

KMG Homecare Ltd

Right at Home Stevenage, Letchworth and Hitchin

Inspection report

Suite 12B & D
The Pixmore Business Centre, Pixmore Avenue
Letchworth Garden City
SG6 1JG

Tel: 01462559159
Website: rightathomeuk.co.uk/stevenage-leitchworth-hitchin

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26 October 2021

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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 Stevenage, Letchworth and Hitchin is a domiciliary care agency registered to provide personal care. 11 people were receiving support from the service at the time of the inspection.

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.

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

People and relatives felt staff provided care that was safe, and risks were managed appropriately. This was because staff were well-trained, and systems were in place to report concerns. In addition, the provider ensured staff were recruited safely.

Medicines were managed well, and staff received training to ensure they were sufficiently skilled to administer medicines. Staff received training in infection control and people confirmed staff used personal protective equipment (PPE) effectively. Systems were in place to report and respond to any accident or incident. These were followed up and where action was taken this was shared as part of their ongoing learning.

People had comprehensive care plans in place that contained information that was meaningful, to ensure staff knew how people wanted to be supported. 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.

People and relatives spoke about the positive relationships they had with staff supporting them. Staff also spoke with passion and commitment to their role and wanting to make a difference to people's day. The provider had links with charitable organisations, as well as other providers. This offered additional support and people being supported benefited from this.

The provider was devoted to providing a good standard of care to people they supported and encouraged positive team working. People, relatives and staff felt the management team were always available and supportive. The management team had a good understanding of their roles and responsibilities. The provider had a governance system in place, which included various audits and monitoring. Actions from these were clearly documented and learning shared with the team.

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

Rating at last inspection

This service was registered with us on 17/03/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Right at Home Stevenage, Letchworth and Hitchin

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

This inspection was completed by one inspector and an Expert by Experience. 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

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

The service did not have a manager registered with the Care Quality Commission; however, a manager was going through the application process. This means that the provider is 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. 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 October 2021 and ended on 26 October 2021. We visited the office location on 14 October 2021.

What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and seven relatives about their experience of the care provided. We spoke with five members of staff including the provider, manager, senior care workers, care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- The provider had systems in place to ensure people were supported safely. The registered manager made sure there was a consistent approach to safeguarding matters, which included completing a detailed investigation and sharing the learning with staff, following any incident.
- Staff were knowledgeable and understood what abuse meant and were able to talk through the steps they would take to ensure people were safe. One staff member said, "I would see if they are not themselves, struggling with food or any bruises. I would report to [manager]. If they were in immediate danger, I would call 999. I would report it and go from there. If I felt it was not dealt with, I would go through whistleblowing."
- People and relatives told us the service provided care that felt safe. One person said, "I have been with this company for a year now and feel very safe with the carers I get. All three of my carers are lovely ladies and are aware of my condition."

Assessing risk, safety monitoring and management

- Risk assessments detailed how to manage identified risks, whilst providing the least restrictive level of support. This meant people were able to remain as independent as possible.
- The management team developed risk assessments, in conjunction with the people supported. These were regularly reviewed to ensure the measures in place were appropriate and met people's needs.

Staffing and recruitment

- Overall, people and relatives felt they were being supported by a regular staff team who were skilled, however shared that they felt there was not always enough staff. One person said, "Whilst we have not had a missed call, they don't always have enough staff. Last week the manager phoned me to say the scheduled carer couldn't come but another would come but it would be 10 am rather than 8.30am."
- The manager spoke about their challenges with recruitment of staff. However, they were proactive with looking at ways to improve this. The manager and provider were working closely together to drive recruitment by reviewing their selection and induction process, as well as incentives in the hope this would drive staffing levels up.
- People were supported by staff who had been through a recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Using medicines safely

- Staff received training to administer people's medicines safely. The manager undertook competency assessments once staff had completed their training to ensure safe practice.
- The management team checked medicine administration was documented clearly and accurately.

- People and relatives told us they were supported to administer their medicines when they needed them. One relative said, "They always record exactly what they have given to [relative] and the time it was given. In the notes they have full instructions on how to apply the patches and each carer reads those instructions before applying the patch."

Preventing and controlling infection

- The provider had policies and procedures in place to minimise the risk of infections, this helped to keep people safe. This included specific guidance in managing COVID-19.
- Staff were aware of their responsibilities in maintaining good infection control. This was because they had completed training, as well as having regular communication from the management of any changes to guidance relating to infection prevention control.
- People told us staff maintained a good standard of hygiene and wore the appropriate PPE when supporting them. One person said, "[Staff member] is brilliant, always wears PPE. Washes their hands, in fact I can't sing their praises enough. [Staff member] is brilliant I really don't know what I would do without them."

Learning lessons when things go wrong

- The provider had systems in place to identify when incidents occurred and took action to help prevent recurrences.
- Staff were kept informed about incidents and what changes were needed to improve the service. This showed that there was an open learning culture.

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

- Assessments highlighted people's needs and their desired outcomes. These assessments detailed specific support needs such as diabetes, dementia care and any dietary needs. Where needed, referrals to external agencies were made.
- Staff ensured they applied their learning when supporting people in line with best practice. For example, the management team spoke about how staff were starting to attend an enhanced dementia care training. This meant with their increased knowledge staff were able to shape the support they provided to promote positive outcomes.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received appropriate training to carry out their role. Staff received specific training to meet the people's individual needs. This included how to support with health conditions that impacted the person's daily life.
- Staff said they felt supported by the management team and were able to have regular discussions to review their professional development. One staff member said, "I have supervisions and [manager] always asks and does not expect. I feel supported by Right at Home. [Manager] is amazing."
- People and relatives felt the staff had the right skills and training to do their role. One relative said, "Those who care for my [relative] are very capable and well trained to meet their needs. They get good training and initially we met one of their more capable carers who train's new carers before they go out on their own. The service we receive shows they are well trained."

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

- People's care plans identified what support they needed in maintaining a balanced diet and what was important to them. Peoples preferences were documented.
- People and their relatives said where help was needed to prepare meals this was done. A relative said, "They help [relative] to prepare and choose their meals. [Staff] are aware [relative] needs to drink more than they do, so [staff] encourage to drink and ensure there is plenty of water to hand when they leave. They record what has been eaten and what has been drunk."

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

- The management team supported people to access external services. For example, where people needed access to health services such as GP, district nurses and other health professionals' people were supported.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff gave examples of where people had choice and control over their lives and staff made all attempts to support people in the least restrictive way.
- People and relatives said staff were always ensuring the gave consent before support, but also staff recognised when people's support needs changes from day to day. One person said, "They always ask for my consent before doing anything. I would like to turn this question on its head: I usually do my own cooking but one Friday I wasn't up to it and the carer asked if it would be okay if she took the provisions from my fridge home with her and turned it into a hot meal for me. I was delighted."
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this into practice.

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

- Staff spoke passionately about why they were in this role. One staff member said, "I just wanted to make a difference for people. Through the pandemic it must have been so hard for some people not seeing anyone. It was sad to think that, and I just wanted to help."
- People and their families told us staff were kind and compassionate. One relative said, "Communication between the three of us is excellent. The carer laughs and jokes with [relative] and when they sit with [relative] they will make things like an Easter bonnet at Easter. [Relative] loves puzzles so [staff] will bring a new one for them. [Relative] thinks the world of [staff] and so do I. [Staff] interaction has helped improve the effect dementia is having on [relative]."

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

- Staff listened and acted promptly when a person or relatives spoke about changes they wanted to make to the support.
- Staff encouraged and empowered people to develop their care plans and there was a clear balance in making sure they had control of their lives as much as possible, but also family views were respected. One relative said, "We had a review recently when the manager called. [Manager] involved me, my sister as well as [relative]. [Manager] was very good at listening and discussed changes with us."

Respecting and promoting people's privacy, dignity and independence

- People and relatives spoke about having a trusting relationship with staff. People felt they were supported in a way that respected their privacy and staff ensured they were supported in a dignified way. One person said, "The carers are very careful with me when doing my personal care. They wrap me up in towels before moving me from bedroom to bathroom and vice versa. If I am feeling a bit down, they talk to me and are very pleasant, if a problem has arisen, they do their best to sort it out as soon as possible."
- Staff gave examples, and care plans detailed, how they encouraged independence as well as understanding people's social and emotional wellbeing. For example, a person was unable to walk and use their own bathroom, this affected their wellbeing. The staff supported them to get health professional input which included occupational therapy and physiotherapy. With staff encouragement to implement the suggestions from the professionals the person started to get their mobility back and was able to walk short distances, this meant they were able to use their bathroom again.

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 and their relatives were involved in developing their care plans. These care plans detailed what was important to the person, what they wanted to achieve and how they wanted to be supported.
- Staff worked closely with people to ensure they received support in line with their care plan. For example, one person spoke about how they had built a firm bond with their staff member and, on top of the support they needed, the staff member spent time going through their family tree and remembering family members. The person enjoyed this time with the staff member.

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.

- People's communication needs were documented in their support plans. The manager explained that information would be made available in a different format, if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider developed relationships with social and charitable community groups. These relationships meant that the provider was able to give different opportunities to people to maintain their social interests. For example, the provider had links with an art company where people with dementia can go and engage in therapeutic art. During COVID-19 where places were closed, the art company sent out art boxes so people could still pursue their hobby.
- People felt the support they received helped protect them from the risk of isolation. One relative said, "Some of the carers have done lovely things for [relative]. For example, one carer brought afternoon tea. On another occasion a carer who was not only caring for [relative] but for their neighbour who has same condition as well, brought in the neighbour to sit with them and gave them both afternoon tea. It was on my [relatives] birthday."

Improving care quality in response to complaints or concerns

- Any complaints received by the service were recorded and followed up appropriately, in line with the provider's procedure.
- People told us communication was good with the manager and this meant actions were taken to mitigate

any future risk of recurrence of concerns or complaints. One person told us, "I did complain that my review document was inaccurate. I do think they would resolve anything I wasn't happy with. I am very happy with this company."

End of life care and support

- The registered manager explained that since registering the service, they had not provided end of life support. However, staff had training and the manager had close links with the local hospice and they knew how to seek support from different professionals and work alongside people and their relatives, to ensure they had a dignified death, in line with their preferences.

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 manager had a good understanding of the people they supported and had a passion for wanting to deliver person-centred care. People and relatives echoed the dedication the manager and staff had in making sure people were happy.
- The manager monitored the culture of the service and staff team by completing observations of staff providing care.
- Staff reported a positive ethos in the service and knew they could go to the management team for advice and support. One staff member told us, "I massively feel supported. [Manager] has started and it has massively improved. The senior carer is brilliant and has been my rock and has always been there for me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager had quality assurance systems in place, which were reliable and effective. Audits were able to capture actions required to introduce improvements.
- Staff were reminded of their responsibilities through newsletters and team meetings, as well as being praised when things went well. For instance, the provider had a monthly award to celebrate staff achievements.
- Records showed where the provider had responded to concerns raised and had put actions in place to prevent similar occurrences.
- The provider and manager had a clear understanding about the duty of candour and told us they encouraged everyone to be open and honest in their feedback.

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

- The management team ensured that people, relatives and staff were encouraged to give their views on how to shape the service and culture. This was through surveys, face to face meetings and the opportunity to have ongoing open conversations.
- People and relatives said they felt listened to and that they received a service that was managed well. A relative said, "I communicate regularly with the manager and the deputy and I feel they would help if problems arose. I think the service is well led and even the owner is contactable, and I have had no problems."

Continuous learning and improving care

- Where areas of improvement were identified there was clear evidence these were addressed, and improvements implemented were sustained.
- The management team had an open dialogue with other locations within their franchise which offered a way of support, sharing experiences and good practice.

Working in partnership with others

- The management team worked successfully with a range of partner agencies to improve people's care. This joined up working meant people could remain living safely in their home. For example, one person was in a position where their accommodation was not a safe environment and they needed support with health and wellbeing. The provider offered a lot of support regarding this which included liaising with the local authority, health professionals and family members to get the best outcome for the person. With this ongoing support the person was able to stay in their own home.