

WDR Homecare Limited

Right at Home

Inspection report

The Grove Room
Buxton Road, Hazel Grove
Stockport
SK7 6LU

Tel: 01618717381

Date of inspection visit:
25 February 2020
27 February 2020

Date of publication:
22 April 2020

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 (Cheshire East) is a domiciliary care agency providing 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. At the time of inspection, eight people were receiving regulated activity.

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

People felt safe and staff understood their responsibilities to safeguard people. Risks were fully assessed, and appropriate resources, equipment and external service input identified. People were supported by a consistent staff team. Systems were in place to learn lessons when things went wrong, such as accidents and incidents, and action was taken to prevent future risk. We have made a recommendation to ensure recruitment processes are followed and are suitably robust.

People's needs were fully assessed, and appropriate steps taken to ensure equipment and resources were in place to meet people's needs. Staff were well trained and supported to do their role. Staff worked closely with other health care services to deliver appropriate care and support. People were supported to eat and drink and a balanced diet was encouraged. 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. Staff consistently sought consent from people and involved them in decision making.

Staff were kind and caring and knew people well. Staff knew how to involve people in decision making and fully respected people's privacy and dignity. People's diverse needs were considered, and care plans tailored to meet individual needs. Staff knew how to support people and encouraged them to remain as independent as possible.

Care plans were person centred and reflected people's needs and preferences. These were reviewed regularly, and people and their families were fully involved in this process. People felt able to raise concerns, and these were investigated and responded to. The registered manager worked closely with local services to provide end of life care for people, and staff knew how to provide compassionate care to people and their families at that time.

The management team were committed to delivering good care. Feedback was consistently sought from people who used the service and learning was shared across the staff team. Good practice guidance was considered and work ongoing to embed this practice. People spoke positively about the registered manager and told us they were approachable and responsive to concerns. The registered manager was organised and understood their regulatory duties.

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 03/07/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service registered with CQC.

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

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. 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 25/02/2020 and ended on 02/03/2020. We visited the office location on 25/02/2020.

What we did before the inspection

We reviewed information we had received about the service since it registered with the CQC. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We contacted Healthwatch for information they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the care manager, the managing director, national compliance officer and care workers. We reviewed a range of records which included three people's care records and three staff files. We looked at a variety of records relating to the management of the service, including policies and procedures. We also visited a person's home whilst staff were present to observe staff interactions, review records kept within the home and seek feedback.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional case studies, and information provided by the registered manager. We contacted and received feedback from three professionals.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe. People, relatives and staff told us they felt the service was safe. One relative told us, "When my [family member] was not well, the accompanied them to the hospital, just for reassurance. They didn't have to do it, but they did and it's good to know that they can go beyond the call of duty to reassure and keep people safe."
- Staff understood their responsibilities to safeguard people. Staff told us they had completed training in this area and staff consistently fed back any concerns about a person's safety to the office. Staff understood people's vulnerabilities and worked with them to protect them from risk such as fraud and people at risk of going missing from home.
- Safeguarding concerns were investigated. When safeguarding concerns had been raised the service worked closely with the local authority to investigate and address these concerns.

Assessing risk, safety monitoring and management

- The registered manager assessed people's needs and risks and put plans in place to manage these risks. People had a number of risk assessments which were specific to them and covered areas including health, behaviour and environment. These provided staff with guidance on how to reduce potential risks for people.
- The registered manager assessed and developed management plans for people in the event of a fire. The service fully assessed fire risk within people's homes using a local fire and rescue resource. Staff made referrals for additional input where risks had been identified. Evacuation plans had been developed so that staff knew how to support people to stay safe in the event of a fire.

Staffing and recruitment

- People were supported by regular staff and there was enough staff to meet people's needs. There were contingency plans to manage staff sickness. A family member told us, "When one of the staff is ill or on holiday, someone from the office takes over. That's how good they are."
- Systems for the safe recruitment of staff were not consistently being followed. Where work references were not available for one applicant, a further character reference had not been obtained. We were satisfied that the level of oversight of new care workers, through the induction, competency assessment and shadowing process, were sufficient to mitigate this risk. Other checks, such as those with the disclosure and barring service were always completed.

We recommend that the service review their recruitment process to ensure they are sufficiently robust and in line with current best practice and regulatory guidance.

Using medicines safely

- Staff supported people to take their medicines safely. Medication administration records were well documented and regularly checked. Medicine champions were in place to ensure records were maintained and up to date.
- People had clear records on how staff should support them with their medicines. This included guidance for medicines that people may need 'as required' such as paracetamol for managing pain.

Preventing and controlling infection

- Staff used equipment to prevent and control infection. Staff used disposable gloves and aprons to support people when delivering personal care in their own homes. Staff completed training in this area and there were policies and procedures to underpin good infection control.

Learning lessons when things go wrong

- Staff were committed to learning lessons when things went wrong. Information from accidents and incidents was analysed and action taken to reduce reoccurrences. The registered manager closely monitored national updates and best practice guidance and considered their application to the needs of people being supported by Right at Home.

Is the service effective?

Our findings

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

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

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

- People's care and support needs were fully assessed prior to receiving support from Right at Home. People had assessments in place which included details of their needs and preferences. One person commented that, "It is lovely having someone to talk to, someone who responds positively to what you would like to happen to you."
- The service took steps to ensure suitable equipment was sourced to meet people's care needs. This included appropriate moving and handling equipment and pressure relieving equipment. Staff were readily able to identify when additional resources were needed to support people safely in their home and considered the wider implications and needs. For example, ensuring pressure relieving equipment was available in all the areas people chose to sit, and ways to promote good skin integrity through diet and good skin care.

Staff support: induction, training, skills and experience

- Staff completed training specific to the needs of the people they supported. Staff had completed all their mandatory training and were positive about the training received. They told us, "We do loads of training. I feel confident that I know what I am doing on the job."
- People told us that staff knew what they were doing. A family member told us, "Even the new staff are well trained, regular staff accompany them and train them."
- Staff receive regular support and checks of their competency. Checks of competency included all aspects of care provided. Staff told us they felt well supported by senior staff and the registered manager.

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

- People were supported to eat and drink enough. Staff supported people to keep well hydrated and people's nutritional and hydration risk were assessed, and care planned for. One person told us, "Staff help me do online shopping and tell me what is good for me."
- People's care plans contained information about special dietary requirements. Care plans provided guidance to staff on how to support people with limited appetite and staff had completed training in food safety. People were happy with how they were supported to eat and drink.

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

- Staff worked closely with other professionals to provide good quality care. One professional told us, "They liaise with social workers when needed and do joint visits. They raise issues early so they can be addressed." People's records confirmed this to be the case and care plans were updated to reflect any changes in advice.

- People were referred to and supported to access relevant health care services. We saw people were referred to the GP or specialist services such as speech and language therapy as required. One person told us, "It's nice to have someone who will phone [other services] when you need them to."
- Staff knew people very well and were able to identify when people's conditions had changed. We saw one example when staff had identified that a person's breathing had changed which led to timely medical intervention and prevented a person's health deteriorating further following a stroke.

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 considered people's mental capacity and ability to consent to care when supporting them. Records demonstrated that staff obtained consent from people they were supporting. One relative told us, "My [family member] can't do much anymore, but I hear staff always asking them what they prefer."

Is the service caring?

Our findings

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

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

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

- People were supported by staff who were kind and caring. One family member told us, "We can rely on them, staff are caring and friendly. They are simply a god send." The registered manager showed us several examples of when staff had gone above and beyond when caring for people, which included picking people up from hospital visits.
- Staff were committed to providing good quality care to people. Staff told us they were able to take time to provide people with good quality support and care. One staff member said, "I love the people I work with. I care for them like they are my own family. Mostly I like to sit down with them and have a chat, I may be the only person they can talk to all day." One person confirmed this and said, "Staff never rush. In the hour they are with you, they do loads more [for me]."
- The provider looked at creative ways to support people. Staff worked closely with local communities to identify resources and opportunities for people. The provider had decided to obtain a therapy dog, following significant research, which was still in training at the time of the inspection and would be used to improve people's mental wellbeing and increase people's opportunities for social interactions.

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

- People were fully involved in decision making about their care. We saw that care plans reflected people's choices and preferences and staff respected people's decisions. One person explained, "Carers listen to what I have to say, I have a voice." Family members confirmed that staff involved people in making decisions around their daily lives and one told us, "They always respect my view point and my family members wishes are reflected on care plans."
- People's individual needs and preferences were identified and understood by staff. The registered manager told us they spent significant time during the assessment period understanding a person's diverse needs and how to meet a person's preferences in this area. We saw these were reflected within care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to remain as independent as possible. One person told us, "I like being independent, I feel like the carers and I are doing things together." Staff understood how to promote independence and told us, "It's important to know I can encourage people to do things for themselves."
- People were respected, and their privacy and dignity maintained by staff. We observed that staff promoted people's dignity and the care provided genuinely had a positive effect on people's day-to-day life, the service had dignity champions in place to promote dignity in care across the service. One person told us, "Care workers look after my dignity. I feel very comfortable with them."

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's care plans were personalised and reflected people's needs and preferences. People, families and staff had contributed to developing care plans. The registered manager told us they involved the care workers who knew the person best and said, "They know the person best, so it is right they write the care plan with the person." We saw that this had allowed the care plans to be very detailed and capture people's routines and preferences fully.
- Staff regularly reviewed people's care needs. We saw people were regularly asked about their care needs and changes to care plans made when needs changed. One person told us, "I've got my care plans here and staff talk to me about them sometimes."

Meeting people's communication needs

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

- The registered manager understood the accessible information standard and knew how to meet people's communication needs. Information could be provided in a range of formats including large font and different languages according to people's individual needs. The registered manager would arrange for a translator to aid communication if this was required.
- Staff understood people's individual communication needs and preferences. Communication needs were assessed, and care plans were in place detailing how these assessed needs would be met. A staff member commented, "Communication is everything and is at the centre of everything we do."

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 supported people and facilitated groups within the local community. One professional commented, "I have been really impressed with the way Right at Home have integrated with the community – both individuals and existing groups. They've taken the time to get to know the local community and direct their support resources where its most needed, in helping to combat social isolation. The group is accessible and non-threatening; and provides opportunities for mental stimulation whether through outings, playing board/card games or exercise sessions." We saw case studies of how the groups had helped people connect and build friendships, as well as provide opportunities for outings for people who had not gone out for significant periods of time.

- Staff supported people with opportunities for companionship and a range of one to one activity. Records contained people's social history and interests so that staff could undertake reminiscence work with them. Care records demonstrated that where people wished to go out, this had been planned for and supported in line with their preferences.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and felt able to raise concerns with staff. People told us, "If I am not happy, I tell staff or ring the office. Things generally get sorted out quickly." People were given a copy of the complaints procedure when they began to use the service.
- Complaints were investigated, and action taken to address the concerns. Learning from these investigations was shared with staff through supervision and team meetings.

End of life care and support

- At the time of the inspection the service was not providing this support to anyone. The registered manager told us they worked closely with local health services to provide flexible and responsive end of life care. We saw examples of how they had provided compassionate end of life care. Care plans were detailed and provided staff with guidance on how to support people at this stage.
- Staff knew how to support people, so they experienced a comfortable, dignified and pain-free death. Staff completed training in end of life care and there were policies and procedures to underpin this.

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

- Staff supported people to achieve good outcomes. People and relatives spoke positively about the support given. One relative said, "Staff are very approachable, you can say what you feel, and they will respect it. The manager is always calling to check on things and ask if you are happy."
- People, families and staff felt able to share their views and ideas with the registered manager. One person told us, "I feel I am welcomed to talk to the manager at any time." Staff confirmed the registered manager had an open door policy and said, "The registered manager is very approachable."

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; Continuous learning and improving care

- The registered manager understood their role in terms of duty of candour and regulatory requirements which included informing CQC when required to report incidents that had occurred. The registered manager encouraged open and honest conversations with people and staff and would offer an apology when things had gone wrong.
- Any concerns were fully investigated by the registered manager and action taken to reduce future risk. This included investigating accidents, incidents, safeguarding concerns and complaints and feedback. Learning and good practice was shared locally and across the wider provider locations.
- The management team were committed to continuous learning. The registered manager and managing director continually reviewed best practice guidance and worked to embed this into how the service delivered care.

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

- Staff had honest relationships with people and were clear about their roles and responsibilities. One professional told us, "Right at Home successfully managed family's expectations and were able to maintain professional boundaries. The team were professional and regularly kept in touch, they displayed patience when working with difficulty and provided good quality care for the service user."
- The management team were clear about their roles and understood what quality care looked like and what was required to deliver safe care. There were regular audits of paperwork to ensure information was accurate and action taken when issues were identified.

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

characteristics; Working in partnership with others

- The registered manager obtained regular feedback from people, relatives, staff and other professionals to drive improvement with in the service. There were various systems for feedback which included regular reviews, surveys and meetings. The most recent survey had not yet been concluded but the feedback we saw was positive about the service. Very positive feedback had been given upon an independent review of adult social care website.
- Staff worked in partnership with a variety of organisations. There were good working relationships with healthcare professionals, organisations and local community groups and staff accessed support and advice for people as required.