

TSA Homecare Ltd

# Right at Home Hemel Hempstead

## Inspection report

The Workstation, Suite 3, The Gables, Three Gables  
Business Centre  
9 Cornerhall  
Hemel Hempstead  
HP3 9HN

Tel: 01442953141

Website: [www.rightathomeuk.co.uk/hemel Hempstead](http://www.rightathomeuk.co.uk/hemel Hempstead)

Date of inspection visit:  
14 November 2019  
15 November 2019

Date of publication:  
06 December 2019

## 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

### About the service

Right at home Hemel Hempstead is a domiciliary service supporting people in their own homes in the community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, the service was supporting 8 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People were positive about the service they received. People felt safe and received care which was effective from staff who had the skills, experience and were well supported. Staff were recruited safely, and there were enough numbers of staff to meet people's needs at their preferred times. People received their medicines regularly from staff who had been trained. Peoples capacity was assessed where required in line with the MCA requirements.

Staff were caring and compassionate and respected and promoted people's privacy and dignity. People were aware of how to raise concerns and were asked for feedback and this feedback was used constructively to drive continual improvements. The service was well led and managed. There were quality assurance systems and processes in place to help monitor the overall quality and safety of the service.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating since last inspection

This service was registered with us on 15/11/2018 and this is the first inspection, since registration.

### Why we inspected

The inspection was planned in accordance with the date the service was registered.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well- led

Details are in our well- led findings below.

Good ●

# Right at Home Hemel Hempstead

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 November 2019 when we visited the office location. It ended on 15 November when we finished obtaining feedback from people who used the service, staff and relatives.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from professionals who work with the service. This included notifications which the provider is required to

send us to tell us about certain events.

□□

The provider was not asked to complete a provider information return prior to this inspection. 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. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with two members of care staff, the registered manager, and quality and compliance manager. We received written feedback from a professional with experience of the service.

We reviewed a range of records. This included two people's care plans and medication records. We looked at two staff recruitment files, including induction, training and supervision. We reviewed a variety of records relating to the overall quality and management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. One person told us "I feel perfectly safe with the carers. They have not given me any reason not to feel confident when supporting me."
- The provider had systems in place to identify any potential concerns. Staff had received training and were able to demonstrate they knew the steps to follow to report concerns both internally or externally of required.

Assessing risk, safety monitoring and management

- Peoples individual risks were assessed prior to the service commencing. Where risks were identified measure were put in place to mitigate them to help keep people safe.
- Risks were kept under regular review. If there were any changes to a person's ability or condition, this would trigger a review to ensure risks assessed were kept current.

Staffing and recruitment

- People were cared for by staff who had been recruited safely. The registered manager told us they completed a range of pre-employment checks which helped them make safer recruitment decisions.
- Staff confirmed the recruitment checks were completed before they commenced work.
- There were enough staff deployed to meet people's needs at the preferred times. People confirmed that staff arrived at the expected time and stayed the duration of the visit.

Using medicines safely

- People received their medicines regularly by staff who had been trained in the safe administration of medicines.
- The registered manager and staff confirmed they had their competencies observed to ensure they followed good practice guidance.

Preventing and controlling infection

- People were protected from the risk and spread of infection because staff followed effective hand hygiene guidance. Staff were provided with personal protective equipment including gloves, aprons and foot covers.

Learning lessons when things go wrong

- The registered manager told us they had not had any accidents or incidents since the service registered. However, there was a procedure to review any such events, reflect on the cause and put actions in place to reduce the risk of a reoccurrence. Any learning would be shared with staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service commenced to help determine if the service could meet their holistic needs fully.
- People were fully involved in the assessment process and outcomes were identified to ensure any care and support provided was effective.

Staff support: induction, training, skills and experience

- People were cared for by staff who had received a comprehensive induction and ongoing training and support. One staff member told us, "I have worked in many care roles but the induction training and support here is the best I have ever had." One person who used the service told us "I think my carers are well trained. They all know their job and do it very well."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people were assessed as needing help or support with eating and drinking, staff supported them to have sufficient amounts to maintain their health and wellbeing.
- The registered manager told us they monitored people who were at risk and made appropriate referrals to professionals such as dieticians for advice and or intervention.

Staff working with other agencies to provide consistent, effective, timely care

- People received continuity and seamless care because the service had developed good working protocols with a team of professionals in a variety of agencies and services.

Supporting people to live healthier lives, access healthcare services and support

- People where required were supported to access healthcare professionals. Information was recorded within their care records so that staff and family had access to this up to date information.

Ensuring consent to care and treatment in line with law and guidance

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 may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was meeting the legal requirements. People confirmed that staff always asked for consent before assisting them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated as individuals by a team of staff who were kind, caring and compassionate. One person told us, "The staff are wonderful, the care is 'splendid'. They really do care and it shows in how they help with the little things I need." A member of staff told us, "We treat everyone as an individual. We consider any specific religious or cultural requirements."

- Staff demonstrated they were caring not only to the person in their care, but they considered the bigger picture. One staff member told us, "[Name] has a domestic pet which they sometimes need support with. I am always willing to help and support them in this respect because it is important to them and their quality of life."

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt they were very involved in all aspects of their care planning and development.
- One relative told us, "I have been fully consulted down to the last detail. In addition, they keep me informed of any changes and communication is very good. I feel that I have been extremely involved."
- The registered manager told us about how they continued to support and involve people even when they were hospitalised. They told us, "When {Name} went into hospital it was important for them to still see a familiar face and we visited them, done their laundry and supported them with planning their discharge home."

Respecting and promoting people's privacy, dignity and independence

- People told us the staff were very respectful; maintained their privacy and promoted their dignity.
- Staff told us how they supported people to retain their independence by encouraging and supporting people to do as much as they could for themselves.
- A relative told us, "I think the staff have the utmost respect when they are supporting [Name]. They maintain professional boundaries, are mindful of privacy and dignity and always check with [Name] of person if its ok to discuss anything in relation to family member."
- One staff member told us, "Many care agencies just think about the 'task'. We work alongside supporting the person to be less dependent on support if that's what they want for themselves. This might include breaking the task into several stages where we just support with the things people cannot manage themselves."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were fully involved in all aspects of their care planning ensuring they had maximum control over their lives. They told us they felt they were able to be prescriptive about their care, what and when they needed support. One person told us, "The staff are extremely flexible. I can request a change, cancel or amend my visits to suit myself. Of course, I need to give as much notice as I can but that's totally fine. I would expect that to be the case because people need to know what they are doing."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us they have facilities in place to ensure effective communication with people they support.
- They told us that although they did not currently have anyone with specific communication needs. They would access interpreters get information in different languages or braille or for people with a hearing impairment, they would research and access the most appropriate equipment.
- People where required, were supported to maintain relationships with family and friends to help avoid social isolation. The registered manager told us they had organised several events to which people had been invited along with their family and or carers.
- People were encouraged to follow interests and to take part in activities that were of interest to them.

Improving care quality in response to complaints or concerns

- Although the service had not received any complaints since it was registered. There was a robust complaints process in place. We saw that the process ensured people's concerns would be properly investigated and an outcome recorded.
- We noted that many positive comments and thank-you cards, and letters had been received, demonstrating that people were very happy with the standard of care they received.

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection. However, should anyone require end of life support this could be provided. The registered manager had established good links with the local hospice, shared learning and provided training, so staff had a really good insight into people's end of life are needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager demonstrated an open and transparent culture throughout the inspection process.
- Staff provided positive feedback about the registered manager. One staff member told us "I feel so supported they [Name of registered manager], are just fantastic. They communicate well, keep you informed, support your development and are available at all times.
- Another staff member told us, " I feel so privileged to work for Right at Home, they [Registered manager] care so much about the people and they are central to everything we do. It is the culture of the service."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider who is also the registered manager demonstrated that they fully understood their responsibilities in relation to duty of candour. For example, they told us, it was about being open and transparent when things go wrong, the reporting process and accountability.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated they fully understood their responsibilities and staff had clear roles and responsibilities.
- The registered manager knew all about their regulatory and legal responsibilities and had robust systems in place to support the requirements effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff were all able to demonstrate they fully understood their roles in relation to engaging people who used the service.
- The registered manager and staff talked about individuals, people's individual needs and the fact that people have the right to be treated as equals. We saw that there was an equality policy which staff had to familiarise themselves with as part of their induction.

Continuous learning and improving care

- The registered manager demonstrated an appetite for continual improvement. They told us that providing

a good high-quality service consistently was always their goal. They showed good potential in relation to quality control measures which were in place. Peoples feedback confirmed this.

- Staff talked passionately about the ethos of the service and how they ensured they always provided a high-quality service because they were allocated enough time to ensure quality was factored in.

Working in partnership with others

- The registered manager and the staff team had developed meaningful working relationships with many agencies and organisations. They learned from each other, shared good practice and facilitated networking. This included other local care providers and hospices as well as statutory home care associations.