

Nottingham Cares Limited

Right at Home (Nottingham South)

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Right at Home (Nottingham South) is a domiciliary care agency. They provide personal care support to people living in the community. At the time of the inspection, they supported 23 people with personal care. Right at Home is a UK wide care organisation. We inspected the 'Nottingham south' location as each location is registered separately.

People's experience of using this service:

People told us that they felt safe. Care plans and risk assessments guided staff to support people's needs safely. This included people with very complex health conditions. People were supported to manage medicine independently where possible. Those people who required medicine support were supported appropriately. The service followed good infection control procedures.

People told us that staff visits were punctual and staff remained in the property for an appropriate amount of time. Records supported this feedback. Safe recruitment procedures were followed to ensure that suitable staff were employed. Once employed, a thorough induction and training programme ensured staff were well skilled to support people.

The service was effective in the way it supported people. People were supported in line with evidence based guidance to ensure their needs were met effectively. People were supported to have a balanced diet and those at risk of weight loss were given appropriate support to manage this. There was strong collaboration with dietician specialists and there was an emphasis on supporting healthy eating.

Staff worked collaboratively within the staff team, and with outside health and social care professionals. This ensured people received effective multi-agency 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 had excellent knowledge of how to promote people's independent decision making.

Everyone we spoke with told us that staff were caring. Staff made an important difference to people's lives by providing compassionate care designed around people's individuality. Staff went above and beyond to ensure people were treated compassionately. People were given privacy and treated with dignity.

Care was personalised to people's preferences. We found personalisation was the ethos behind the service, and one of its key strengths. Staff knew people's needs very well, and care records reflected this person-centred ethos. Historic complaints and concerns had been listened too. People said that they have not needed to complain, but have faith in the registered manager to listen to them if they did complain.

The service was exceptionally well led. Staff spoke positively about the registered manager and nominated

individual's approach and leadership. It was apparent that the previously rated 'good' service had continued to innovate and drive improvement. The clear governance and strong leadership had created improvements at the service. Feedback from people, relatives and professionals was exceptional.

Rating at last inspection:

The last report was published as 'Good' (14 May 2016)

Why we inspected:

We last inspected in May 2016, and the inspection was required to ensure the service was still 'good'. We routinely inspect services rated as 'good'. This is to ensure the service remains at a good level and care is safe. We had no concerns when we planned this inspection. It was planned in line with our usual timelines.

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.

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

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

Is the service effective?

Good ●

The service was effective

Is the service caring?

Outstanding ☆

The service was very caring

Is the service responsive?

Good ●

The service was responsive

Is the service well-led?

Outstanding ☆

The service was very well led

Right at Home (Nottingham 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:

The inspection was completed by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service is legally required to have a registered manager in place. There was a registered manager in place.

Notice of inspection:

This was announced inspection. We gave the provider 48 hours notice of our arrival. This is because it is a small service and we needed to ensure there was a manager in the office to allow access to inspection related documents.

What we did:

We asked the provider to send us a Provider Information Return (PIR). A PIR is a form that routinely asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. We used this information as part of our inspection planning. We also offered the provider the opportunity to share information they felt was relevant.

Before the inspection took place, we gathered information known about the service. We considered notifications the provider had sent to us. A notification is information about important events which the

provider is required to send us by law. We also considered any information received from the public and professionals.

During our inspection, the inspector spent the first day at the service office. They looked at the relevant parts of the care records of four people who used the service. They also looked at three staff recruitment files and other records relating to the management of the service. This included audits, policies and incident records. They also spoke to the registered manager, the nominated individual and four staff. Following the inspection, the provider sent us further information that we required to make our judgements.

After the inspection visit we spoke with six people who used the service and two relatives. We received written feedback from six professionals who have worked with the service. The provider also forwarded us written feedback received from people since the last inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm
People were safe and protected from avoidable harm. Legal requirements were met

Assessing risk, safety monitoring and management:

- All the people we spoke to told us that they felt safe using the service.
- Records showed us that careful consideration had been given to managing potential risk within the service. For example, people with complex care needs had an associated care plan. This gave the staff clear guidance on how their condition may affect them, and what support would help them remain safe.
- While the service promoted safe care, they were not risk averse and encouraged people to manage independent lives as much as possible.
- There was clear contingency plans in place, for example, in the event of poor weather. This ensured that people would not go without support and could remain safe.

Using medicines safely:

- Medicines were given as prescribed. There was clear guidance so staff understood how to support people to take their medicines.
- Some people were prescribed 'as needed' medicines. These were clearly documented and guidance available to instruct staff on appropriate usage.
- One person had a complex medicine regime. The service had received professional guidance to ensure that the medicine was given safely. There were robust checks in place to ensure guidance was followed. This allowed the person to remain living in their own home.

Learning lessons when things go wrong

- Incidents that occurred at the service, for example if a person had become unwell, had been appropriately documented. Incident records clearly described an incident, and showed us that staff had reacted appropriately.
- We saw that incidents that had occurred, had been learned from. For example, referring to outside professionals for support or altering the person's care plan.
- Staff were engaged with learning from mistakes and there was an open culture of reporting any concerns. One staff member said "I made a mistake with recording the medicine. I crossed it out. Then in the office, they asked me to initial any mistake. I realised it is really important so they know who changed the document. So, I always do it now."

Systems and processes to safeguard people from the risk of abuse

- A staff member said, "Safeguarding is protecting clients who are vulnerable from abuse and bringing areas of concern to managers attention. That could be financial, physical abuse etc." All staff had good knowledge of safeguarding and what to do if they were concerned someone was being abused. Staff were confident that any concerns would be listened too.

- The service had recognised if people were at risk of abuse from the public. We received positive feedback from a professional who had investigated potential abuse. They said "They were very person centred...this allowed the person to engage with the process as they trusted the agency."
- Staff were confident about whistleblowing procedures if they felt the organisation had not responded appropriately.

Staffing and recruitment

- A person told us, "The always come when they say they will."
- A member of staff told us "There is always enough staff, enough time to get to calls and travel. If anyone is running late, we'd let the client know." People received the staff rota in advance and we heard people being informed of any changes, for example due to unplanned staff sickness.
- Staff signed into people's homes by scanning a barcode on the person's care folder. This allowed the timeliness of calls to be monitored on an online system. Records showed us that calls occurred as planned.
- The service had additional safety procedures in place to ensure care had not been missed. Those people who would not be able to alert the office of a late call, had been highlighted. An alarm system prompted office staff to check that staff had logged their arrival.
- New care staff were always introduced to people before care started. If people gave permission, the staff member would shadow an experienced staff member to understand the person's unique needs. Once this shadowing was completed, both the person and staff member were asked if they were happy to work together. This allowed staff to have good knowledge of people's needs to provide good quality care.
- Recruitment records showed us that people had been recruited safely. For example, Disclosure and Barring service (DBS) checks had been completed to ensure the staff were appropriate to work with people.

Preventing and controlling infection

- A person told us, "They are clean. Always wear their gloves and aprons."
- Staff had been trained in infection prevention and control. They had good knowledge on how to keep people safe from risk of infection.

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
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:

- Records showed us that care followed evidence based practice. For example, the 'Herbert Protocol' is a national scheme. It encourages services to gather useful information which could be used in the event of a vulnerable person going missing. The service had followed this by gathering clear information on people's appearance and areas where they may be likely to visit. This promoted an effective response to missing people.
- Staff were aware of different law's which governed their work. For example, the Mental Capacity Act (2005) and data protection laws.
- Care records were detailed, robustly reviewed and effectively guided care. Care followed current expected standards.

Staff support: induction, training, skills and experience:

- People felt the staff were skilled.
- Staff reported that the training was of a good quality. Staff explained how they supported people in line with their training.
- Where specialist training had been required, this had been arranged. This allowed staff to complete complex care tasks. These skilled staff supported people to remain in their homes when they otherwise may not have.
- Records showed us that training was up to date. The provider had clear processes in place to assess staff competency. The provider pro-actively ensured training was completed prior to needing re-completion.

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

- The nominated individual told us, "We created an internal nutrition course for staff. This explained what a good quality diet is and how to promote this diet for people to live healthier lives. They have since been able to bring to our attention a person's un- nutritious diet. So, we have worked with nutrition professionals to try different choices for them." They added "It's also encouraged staff to live healthier lives, which is really important to us."
- Staff had excellent knowledge of people's dietary preferences. Staff recognised those people at risk of malnutrition and how best to support them.
- There was clear recording of how much people ate and drank. Concerns were reported back to the management team and acted upon.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support:

- The service worked well with other agencies. Care staff routinely visited people in hospital to ensure their needs were being met and hospital staff understood these people's individual requirements. The registered manager had supported families to find suitable care homes to move into. They had provided a clear transfer of information so the new service could appropriately support the person. The registered manager had then visited after the move, to ensure the person was happy and provide further guidance to new care staff if needed.
- We received feed back from six health and social care professionals about the care provided by Right At Home (Nottingham South). All of them reported a high-quality service, dedicated to supporting people effectively and resulting in good outcomes.
- One professional told us, "[staff member] is always up to speed whenever I contact them and knows the patient very well. Likewise, the carers are well trained and raise any changes in condition or concerns with me. I wish all care agencies were this organised and caring."
- Records showed us that a wide range of professionals have been accessed by the service. Where professionals gave guidance, this was clearly documented and followed. The service supported people with complex care needs. The close multi-agency involvement had allowed specialised training and so these people could remain safely at home.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw the service worked within this framework.
- Mental Capacity assessments were completed thoroughly. If a 'best interest decision' was required, this was carefully considered and the less restrictive option used.
- Staff understood how the MCA worked in their everyday work. They gave clear examples of how they encouraged people to make their own decisions.

Some people relatives had been given Power of Attorney. A Power of Attorney can make best interest decisions when the person is no longer able to. The service worked closely with Power of Attorney's to support people in their best interests.

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

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:

- Care and support was exceptionally compassionate and kind. Without exception, every professional, person and relative fed-back that the service had a caring approach. One staff member said, "Yes, we provide care. But caring is what we do best."
- Staff made an important difference to people's lives by providing compassionate care designed around people's individuality. The caring nature of the service was demonstrated by people being the centre of the process. For example, one person spoke highly of the extended time and compassion staff gave when supporting personal care. The person said, "They go above and beyond. When I am in a bad position (linked to my medical condition). They always give me time. It can take two hours in the morning but they never rush me. They know I can be in pain and they help me nicely."
- Records showed us and people fed-back that people's voice was very important and integral to the service. One staff member summed this up well by saying, "I think the foundation of care is seeing the person first. Taking their needs into consideration but they are a person first. Getting to know their likes, dislikes and preferences and building the trust. Then they can trust you to support them."
- Staff demonstrated a real empathy for people that they worked with. For example, one staff member said, "[Person] once said, 'I don't want carers'. I explored this and found they didn't want to have a diagnosis and therefore need carers anymore. [Person] wanted to be well enough to look after themselves. I said, I can't take away your diagnosis. It's going to be tough. But I can always be here as a support. [Person] put their thumbs up. [Person] always tells me when their struggling and we chat about it." They went onto explain ways that they promote this person's independence to increase the feeling of self-worth. Staff spoke compassionately about the people they worked with and were clearly emphatic to people's needs.
- Staff cared for people in a way that exceeded expectations. For example, one staff member said "[Person] likes music, particularly [band name]. I learnt the music to the songs. I'd google the lyrics. So, we could sing together." Another staff member had learnt hymn lyrics to join the person at church.
- Staff went out of their way to provide care in line with people's interests. One person had expressed wanting a holiday but been unable to do this before due to complex health needs. The service had arranged a holiday, with specialised equipment that would meet their needs. The registered manager said, "They'll finally be able to go in a hot tub."
- Each staff member completed a 'one-page profile'. This explained things that were important to them in their lives. The nominated individual advised that staff are then matched with people's interests and personalities. Staff did not support people until they had been slowly introduced and people agreed to it. The nominated individual said, "For example, I like to lay my clothes out in order before I put them on. I've always done it. So, I might work best with a person who likes that level of organisation." We saw that people had been linked with staff who supported the same football team. People were then supported to visit these football matches. The registered manager said, "[Person] thought they would not be able to access a

football ground. But we made it happen and they went. They loved it."

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

- There were creative ways of reflecting people's personal histories and cultural backgrounds. The service had launched a 'cognitive support planning approach', this was based upon extensive dementia research and evidence based guidance to ensure people were supported in the most effective way.
- For example, they had visited one person five times to gather details on their life history. The nominated individual explained that they followed research evidence, to trigger more memories and recognise this person's rich life experience. The aim was for staff to use these positive memories and support the person to re-engage with their interests. After these five visits, they had identified that the person was a keen piano player so arranged for them to play the piano. We read a testimonial from the relative which stated, "Seeing [relative] playing the piano made me cry, [relative] is a very good pianist but haven't heard [relative] play for a long time. Such a vacuum for the last couple of years, you can't know how much this means. I'm impressed with the level of care and commitment to [relative] and taking time to get to know them."
- People made decisions about how they would like to be cared for. Staff then worked to encourage independence wherever possible, A staff member said, "[Person] absolutely loved cake. Every Friday we'd make a cake together. It was never about the cake. It was about using the skills [person] had to give [person] enjoyment. I'd set up the cake ingredients and [person] would do all the pouring." The staff member told me that a photo book had been purchased of all the cakes they had made and the person often showed visitors.

Respecting and promoting people's privacy, dignity and independence:

- Staff had excellent knowledge of how they supported people to have privacy. For example, one staff member said, "We lock door behind us, if [person] doesn't want it locked, I'll ask to position the door angle so unexpected visitors don't see [person]."
- The service was focused on people's privacy within its policy. The registered manager explained, "Staff don't wear uniforms. People don't want to be identified as needing support. People can see staff enter homes and automatically know there could be someone vulnerable to exploitation. People have sought us out because we do not wear uniforms."
- One person required two people to support their personal care. They wished to have their relative work as the second staff member. Records showed us that extensive discussions were had around how the person felt having a relative support personal care tasks.
- People were treated with dignity and their independence was promoted. The nominated individual gave an example, "The previous care agency would dress [person]. We take twice as long, but that's because we slowly put the clothes out in the correct order and they dress themselves. It may take longer, but it is worth it." Care plans and policy clearly guided staff to be caring and promote people's independence.

Is the service responsive?

Our findings

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

- The registered manager explained that before starting with the service, they gather comprehensive detail on the person's preferences. They then consider which staff could be best placed to support them. People are introduced slowly, and make choices on which staff they would like to support them.
- Records showed us that care was personalised, so staff were always guided to provide care in line with people's preferences. Staff worked with a small number of people and were able to explain individual preferences. For example one staff member said "I know [person] always likes their flask warming up first. Then they like their milk on the stove on this setting. They would be upset if it was warmed in the microwave."
- Professional feedback supported a highly person-centred approach to care. One professional described a particularly complex situation. They said, "They were very willing to adapt accordingly. The whole approach was highly person centred throughout."
- Staff had excellent knowledge about people's cultural needs. One person no longer attended the place of worship due to their mobility. The service explored which place they wanted to attend and supported them to get there. The staff member said, "[Person] gets a lot from going to church and wants to talk about their religion. We are always there to discuss. We go in the car and [person] has time alone with their church (peers). I always join [person] for the last hymn. I've learnt it so I can join in. I love singing with [person]."
- The service took a key role in the local community and is actively involved in building further links. A professional explained, "[Person] missed the opportunity to go to the cinema and Right At Home saw a way to make this happen. The service contacted the local cinema and financed the setting up of a dementia friendly screening event. Staff supported [person] to attend and [person's] delight was clear for all to see, it really was a special occasion for [person]." The nominated individual explained that further dementia appropriate events have been organised with the community.
- The service promoted the use of technology to keep people safe at home. For example, the use of medication dispensers to reduce the need for support and promote independence.

Improving care quality in response to complaints or concerns:

- Any concerns or complaints had been formally documented and responded to. Records evidenced that the service was conscientious in its response. All complaints received a formal response in line with company policy.
- Investigations were comprehensive and fair. For example, one person explained that they did not like the appearance of a staff member. Substantial efforts were made to explore the common interests between the staff and person. The registered manager explained that they now work very well together, enjoying activities that interest both of them and the person often requests this staff visits them.

End of life care and support:

- At the time of inspection there was no one receiving end of life support. The nominated individual explained that often people choose to move to a specialised service commissioned by the NHS. They have therefore not supported people with palliative care needs.
- Where possible, the service discusses end of life wishes with people who may un-expectantly have a deterioration in their condition.
- The service supports people with complex care needs, for people who ordinarily would find living in the community difficult. Highly skilled staff do this in a caring, effective and safe way. There are no concerns if the service was to provide end of life support.

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

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

- Staff were strongly collaborative and advised that they felt able to feed-back into the running of the service. The nominated individual explained that they have created a 'Friday round up'. This was an email sent to the staff, it provided details on how to support people's dignity. It also created challenges for staff, which were often focused on improving people's care needs. We saw this had benefited people at the service. This often resulted in unexpected prizes, like vouchers, being awarded to staff. A staff member fed-back "I love to read the round up. It really boosts you. I log on a few times to check if I have received it yet." The nominated individual explained that working in the care industry can be perceived as isolating, the weekly email was intended to create a sense of teamwork and support for staff. Staff agreed that this was supportive for them.
- There was clear structure of roles and responsibilities in the service. Consideration had been given to how to make these roles most effective, the registered manager explained that staff responsible for training also supported some care visits. They said, "This allows them to bring real examples to the training sessions." Training sessions focused on relatable examples, for example asking staff to list their important routines then exploring how they would feel if these were stopped. This training ethos created a compassionate staff team who provided a caring service. Staff reported positively about how the training had supported them to work effectively.
- Careful consideration had been given to the job titles and phrasing within the organisation. For example, 'client advocates' were responsible for reviewing people's needs and having a close oversight of care quality. The registered manager advised that the title put the emphasis on person's experience. We spoke to staff with these job titles, and it was evident that people were the centre of their role.
- There was a clear emphasis on how to describe people in caring ways, for example 'a person living with dementia' rather than putting the emphasis on a diagnosis. Strong values were evident throughout discussions with the service, staff and people. People told us that they felt respected and valued.
- Right at Home is a UK wide organisation. We inspected the 'Nottingham South' Location. At the inspection visit, we met the National Quality and Compliance Manager. They advised that the registered manager has been recognized as exceptional so has recently been appointed as a member of the advisory council for all registered managers within the organization. The purpose of this is to promote the high quality care at Nottingham South, to other areas of the organisation

Continuous learning and improving care:

- People described that managers were always available to talk to. People told us that they did not feel any need to complain but were aware of how to complain and felt it would be acted on appropriately.

Complaints that had been made were responded to in a robust and comprehensive way. Records showed us that people's concerns were respected and efforts made to resolve issues fairly.

- There was constructive engagement to employ staff from different equality groups. For example, Right at Home considered research and found that there was a lack of older care staff in the community. They used this to run a campaign aimed at recruiting staff aged over 40. The nominated individual told us how the campaign had used research based recruitment strategies. We spoke to staff of a variety of ages. An older staff member told us how they had not imagined returning to care work, but due to management encouragement they had returned to work and were enjoying their role.
- Governance was well embedded within the service and this had led to demonstrable quality improvements. For example, staff who were responsible for writing care plans had specific detailed training to complete this. We observed that this had resulted in an improvement in the quality of care plans since our last inspection. Care plans effectively guided person centred care.
- The registered manager explained that they expect staff to document what has occurred during support. They recognised that they expected staff to remember to document a lot of information. They had reflected with staff how best to format the forms to improve the quality of documentation. Records showed that this formatting resulted in high quality daily documentation, which promoted safe care by the service and gave clear information to visiting professionals.

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

- A staff member said, "Registered manager is fantastic." Another said, "Every leader compliments each other." Without exception staff fed-back positively about the management style at the service. This fed into a highly compassionate and effective service. One staff member said, "There is 'care' and then there is really 'caring'. Right at Home do this right from their heart. Everyone does this as a team." Staff spoke of being proud to work at the service and felt they were creating strong examples of quality care in the industry.
- One staff member said "I want older people to have voice. They've always been at the bottom of the pile. I've come to Right at Home because I know they'll make a difference." Staff members explained how they had worked at other services but returned to Right at Home as they felt the management and quality of the service was exceptional.
- Staff and people were matched to those with similar interests. People fed-back positively about the matching process and high quality of person centred care. Records showed us that since this new recruitment process, staff retention had considerably improved. This meant people could work with the same staff, rather than experiencing a turnover of staff. Some previously employed staff had also returned to the service.
- Staff fed-back about the manager's involvement to promote good quality care. For example, at Christmas staff worked to identify which gifts would be most suitable to people at the service. The management team would bring these round dressed as Santa Claus.
- The service used a psychometric profiling tool during the recruitment process. Staff were asked to complete this tool, for example, rating themselves in terms of independence or preferring to work in a team. The Nominated Individual explained that this then helped guide interview questions. They showed us national research which found the use of this tool caused the recruitment of better quality staff.

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

- People were involved with regular reviews of their care. They were supported by staff who knew them exceptionally well. People were also engaged with to review the quality of their staff. People were encouraged to nominate their favourite staff monthly and return this to the service in a prepaid 'golden envelope'. The most voted for staff received a voucher reward through the post. Staff spoke highly about the

recognition that the service gives them in their role

- As well as internal recognition staff were often nominated for external awards, we saw staff had won awards at national competitions. These were displayed on office walls, with photos of them attending ceremonies with the management team. Staff spoke positively about the recognition in their role.
- The service complete their own internal satisfaction surveys with staff, but also commissioned an independent survey. We viewed the results of this, which were exceptional. There was high levels of satisfaction across all staff. 100% of staff reported that they were proud to work at Right at Home, and 100% would recommend Right at Home to others.
- Likewise, an independent survey was completed with people using the service. 100% agreed that Right at Home is Caring and 100% agreed that Right at Home is trustworthy and dependable

Working in partnership with others:

- The service has a track record of being an excellent role model for other services. The nominated individual spoke passionately about the local community. They were the chair of a professional Dementia group, and we saw feedback about how their leadership had re-invigorated the group and created improvement. During our visit they were organising a free showcase for stakeholders to show how they are supporting people with dementia. The purpose was to showcase different dementia support groups in the local community to people. People from the service were attending to feedback about their experience of care and guide improvement. These people reported that this was important to them as it had given them a voice to make changes in the care system.
- There was a clear commitment to improving the lives of all people in the community whether they received care from Right at Home or not. The service had produced a booklet about all local community resources to remain active in the community. This had been forwarded to the hospital to be printed and passed to patients who it may benefit on discharge.
- We received multiple written testimonials from community advocates. Who told us of Right at Home's exceptional drive to improve people's lives.