk assessments.

There were sufficient staff deployed by the service to safely meet people's needs. One person told us, "The carers arrive on time barring the very odd exception where they've had a problem elsewhere. When that has happened, they've always called me to let me know." Another person said, "I have a group of regular carers who cover my calls and they come when I expect them." Staff told us they had sufficient time to support people without needing to rush in their work and records showed staff rotas included time assigned for staff to travel between visits.

The provider followed safe recruitment practices. Staff recruitment records contained completed application forms which included details of their full employment history, as well as proof of identification, confirmation of criminal records checks having been made and references to confirm that they were of good character and suitable for the roles they had applied for.

Medicines were managed safely. One person told us, "They [staff] help me with my medicines every day and make sure I never miss a dose. They record it all as well; I've had no problems." A relative said, "The carers

have been very diligent with [their loved one's] medication." People's care plans included information on the level of support they needed to take their medicines where required as well as details of any known medicines allergies to help reduce the risks associated with medicines administration.

Staff had received training in medicines management which included an assessment of their competency to administer medicines safely. Where people required medicines support, staff completed Medicine Administration Records (MARs). The MARs we reviewed had been signed by staff and were up to date and accurate, confirming that people had received their medicines as prescribed.

We noted that one person had been prescribed a pain relieving medicine to be taken four times each day 'as required' with a minimum four-hour gap between each dose. Whilst the person had capacity to understand the reason why the medicine had been prescribed and records showed they had regularly declined to take this medicine when offered, there had been occasions in the two months prior to our inspection where staff had offered them the medicine at visits less than four hours apart. We raised this issue with the registered manager who told us they would review and update the person's care plan to prevent the risk of the medicine being administered in an unsafe manner.

Staff worked in ways which reduced the risk of the spread of infection. The provider made sure personal protective equipment (PPE) was available for staff when needed. One staff member told us, "I always wear PPE when supporting people, make sure to dispose of it properly and then wash my hands before doing anything else." All of the people we spoke with confirmed staff wore PPE when assisting them with personal care tasks. Staff also told us, and records confirmed, that they had completed training in infection control and food hygiene.

The provider had systems in place for the reporting and recording of any accidents and incidents that occurred. Staff were aware of the provider's accident and incident reporting procedures. The registered manager maintained a record of each accident and incident that had occurred, which included details of the action that had been taken in response and any further follow up action taken to reduce the risk of repeat occurrence.

Is the service effective?

Our findings

People and their relatives told us that staff were competent in their roles and provided them with effective care. One person said, "They [staff] have been brilliant in the way they've supported me." A relative told us, "The staff are competent; all of them do a good job." Another relative said, "They [staff] know how to use equipment like the hoist [used by their loved one] and we've never had any problems."

Staff told us, and records confirmed, that they received an induction when starting work for the service which included time reviewing the provider's policies and procedures, training in areas considered to be mandatory by the provider and time shadowing more experienced colleagues. New staff were also required to complete the Care Certificate during their first months working for the service. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

Staff received training in a range of areas in support of their roles, including moving and handling, safeguarding, food hygiene, health and safety, medicines management and infection control. Senior staff also conducted checks on staff to ensure their competency in areas including meal preparation, communication whilst supporting people, moving and handling and the completion of paperwork relating to the provision of care. One staff member told us, "The training we have is good. I feel happy in my job and know what I'm doing. I know if I felt I needed some additional training in order to provide better support I could ask, but I haven't needed to."

Staff were also supported in their roles through regular supervision. One staff member told us, "Supervision is helpful as it's good to receive guidance from more experienced colleagues and I can talk about any issues I'm having if I need to." The registered manager also confirmed that staff were due to receive an annual appraisal of their performance at the end of their first year of employment.

Staff were aware to ensure they sought consent from people when offering them support. One staff member told us, "Our clients have a right to refuse my help so I always check they're happy with what I'm doing. If they say no to me helping them, that's their right; I would never force anyone to do something they didn't want." Another staff member said, "I always seek consent from whoever I'm supporting. If someone didn't want to do something like have a wash in the morning, I would offer again at the next visit later in the day." People confirmed staff sought their consent. One person said, "They [staff] always ask what they can do and never make me do anything." Another person told us, "We have a routine but they [staff] always check I'm happy for them to do things."

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

The registered manager demonstrated an understanding of the principles of the MCA and told us they would

seek to involve healthcare professionals and family members where appropriate in making decisions in people's best interests where they lacked capacity to do so themselves. However, they also told us, and staff confirmed, that the people using the service at the time of our inspection had capacity to make their own decisions about the support they received.

The registered manager undertook an assessment of people's needs before they started receiving care to ensure the service's suitability. The assessments considered people's physical and mental health and well-being, and included information regarding any known medical conditions and healthcare professional involvement, as well as identifying the type of support people required from the service.

People had access to a range of healthcare services when required in support of their good health. Most people told us they were able to manage their own healthcare appointments, or had the support of relatives to do so. However, where people required support they confirmed staff were available to assist them when needed. For example, one person told us that staff accompanied them when they needed to attend hospital appointments. Staff also told us they monitored people's health and would seek to contact healthcare professionals if they had concerns, for example a person they were visiting became unwell.

Staff also worked to ensure people received joined up, co-ordinated care across different services when required. For example, one relative told us that staff worked effectively with staff from the local hospice team in providing support to their loved one during the visits they carried out. We also noted that the registered manager was in the process of updating people's care plans to include a hospital passport. The examples we reviewed contained important information for hospital staff should people need to be admitted to hospital, including details of people's support needs, any known medical conditions, emergency contact information, and their prescribed medicines.

People were supported to maintain a balanced diet where this was part of their assessed needs. People's care plans contained details of any support they required with meal preparation or with eating and drinking. Staff prepared meals in line with people's preference. For example, one relative told us staff had made curry for one person as this was something they enjoyed. People and their relatives told us they were happy with the support they received to eat and drink. One person told us, "I order my own shopping so they [staff] cook what I want each day." A relative said, "We're happy with the support the carers have given [their loved one] to prepare meals."

Is the service caring?

Our findings

People and their relatives told us that staff were caring. One person said, "I have a small group of carers who visit me across the week and there's not one I dislike. They're all lovely; very kind." Another person told us, "They [staff] are all very nice; kind and trustworthy." A relative said, "We get on well with the carers that visit [their loved one]. They're very friendly and are always happy to help with anything."

The provider and staff worked in ways which demonstrated a caring attitude towards the people they supported. For example, one staff member had picked garden flowers for one of the people they supported to enjoy in their room because they had difficulty accessing the garden. In another example, the provider had bought Easter eggs for people using the service as a way of celebrating the occasion.

Staff knew the people they supported well and could describe their daily routines and preferences in the way they received support. People told us they had developed strong relationships with the staff supporting them. One person explained that this made them feel comfortable in accepting support, for example with personal care. Another person commented that they felt able to rely on the staff who regularly visited them to help them to deal with any day to day issues. For example, they told us a member of staff had recently picked up a prescription for them from the pharmacist before one of their calls, after they had mentioned to them that they needed to collect it during a previous visit earlier in the day.

People were involved in making decisions about the support they received and were consulted on their care needs. Staff told us they let people lead on decisions about how they liked to be supported during their visits. One staff member said, "The people I support make their own decisions, for example if I'm preparing a meal for someone, they'll let me know what it is they want me to cook them." People confirmed staff sought their views on the support they received. One person said, "They [staff] always check how I'd like things to be done." Another person told us, "I have a routine but it can vary; I just let [the staff member] know what I want on the day."

Staff treated people with dignity and respect. One person told us, "The staff are respectful but we have a laugh and joke as well." Another person said, "It would be easy to feel embarrassed when you need help with certain things, but they don't make me feel that way at all." Another person commented, "They [staff] are always happy to chat and encourage me to take my time. I never feel rushed."

Staff respected people's privacy. One staff member told us, "I always make sure we have privacy when I'm supporting people with personal care by making sure the bathroom or bedroom door, and any curtains are closed." Another staff member said, "I never go into someone's home without ringing the doorbell and calling out if I need to let myself in to make sure they're happy for me to enter." People confirmed their privacy was respected and one relative commented, "There have been no issues; the bathroom door's always been closed if I've turned up whilst the carers have been supporting [their loved one] to wash."

Is the service responsive?

Our findings

People told us they had been involved in developing their care plans and that they received personalised care which reflected their individual needs and preferences. One person said, "I had an assessment with the manager before I started using the service where we talked about what I needed so the staff knew what to do. They've made adjustments since when I've requested, such as making my morning visit earlier." Another person said, "I've agreed to my care plan and have found the service flexible; my needs have changed since I started using the service and they've been able to cater for any extra visits I've needed."

People had care plans in place which had been developed from an assessment of their needs. Care plans contained information for staff on the support people required in areas including personal hygiene, mobility, eating and drinking, medicines management and continence. Staff demonstrated a good awareness of the details of people's care plans and the support people required. They also told us they knew to report any changes in people's conditions back to the registered manager to ensure their care plans remained up to date and reflective of the support they required.

Care plans also contained details of the things people could do for themselves as well as their preferences in the way they received support. For example, one person's personal care plan highlighted that they liked to brush their teeth independently and wash their front, but needed support to wash and dry their back. We spoke with the person in question and they spoke positively about the encouragement staff gave them to maintain their independence in these areas.

Care plans also included consideration of any support people required support in regard to any protected characteristics under the Equality Act 2010. The registered manager told us that none of the people using the service at the time of our inspection required support with their diverse needs and this was confirmed by the people we spoke with. One relative told us that the registered manager had informed them that they could arrange for staff to provide support for their loved one to practice their faith if needed.

The service supported people to manage the risk of social isolation. For example, the provider explained how they had supported one person to move their bed downstairs after a period in which they had not left their bedroom. This enabled staff to be able to support them to access the local community on occasion. In another example, records showed that the provider had supported one person to request a referral for the local wheelchair clinic to enable them to go out more frequently.

The service had a complaints procedure in place, details of which were provided to people when they started using the provider's service user guide. This included information on how to make a complaint, the timescale in which people could expect to receive an initial response, and how complaints could be escalated if they remained unhappy with the outcome of the provider's investigation.

People told us they knew how to make a complaint and expressed confidence that any issues they raised would be addressed to their satisfaction by the registered manager. One person said, "I've not had to make a proper complaint; nothing goes that far because the manager has dealt with the occasional minor issue

that I've raised promptly." Another person told us, "I would be happy to speak with any of the office staff if I had a problem, but I've not needed to. The registered manager maintained a record of complaints received by the service which included details of any investigation and subsequent action taken, as well as a copy their written response to the person complaining. Records showed that the service had received one complaint in 2018 which had been investigated and responded to appropriately, in line with the provider's complaints procedure.

Is the service well-led?

Our findings

People and their relatives spoke positively about the way in which the service was run. One person told us, "The service is well managed and has been much better than the previous agency I used; I know who to expect, they arrive on time, and if I have any queries the staff in the office are always happy to help." Another person said, "I've been very happy with the service I've received, there haven't been any issues to speak of."

The service had a new registered manager in post who demonstrated a good understanding of their responsibilities under the Health and Social Care Act 2008. They were aware of the different events they were required to notify CQC about and records showed they had submitted notifications where required, in line with regulatory requirements. The provider's nominated individual was also actively involved in the day to day management of the service and the registered manager told us that they felt well supported in their role.

People and their relatives told us that they were in regular contact with the registered manager and expressed confidence in their ability as the manager of the service. One person told us, "If I ever need anything, the manager's always available on the phone and she's visited several times. We get on well." A relative commented, "[The registered manager] is very organised and has been making improvements; she's proactive in keeping in touch with us and I feel she's more on top of all of the details."

The management team were committed to ensuring staff felt valued in their roles. For example, staff had received hampers from the provider earlier in the year as a thank you for their hard work. Staff told us they felt well supported by the management team and that the service had a positive working culture. One staff member said, "I can speak with any of the office staff whenever I need to; they've always been quick to respond to any little issues I've had. I'm happy working here." Another staff member told us, "They [the management team] check in regularly and send us a text each week reminding us that they're available if we have any problems, or if we just want to pop into the office for a coffee and a catch up."

The registered manager held regular team meetings to help ensure staff were aware of the responsibilities of their roles and to share information about any service updates. Areas covered at recent meetings included discussions on the importance of ensuring confidentiality, maintaining accurate records, a reminder of the provider's whistle blowing procedure and information on the procedures to follow when dealing with any emergencies.

The provider had systems in place to monitor the quality and safety of the service. Senior staff carried out regular checks on people's care records and Medicine Administration Records (MARs) to ensure they were accurately maintained. The registered manager also carried out spot checks on staff performance which covered areas of staff practice in managing infection control, support with people's medicines, meal preparation, moving and handling, and the completion of documentation. The service also received quarterly audits from the provider to assess the quality of the service and we saw action had been taken to make improvements where they had been identified. For example, the feedback following a recent audit recommended that the service undertake regular checks on people's communication logs, to ensure they were up to date and accurate, and we noted that these checks had subsequently been implemented.

The provider sought people's views on the service they received through spot checks and the use of surveys. We reviewed the outcome of the provider's most recent survey which showed that people were experiencing positive outcomes from the service and were happy with the support they received. This was reflective of the feedback we received from the people and relatives we spoke with during our inspection.

The provider was committed to working closely with external agencies to ensure people received a high-quality service. The registered manager told us they were openly working with other agencies where required. For example, they told us they were willing to share any information requested by the local authority safeguarding team, should it be requested in order to ensure people were protected from the risk abuse.