

Extraordinary Care Ltd

Right at Home West Midlands (South)

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

About the service: Right at Home West Midlands (South) is a franchise of the Right at Home Group. It provides personal care to adults living in their own homes. At the time of the inspection, 10 people were using the service who needed assistance with their personal care.

People's experience of using this service: People told us they received a good service and felt safe. Accidents and incidents were recorded and investigated, and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure in place, and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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 treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People's needs were assessed before they started using the service. Support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices were considered

Staff provided companionship to people and supported them to meet their social needs.

The provider had a complaints procedure in place, and people were aware of how to make a complaint. An effective quality assurance process was in place. People and staff were regularly consulted about the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: At the last inspection the service was rated Good (April 2016).

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-led findings below.

Right at Home West Midlands (South)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Right at Home West Midlands (South) is a domiciliary care agency. It provides personal care to adults living in their own homes.

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.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is a care agency. We needed to be sure someone would be available to speak with and show us records. Inspection site visit activity started and ended on 12 February 2019. We visited the office location on this date to speak with the manager and office staff; and to review care records and policies and procedures. Phone calls to people and their family members took place on 12 and 13 February 2019.

What we did: Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social

care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection: During inspection we spoke with six people who used the service and two family members. We spoke with the registered manager, director, quality and compliance manager, care co-ordinator and three care staff. We looked at the care records of three people who used the service and the personnel files for two members of staff.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities with regards to safeguarding people. Appropriate policies and procedures were in place, and staff had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were well managed. Risk assessments were in place for people, which described potential risks and the safeguards in place to reduce the risk. Records were up to date.
- Care records described how staff were to help keep people safe. For example, "Check [name] has her pendant", "Ensure the inside door is closed securely" and "Place the key back into the key safe." People said they felt safe. Comments included, "I feel very safe because I have a box [key safe] in the porch and only the carers know the number" and "I trust them [staff]."
- The service had taken positive action following a family member informing them they had concerns regarding bogus callers at their relative's house. An email was sent to all staff to advise them to be vigilant and contact the office if they had any concerns
- Lessons were learnt from incidents. These were documented and shared with staff, and included lessons learned and best practice from incidents and events at the Right at Home Group's other services. For example, the risk of suffering burns from a hot water bottle.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks electronically when they employed new staff.
- Each member of staff was provided with a mobile phone that enabled them to log in and out of each call visit. The phones included a security system that meant they could be wiped remotely if they were lost. GPS was installed on the phones so a staff member could be tracked if they did not log in to a call visit. This helped to ensure the safety of staff who worked on their own.
- People and family members told us they were usually visited by the same regular staff. Comments included, "[Relative] has five regular carers. There is never any one that she does not know and recognise although we don't know which one is coming", "[Care co-ordinator] sends a rota at the weekend with the times and names of the carers who are coming. I appreciate that" and "They [staff] are very conscientious about timing."

Using medicines safely

- Appropriate arrangements continued to be in place for the safe administration of medicines.
- Medicines were recorded electronically and audited weekly. The electronic system alerted the provider to any issues with medicines so they could be acted upon immediately.

Preventing and controlling infection

- Regular spot checks were carried out to ensure staff were following the provider's policies and procedures correctly. One person told us, "They [staff] always look professional."

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

Good: 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 they started using the service and continually evaluated to develop support plans. Staff spent time reading the person's support plans and shadowed a member of staff with each new client before carrying out their first visit.

Staff support: induction, training, skills and experience

- People and family members told us they thought staff were appropriately trained and skilled. Comments included, "They seem to know what to do. If you have a preference they will always do what you want", "They have a range of skills" and "I have no idea what training they have. They do the job adequately."
- Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager.
- Staff training was up to date and was a mixture of e-learning and face to face training. Staff told us they had received sufficient training for their role and if they wanted additional training, they could request it.
- Staff were trained in the use of the provider's electronic care records. They were provided with examples of good and poor note recording so they could see what was expected of them.
- New staff completed an induction to the service, which included the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

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

- Staff supported some people to prepare meals and records described the support people required with their dietary needs. For example, it was identified that one person's appetite had reduced and they sometimes did not eat. Staff were reminded to check for evidence the person had eaten and make them something to eat and drink. They were also directed to check food stocks and help the person make a shopping list if stocks were low. The person had been seen by their GP and had been prescribed a nutritional supplement.
- Food and fluid intake was recorded electronically. Charts were generated so management and staff could ensure they were meeting people's needs. One person told us, "They [staff] check all the food labels for me to make sure no food items are out of date."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff mobile phones included an application that enabled them to view and update people's care and medicine records. The system also gave healthcare professionals and family members access to the information. Guidance was provided on the use of the system.

- One person told us, "One of the ladies [care staff] reported that I was not feeling well and someone called the doctor for me." A family member told us, "When it was first set up I was concerned for [relative]'s wellbeing and hygiene needs but now I have peace of mind" and "I get alerted if [relative] has a water infection."

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.
- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- Records showed consent was obtained at the assessment stage and people had signed to say they agreed with their care and support.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and family members told us staff were kind and considerate. Comments included, "[Care staff] are friendly, willing and helpful", "I've got nothing but praise for them", "They are very caring and sociable. They always say, 'Are you sure there is nothing else we can do for you?'" and "They are sensitive and perceptive to [relative]'s needs."
- A staff member told us, "We talk constantly to them [people who used the service], they love it." Another staff member told us, "It's about being there for the family as well."
- The service was looking at additional ways to support people who were living with dementia. For example, providing staff with training in cognitive support.
- People's religious and spiritual needs were recorded. At the time of the inspection, no-one was supported with specific religious needs however one person attended church with a friend or family member every Sunday.

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

- People's preferences and choices were clearly documented in their care records. For example, food preferences or whether they preferred male or female staff.
- People told us staff listened to them. Comments included, "They do listen to me" and "They do sit down and talk to me. I turn the television off when they come. Human company is very important."

Respecting and promoting people's privacy, dignity and independence

- Care records described how staff were to respect people's privacy and promote dignity. For example, "Always treat [name] with consideration and respect", "Maintain and promote [name]'s independence, privacy and dignity" and "Ensure the blinds are closed to maintain [name]'s dignity." People and family members did not raise any concerns in this area.
- A staff member told us, "Their little home is their home at the end of the day. You build up a bond with people. You get to know them a bit more. You do what they want."
- Care records described how staff supported people to be independent and people were encouraged to care for themselves where possible. For example, "[Name] manages to wash and dress themselves, they are mobile" and "[Name] takes their medication independently." A family member told us, "They [staff] help [relative] to remain independent as they live alone, and to socialise." People were also supported to regain their independence following hospital operations.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were regularly reviewed and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered. People and family members told us they were involved in planning their care and support.
- An example of person-centred care was in the care and support provided to a person so they could attend a relative's wedding. In consultation with family members, a detailed support plan was developed. Regular visits were introduced with the staff member who was going to support the person to attend the wedding to enable a relationship to develop and for continuity of care. As a result, the person and their partner enjoyed the wedding and became more accustomed to having regular care and support.
- Electronic care records included support plans, daily notes and tasks to be completed. Each task had to be recorded electronically before the call could be completed. This enabled the registered manager and care co-ordinator to monitor visits to ensure all tasks were being appropriately completed. The quality and compliance manager told us the service was the first of the Right at Home Group's franchises to introduce these electronic records.
- People and family members told us the service was responsive and flexible to their changing needs. For example, if they needed to change the time or cancel a visit.
- People were given information in a way they could understand and support plans described the level of support they required with their communication needs. A family member told us, "I have met two or three carers and have been impressed by the way they communicate and speak to [relative]."
- Some of the people using the service at the time of the inspection were supported with companionship visits and to access the local community. For example, to go out shopping or to appointments.
- We saw how the service had supported one person to regain the confidence to be more independent and access the local community. An individualised care and support plan was developed, that included emotional support. As a result, the person became mentally and physically healthier, and started to think about new goals. A family member told us, "My [relative] lives alone so they take them out to activities like jogging, shopping, going for coffee and walking the dog. These all help [relative] to socialise."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. No complaints had been recorded in the previous 12 months. People and family members told us they did not have any complaints to make but were aware of how to make a complaint.

End of life care and support

- None of the people using the service at time of our inspection were receiving end of life care however people had been supported in the past. The service had supported a person whose partner was receiving palliative care. The service had helped them to receive support from organisations such as Macmillan

Cancer Support and Marie Curie. When the partner died, a staff member stayed overnight to provide support to the person. They had also provided respite support for a family whose relative was terminally ill. By providing overnight support, it gave the family time to rest so they could spend quality time with their relative. Staff continued to provide support following the person's death and attended the funeral.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and family members told us staff appeared happy in their work and the service was well-led. Comments included, "The evidence is in the carers themselves. They are excellent", "Yes because if I have any questions I can always phone [care co-ordinator]", "You can rely on them [staff] and they do what they say they will" and "They [management] are very approachable and also professional."
- The registered manager told us, "The key thing for us is can we provide that quality of care for the person as they require it?"

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

- Regular audits were carried out to ensure the quality of the service. The provider's electronic system allowed the management to monitor and audit records in 'real time'. The director told us, "We felt a monthly audit of care records was too late. With this system, every client is looked at daily."
- The registered manager and staff understood their roles and responsibilities.
- The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.

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

- Annual questionnaires were sent to people and family members so they could feed back on the quality of the service. No issues were raised in the most recent surveys.
- Staff told us they received plenty of support and the management team were approachable. Comments included, "Very good support. They [management] really care. If you've got any issues, they totally understand", "They [management] are very good. Any time I need the office, they are always available" and "They [management] are supportive."

Continuous learning and improving care; Working in partnership with others

- Continuous learning and improvement was at the heart of the service. The director told us, "We are always looking to improve." They told us they were looking at introducing new software to improve communication with staff. The registered manager told us, "Sharing good practice is important." They also told us they wanted to educate people in the use of electronic devices to help make their lives easier.
- The service was a member of the United Kingdom Home Care Association and had won several local awards. For example, they had been a homecare.co.uk top 20 award winner for the previous three years.

- The service worked with other health and social care professionals. These included the local authority and clinical commissioning group, and with GPs, pharmacies and social workers on behalf of people who used the service. An example of working in partnership was when care staff identified a person's stair lift was not working. The staff immediately liaised with the person's social worker, who arranged for the stair lift to be repaired.