

South West Home Care Ltd

Right at Home Chippenham

Inspection report

Unit 12a, Cavalier Court
Bumpers Way, Bumpers Farm
Chippenham
SN14 6LH

Tel: 01249569569

Website: www.rightathome.co.uk/chippenham

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Right at Home Wiltshire is a domiciliary care service that provides personal care to people in their own homes.

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

The service did not have a registered manager. This was a condition of their registration. A new manager had been appointed and commenced employment on 2 August 2021. There had been changes to the management team and office staff, which had given a period of instability. The provider had identified the service had slipped below their expected standards. A clear action plan was in place to address the shortfalls and time was being given to embed any changes.

Not all staff were up to date with their training, which was deemed mandatory by the provider. This did not ensure staff were up to date with their knowledge. Staff were not regularly having one to one meetings with their supervisor to gain support and reflect on their work. The provider and manager had plans to address these areas.

People felt safe with staff supporting them. Staff supported people to minimise risks they faced and reported any concerns about safety. People's medicines were safely managed, and systems were in place to minimise the risk of infection. This included weekly testing of staff for COVID-19 and the safe use of personal protective clothing (PPE). There were enough staff to support existing care packages, although staff sickness and any self-isolation put pressure on 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.

People were treated with kindness and compassion. People were complimentary about the staff and said they were caring, friendly and polite. Staff enjoyed supporting people and promoted their rights to privacy, dignity and independence.

People were happy with the support they received. They were generally supported by the same staff although their visits were not always on time. People had schedules of their visits, but these were not always accurate. The manager was re-visiting the scheduling of visits to ensure improvements were made. People had a support plan in place, which they helped devise. These were being transferred to the newly introduced electronic system, and reviewed to ensure more person centred information was recorded.

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 18/09/2019 and this is the first comprehensive inspection. A focused inspection of the service was undertaken on 17/09/20. At that time, the safe and well-led key questions were the only areas inspected, and an overall rating for the service was not given.

Why we inspected

This was a planned inspection based on inspection schedule.

We have found evidence that the provider needs to make improvements. Please see the effective, responsive and well-led key question sections of this full report.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Right at Home Chippenham

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 undertaken by three inspectors 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. A new manager started employment with the agency on 2 August 2021, but they had not started the process to be registered with us.

Notice of inspection

We gave a short period 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 2/08/21 and ended on 06/09/21. We visited the office location on 11/08/21.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 to eight people who used the service and two relatives. We spoke with members of staff in the office including the provider, manager and operations manager. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including policies and procedures, quality auditing and staff training. We spoke with seven more staff and contacted two professionals who have had recent contact with the service.

Is the service safe?

Our findings

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

At the last focused inspection, this key question was rated as Requires Improvement. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

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

- Systems were in place to ensure people received a reliable service. This included a live screen in the office, which showed people's visits and whether they had been completed, were in progress, or yet to be undertaken. This minimised the risk of missed calls, through the early detection of any problems.
- Assessments were in place, which considered any risks people faced. These included areas such as falling, nutrition, infection control, medication and the person's environment.
- People told us staff helped them to minimise any risks. One person told us, "They help me on the steps." A summary of people's feedback titled, "Right Care 2021" showed 100% of people felt staff supported them to keep safe and well at home.
- Any accident and incidents were documented and monitored weekly by the manager. This ensured appropriate action was taken and any trends could be identified.
- Lessons had been learnt in response to things that could have been done better. This included revisiting professional boundaries with staff and reissuing the agency's gifting policy. The provider had identified the system they had for safeguarding and the reporting of such, was not sufficiently robust. As a result, a new monitoring system was introduced.

Systems and processes to safeguard people from the risk of abuse

- Systems to help protect people from the risk of harm, were in the process of being further developed. This was because the provider had identified not all safeguarding incidents had been properly reported.
- The manager had developed a tracker to monitor any safeguarding concerns and to ensure appropriate action had been taken.
- Safeguarding formed part of the agency's mandatory staff training programme. Records showed 92.3% of staff had completed their training. Staff had access to clear information, which showed what to do if a safeguarding concern was raised.
- Staff told us they would call the office if they had any concerns about a person's wellbeing.
- People told us they felt safe with staff supporting them. One person told us, "I am very confident with them and they are very attentive." Another person said, "Oh yes, I feel safe. They are very nice girls."

Staffing and recruitment

- There were enough staff to support current care packages. However, the provider said sickness and self-isolation, had at times impacted on the times of some people's support. They said a few weeks ago, seven staff had to self-isolate, which put pressure on the service, and the capacity available. They said they had implemented the contingency plan of office staff completing people's support where required.
- All staff spoken with told us the agency needed more staff, either overall or to cover staff sickness and self-

isolation. They said there was often pressure to cover additional shifts and they were regularly called for requests to help. Staff raised how they often finished very late at night and then had early visits the next morning. They said their shift pattern was often very tiring.

- Some people and a relative commented about staffing shortages. Specific comments were, "They do get short staffed and the pandemic has not been easy on them", "They seem to be rushed" and "[Person] has different staff. They had problems during covid."
- Staff recruitment was on-going, and no new complex packages were being accepted until staffing numbers allowed. The provider told us six new staff had been appointed and were waiting to start, following the required recruitment checks. Monetary incentives were used such as encouraging staff to "refer a friend" to the agency.
- Robust procedures were followed when new staff were recruited. This included gaining information about the applicant's performance from previous employers and completing a Disclosure and Barring Service check (DBS). This check gave assurances the applicant was suitable to work with vulnerable people.

Using medicines safely

- People's medicines were safely managed.
- An electronic medicine administration system was in place. This ensured staff followed the required steps, before they could move on to the next stage of administration. This minimised the risk of error. Daily checks of the medicine administration records had recently been introduced to enhance safety.
- Details of a person's medicines, the reason for their prescription and any possible side effects were detailed in their care plan.
- Staff had received training in the safe administration of medicines. Some staff told us they had recently completed a more advanced medication training course.
- Staff had fully completed the medicine administration records to show people had taken their medicines as prescribed. Guidance was available to staff regarding medicines to be taken "as required." This ensured the medicines were taken as prescribed, and to maximum effectiveness
- People did not have any concerns about the support they received with their medicines. Specific comments were, "Yes, they get it out for me in an egg cup. No issues" and, "I do that myself, but they do remind me."

Preventing and controlling infection

- Systems were in place to minimise the risk of infection and its transmission.
- Staff told us they undertook weekly testing for COVID-19. They said management kept them up to date with current guidance, and they had enough personal protective equipment (PPE).
- People told us staff wore appropriate PPE whilst supporting them. A summary of people's feedback titled, "Right Care 2021" stated 100% of people had confidence that staff used the appropriate PPE.
- Staff told us they had completed training in infection prevention and control. This included the safe use and disposal of PPE.
- There were spot checks to ensure staff were following the agency's infection control policy and procedure.

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.

At the last focused inspection, this key question was not inspected. At this comprehensive inspection, this key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not up to date with their training deemed mandatory by the provider. For example, only 72% of staff had completed Basic Life Support training and 76.9% had completed Food Hygiene training. This did not ensure staff had the knowledge and skills to support people effectively. The provider had identified this, and said plans were in place to ensure the training was completed.
- The provider told us they were planning to enable four or five staff to become qualified to facilitate face to face training with the staff team. They said this would enable more training, greater flexibility and easier accessibility for staff.
- People gave us varied feedback about whether staff were well trained. One person told us, "Yes, for what they have to do." Another person said, "They do need a little more training. They should do more training on the job. Learning and observing."
- Not all staff felt well supported. One-to-one meetings with their supervisor, for support and to reflect on their work, had not routinely occurred. The manager told us they had identified this and were keen to get the meetings started again.
- New staff worked with more experienced staff before working on their own. Some staff felt this period of support should be extended, and a mentor be given to the staff member. They said this would help new staff feel more confident and competent, before working with people on their own. They said this was especially important for those staff who were new to care.

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 and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service has a policy regarding MCA and staff training formed part of the mandatory training plan. However, records showed only 60.7% of staff had completed this. This did not ensure staff had the required understanding of consent and lawful decision making, when supporting people.
- Documentation demonstrated a person's capacity had been appropriately assessed, when needed. Information about best interest decisions, and how they had been reached were detailed in the person's support plan. The information also included details of representatives, who could lawfully act in a person's best interest.

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

- People had their needs fully assessed, to ensure the service was able to support them effectively.
- People's initial assessments were used to develop their care plan. The manager told us all assessments were being uploaded to the electronic care planning system. This enabled people, their families and staff to have immediate access to the information.
- Staff told us they read about people's needs in assessments and care plans. They did not have a verbal handover or meet the person before supporting them. Staff told us this would be useful for them and the person. The manager agreed and said they had plans to introduce better systems for sharing information.

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

- People were supported to have enough to eat and drink.
- The support people required with eating and drinking, and their likes and dislikes, were stated in their support plans. For example, one support plan stated, "[Staff] to help with meal preparation such as peeling potatoes and vegetables. [Person] enjoys a varied diet and likes to have both [a brand] of microwaved meals and homecooked meals."
- People told us they received appropriate support at mealtimes. A relative told us, "[Staff member] seems to be a good cook. They ask what [family member] wants and is happy to cook whatever they want."

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

- People were supported to access a range of services to meet their health care needs.
- Details of people's health conditions and involved health professionals, were detailed in their support plan.
- Staff told us they would call the office if they had any concerns about the person's wellbeing. They said office staff would then take further action such as informing the person's family, the GP or community nurse.
- The provider said there was on-going liaison with external health and social care professionals. During the site visit, one member of staff was talking to a GP on the telephone and requesting an occupational therapy assessment for a person.

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.

At the last focused inspection, this key question was not inspected. At this comprehensive inspection, 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

- Systems were in place to ensure people were treated with kindness and compassion. This included regular checks of staff's performance and gaining feedback from people and their relatives.
- People told us staff treated them well. They all said the staff were friendly and polite. Specific comments included, "They have all been absolutely excellent" and, "The girls are all really lovely, caring people."
- Information within people's support plans promoted dignity and respect. This included what the person liked to be called, whether they preferred male or female staff supporting them, and what religion they followed.
- All staff told us the best thing about their job was the people they supported. They said they loved helping people and enjoyed listening to people's individual experiences.
- Records showed 92.3% of the staff team had completed Equality and Diversity training.
- A care reviewing website displayed positive feedback about the agency. The information was based on reviews in the last 2 years and showed a review score of 10 out of 10 overall.

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

- People were encouraged to make decisions and direct their support.
- People were involved in developing their support plan and its review. They were able to call the office if they felt any changes to the information was required.
- Staff told us they followed people's wishes about how they wanted their support to be provided. They said they always encouraged people to make decisions, such as what they wanted to eat or drink.
- The manager told us they now had the staff to ensure greater oversight of people's support. They said they planned to have staff visiting people, to ensure greater opportunities for decision making and to gain overall feedback of the service.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's rights and were confident when talking about how they did this. They respected the person's home and belongings, and ensured all personal care was delivered in private with curtains and doors closed.
- Daily records showed people's rights were promoted. This included, "[Staff] to assist with strip wash allowing person to do as much as they can themselves."
- Privacy and dignity formed part of staff's learning when they first joined the service. Refresher training was undertaken at a later date and formed part of the service's mandatory staff training plan.

- The summary of people's feedback titled, Right Care 2021, showed 100% of people said they were treated with respect. Everyone said staff were caring, trustworthy and well matched to their care needs. 100% of people said they could depend on staff.

Is the service responsive?

Our findings

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

At the last focused inspection, this key question was not inspected. At this comprehensive inspection, this key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- People were happy with their care, although their visits were not always on time, and there was some inconsistency of staff supporting them.
- Some people received visits which were different than the time they had requested. One person told us, "I've been cross a couple of times, especially about the times. Sometimes they come early without telling me, that is annoying." The provider said the variation in timings, was mainly due to previous visits over running, general traffic or staff sickness. The manager confirmed visit times were being re-visited to ensure improvements were made.
- Staff told us they did not always have enough travel time and if they were running late, the office did not always inform people. The summary of people's feedback titled, Right Care 2021, confirmed this was an area of dissatisfaction for some people.
- People were generally supported by the same staff although this was not always the case. One person told us, "They told us there would be 6 carers and that went out of the window straight away, there were about 11 different carers." Another person said, "They are not very consistent. I did think I would have the same carers but it's not possible."
- Sending schedules of their visits to people was sporadic and not always accurate. This meant people were not always aware of who would be supporting them. A relative confirmed this and said, "The person who was turning up was not the person on the rota." The manager said they felt accurate schedules were important, so would be addressing this.
- Each person had a care plan, which they helped devise and sign. However, some staff suggested the detail within the plans could be further developed. For example, rather than stating the person was living with dementia, knowing how it presented would be helpful. One staff member said they had suggested a one-page profile, to easily identify key information.
- The manager told us it had been recognised people's care plans needed to be more person centred. The provider told us "Care plans are ok, but we can improve." Work was being undertaken to address this. Care plans were being reviewed and staff were receiving training, to help them capture more person-centred information.

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 agency met the Accessible Information Standards.

- Each person's communication needs are discussed during their initial assessment. This enables any support to be accessed as required. Information regarding communication is then transferred to the person's support plan.
- The agency has systems in place to aid communication. This includes documentation in large print and verbally informing a person of their schedule, rather than sending them a printed copy.

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

- Staff told us they aimed to minimise social isolation by spending time talking to people. They recognised the importance of this, rather than only concentrating on care interventions.
- People told us they got on well with staff and enjoyed the interactions. One person said, "It's someone different to see during the week. The social interaction is very important to me." Other comments were "We have a bit of fun", and "I am happy to see them."
- The COVID-19 pandemic had reduced social opportunities for people. The agency's improvement plan had identified the need to reintroduce community engagement, as restrictions became more relaxed. A timescale of the end of September 2021 had been given for this.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a concern or make a formal complaint.
- People were given a service user guide, when they first started using the service. This contained information about how to make a formal complaint, including contact details of the manager and provider. This ensured people knew who to direct their concerns to.
- Records showed there had been 27 complaints this year. These were generally related to late visits. The complaints had been investigated, and there was an outcome of being upheld or not.
- The manager told us they were aware of the areas people were unhappy about. An action plan showed how they were going to be addressed and in what timescale.
- A new system was being developed, which would give a link to a survey that staff could complete. The survey would then be sent directly to the provider. It was anticipated this would help support staff, aid staff retention and promote more of an open-door culture.

End of life care and support

- No one was receiving end of life care at the time of the inspection, although the agency did provide this.
- Staff had the choice of whether they wanted to support people at the end of their life or not. There was no pressure to do so. Sessions of reflection and support were provided for staff after a death, if needed.
- There was a written end of life policy and people's preferences, including resuscitation, were detailed in their support plan.
- Staff worked with various agencies, such as the community nurse, when supporting people at the end of their life. Training from the local hospice was provided, which enhanced staff's knowledge and skills in this area.

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.

At the last focused inspection, this key question was rated as Good. At this inspection, this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service did not have a registered manager, which was a condition of their registration. A new manager had been appointed and commenced employment on 2 August 2021. They told us they were in the process of registering with CQC, to become the registered manager. The provider was supporting the new manager with their induction and was involved in the service on a day to day basis.
- There had been a period of change and instability within the service. The manager told us the management team and many of the office staff were relatively new. This meant time was needed for staff to settle and processes to embed.
- Staff told us there was a clear divide between the office, and those who provided people's support. They said communication was often poor, and they did not always get support when calling the office for advice. Such concerns were raised at the last inspection. The manager told us the shortfalls had been recognised and measures were in place to address this. This included weekly emails to staff to ensure contact, and to keep them up-dated with what was going on. The agency's improvement plan stated further staff meetings would be planned and staff would be encouraged to visit the office to refill their water bottle or take some fruit or cereal bars.
- There was a clear desire to ensure people received high quality support. The provider told us their long-term goal was to make 200 jobs available in care. They expected the staff would have high levels of support, high pay and be empowered and trained, to give care they were proud of.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider recognised some areas of the service had slipped below their expected standard. This included shortfalls in staff training and supervision, the oversight of documentation such as care planning and communication.
- An action plan had been developed to address the identified shortfalls in the service. This was being worked through with clear timescales. Twice weekly management meetings were being held to discuss any emerging patterns or trends, and to look at any safeguarding concerns or complaints which had been received.
- The provider told us there would be better auditing of documentation, which would include random sampling, as well as planned monthly audits. Further spot checks of staff whilst working with people were to

be introduced and there was to be more requests for feedback. The provider said they wanted to make sure people, relatives and staff felt listened to.

- Various systems were being implemented to improve the service. This included 'Care Run Review' meetings, to enable staff to share their knowledge of people they regularly supported. The information would then be fed into the care planning process. 'Care Team Representatives' were also planned to improve the divide between office and care staff. The representatives would act as spokespeople, and assist with the service's agendas and initiatives. Two senior care staff were also being recruited to assist with field based compliance, auditing and care staff support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from people about the service was requested although the provider wanted to ensure more of this. Some feedback was requested by phone or survey, whilst other feedback was gained in face to face meetings.

- There were staff meetings, and staff were nominated for monthly awards. Staff told us the awards made them feel valued, especially if they had been recommended by a person who used the service.

- The service had established good relationships with other agencies such as GPs, occupational therapists, clinical commissioning groups (CCG) and Health and Social Care Forums.