

Caring Hearts Homecare Ltd

Right at Home Chichester & Bognor Regis

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Right at Home Chichester and Bognor Regis is a domiciliary care agency. At the time of our inspection the service was supporting eleven people. The service provides personal care to adults living in their own homes, some of whom were living with conditions such as dementia, neurological conditions and general frailty. CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

People told us they felt safe with the care they received. People were protected from the risk of abuse and improper treatment and staff knew how to identify potential harm and report concerns. Risks to people's safety had been assessed, monitored and managed. Comments from people and their relatives were "All I know is I feel safe. Very safe". And "I have never been concerned about safety".

People received support from a skilled and consistent team of staff who knew them well. People benefitted from having support from staff who had a good understanding of their individual needs. There were sufficient numbers of staff to ensure people did not feel rushed and people received their support on time.

People were treated with kindness and compassion and staff were friendly and respectful. People and their relatives spoke positively about staff and the care they received. People and relatives told us they could not praise the service highly enough. People told us staff were "very good, polite and helpful", and "It's been an amazing 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.

The culture of the service was positive, and people and staff were complementary of the registered manager and provider. Systems and processes were in place to monitor the quality of the service being delivered. Staff told us it was a good place to work.

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 27 January 2021 and this is the first inspection.

Why we inspected

This is the first inspection for this newly registered service.

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 section below

Is the service effective?

Good ●

The service was effective.

Details are in our effective section below

Is the service caring?

Good ●

The service was caring.

Details are in our caring section below

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive section below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led section below

Right at Home Chichester & Bognor Regis

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 undertaken 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 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 31 August 2021 and ended on 15 September 2021. We visited the office location on 7 September 2021.

What we did before the inspection

We looked at the information we held about the service. We looked at feedback received about the service prior to the inspection. 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 used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider and registered manager.

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

After the inspection

We continued to seek feedback about the service from visitors, staff and people.

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

- Systems and processes protected people from the risk of abuse. Information about safeguarding processes were available to staff. Staff knew how to raise a concern.
- Staff had good knowledge of safeguarding and how to keep people safe. Staff had completed safeguarding training and had access to the safeguarding policy. Safeguarding was regularly discussed at staff supervision and team briefings.
- People and their relatives told us the service provided was safe. One relative said "We feel the service we receive is exceptionally safe. We know each of the staff who come". A person told us "I feel very safe in their care, I wouldn't have stayed with them if not". Another person said, "I am very satisfied, small team of five carers, all lovely".

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. Information was recorded about known risks and people were supported in the least restrictive way to safely meet their needs. Comprehensive risk assessments were carried out to enable people to receive care safely.
- Staff were familiar with each person's risk management plan and worked together to ensure risks to people were mitigated. This included how people moved and any equipment they needed to do this safely. Where it was identified people were at risk of falls, people had falls prevention care plans to mitigate this risk.
- Risk assessments were reviewed and provided clear guidelines on how risks could be reduced. For example, ensuring people had access to their pendant call alarms before leaving the person's home and ensuring a person's risk of choking was reduced by providing them with a soft diet.

Staffing and recruitment

- Safe recruitment processes protected people from the recruitment of unsuitable staff. Appropriate recruitment checks were undertaken to ensure staff were safe to work with people. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff to meet people's needs consistently and keep people safe. People told us they usually received their calls on time and staff would always call if they were running late. People felt staff had enough time to adequately provide their support, comments included, "No missed calls, always punctual and stay as long as I am expecting". A relative said "They are never rushed, they stay for an hour and this gives me some respite, especially at lunchtime when I can go out".
- People received support from a core team of staff who knew them well. This ensured people received continuity of care from a familiar team. One person said, "I get to know the staff personally, with the same

team visiting".

Using medicines safely

- People received their medicines safely. Some people required staff to prompt them to take their medicines and some needed staff to administer them. Staff had received training in the administration of medicines and only those staff who were assessed as competent were able to administer them.
- Medicine audits were completed monthly. These were reviewed and analysed to ensure appropriate action was taken to safeguard people and to mitigate potential risks. Medicine administration records (MARS) were checked for any gaps and omissions and competency assessments were undertaken to ensure staff continued to administer medicines safely.
- Medicine care plans were in place. Care plans provided clear guidance to staff about how people preferred to receive their medicines and how staff could support people to maintain their independence. Guidance was provided as to where people kept their medicines and how they were received from the pharmacy, such as in blister packs. This ensured people continued to receive their medicines safely in line with their personal preferences and the providers instructions.

Preventing and controlling infection

- Infection prevention and control policies kept people safe and were updated to reflect the latest guidance for the COVID-19 pandemic.
- COVID-19 testing was carried out in accordance with government guidance, the registered manager confirmed staff underwent a regular testing regime.
- The registered manager had ensured staff understood appropriate use of personal protective equipment (PPE). The registered manager had assessed the competency of staff in relation to the correct wearing of PPE; how to safely put PPE on, take it off and dispose of it.
- Staff had received training in infection prevention and control. The registered manager had assessed the competency of staff in relation to hand hygiene.
- Staff told us they had been kept well informed of changes to guidance and felt well supported by the registered manager.

Learning lessons when things go wrong

- Systems and processes were in place to ensure that all accidents and incidents were recorded and reported appropriately. There was provider oversight and registered manager sign off, of all accidents and incidents records. This ensured outcomes were clearly recorded and acted upon and care plans and risk assessments reflected up to date information.
- Accidents and incidents were audited to identify trends and learning points and drive service improvement. The provider had a process to review and learn from incidents and prevent a reoccurrence. Outcomes were shared with staff so appropriate action could be taken to ensure people's safety and mitigate further risks.

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 had comprehensive assessments prior to receiving a service. This ensured people's needs could be met. Information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process.

- People's needs were met by a holistic approach to assessment, planning and delivering support. Information about people's pasts were gathered, documented and used to help inform their care plan arrangements. Staff understood how people's past experiences could impact on their current health and well-being and used this knowledge in the planning and delivery of care. For example, one person who had a long standing history in their local village had been matched with a staff member who knew the local area well. This enabled the person to speak about memories and local history with a person who shared their knowledge and interests.

- Assessments and support plan's included detail about people's full range of health and social care needs. People told us they had been fully involved in the assessment process and felt they had been listened to. This ensured people's diverse needs were considered and promoted within their care. A relative who shared their experiences of the assessment process with us said "In the beginning we all got together and agreed what the plan should be. She was asked what she wanted the care to look like. And they checked with us, we completed a survey to make sure we were happy".

Staff support: induction, training, skills and experience

- People received care and support from a staff team who were well trained and supported. Staff had the knowledge and skills to meet people's needs. People told us they were introduced to new staff before they provided them with support and staff shadowed experienced staff before they provided support alone. People who shared their experiences with us said, "Staff have been trained and know what they are doing", and "Definitely well trained and correct in completing records, paperwork is spot on".

- Staff had opportunities to learn skills to enable them to support people's needs. Staff told us that they had good access to training and were able to request training to meet people's specific needs such as dementia.

- New staff received an induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides staff new to care with the expected level of knowledge to be able to do their job well. The culture of the service fostered the continuous development of staff skills, competence and knowledge to ensure all staff had the current skills and knowledge to carry out their role.

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

- People received appropriate support to ensure their nutritional requirements were met. Where support

with nutrition was an assessed need, people's daily care notes recorded the nutritional support provided.

- People's support plans identified the levels of support needed to ensure a person maintained a healthy fluid intake and balanced diet. This included support with shopping and preparing food.
- Staff received training in food hygiene and used this knowledge when preparing food for people. Where required, staff prepared snacks for people such as sandwiches and microwave meals. This ensured people were supported to maintain their nutritional intake.

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

- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. One relative told us staff had identified a change in their loved one's health and called an ambulance. The person spent two days in hospital receiving appropriate healthcare. Their relative said, "This was down to their skill and concern for my wife".
- There were clear systems in place to maintain continuity of care. Each person had a hospital passport. This helped to ensure other professionals would have the information they required if the person was admitted to hospital.
- Records were kept about health appointments people had attended. Care plans and daily notes confirmed guidance provided by health care professionals was implemented. For example, staff supported a person to undertake daily exercise advised by a physiotherapist to maintain their mobility.

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.

- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had the capacity to make decisions and to ensure people were supported in the least restrictive way.
- People were involved in decisions relating to their care. The service was not supporting anyone who required an application to be made to the Court of Protection to authorise a deprivation of their liberty. People told us that staff were always respectful and ask before they provide any support or assistance.

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 understood their needs and were committed to delivering kind and compassionate care. Staff showed a compassionate approach towards people and worked well together as a team.
- People said staff were caring and kind to them and did not feel rushed as staff had time to talk with them. One person said "They stay sometimes over the agreed times, above and beyond what is expected. They are never in a rush, nor do I feel rushed". A relative told us, "In evenings they make sandwiches and supper and do the ironing and even water the garden for me. They offered and brought shopping in the next day when I ran out. Really helpful".
- Staff told us it was important to respect people's choices and feelings, and spend time getting to know people. One person told us "We have met staff online, on the telephone and face to face, in order to get to know one another". And other person said "I would recommend Right at Home. It's like having family come in. In fact, it's better than family, because family tell you what to do, and how to do it in what they think is a better way. To sum it up Right at Home listen".

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to have choice and control over their lives. People and their relatives contributed to the development of their plan of care. People told us their independence was promoted and maintained as much as possible and this was important to them. Staff told us that people wanted to remain living in their own homes and they made sure the support they provided encouraged people to be as independent as possible.
- People were encouraged to make decisions about the level of support they wanted. One person said "I am totally in charge of what they do. I direct how the care I am provided is given". A relative said "They deliver the exact amount of care my wife requires. I do what I can. We did not want care at weekends so we can spend this together. They respect this".
- Staff ensured people's dignity was respected. One relative told us their loved one had found it difficult to accept personal help especially personal care. They told us staff had been good at supporting their loved one's dignity and a discussion with the carers had enabled their loved one to feel more relaxed with this. They said, "They are very good with him and go out of their way to make him feel comfortable".
- People's privacy was respected. Staff told us they fully understood that they were working with in people's own homes and were mindful to respect people's wishes and preferences. One relative said, "I hear them checking with him and I know they are respectful". Another person described the staff as "Kind, respectful and very professional".

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 experienced personalised care and support that promoted their physical and mental wellbeing and enhanced their quality of life. Care and support plans were created which were bespoke and person centred. Information was detailed, up to date and provided clear guidance for staff. Preferences and choices were clearly documented in people's care records. For example, one person's care plan provided very specific details about their preferences for their morning personal care routine.
- People were supported by staff who knew them well. Staff worked with people to find ways to provide support to meet their unique support needs. Staff completed records of each visit. These were informative and contained detail of the support provided as well as any changes in people's needs. Staff told us effective recording of visits had helped them to identify and resolve concerns with a person's medicines. Staff had supported another person to receive prompt continence support and aids when it was observed their health needs had changed.
- People were involved in the planning and review of their care. Support plans were person centred enabling staff to support people in a personalised way. These were reviewed regularly to ensure they were up to date and reflected any changes in people's needs or preferences. One relative said "We haven't needed to make any changes since we started using them, but if we did, we know who to talk too. Our views were included at the beginning when the care plan was put together".
- Staff told us that they knew people well and had a good understanding of their personal histories, interests and preferences. This enabled them to keep people's care requirements up to date and provide support in the way the person preferred. One person described the service as "It's as close to perfect that anyone could expect".

Meeting people's communication needs

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

- People's communication needs were identified and recorded in their support plans. This information was shared appropriately with others. Staff recorded any communication needs people had such as speech, hearing or sight impairments.
- We were told that information was available to people in large print if they needed it. Although no one currently needed written information in an alternative language or format the provider understood the requirement to make this available if the need arose. The registered manager had knowledge of how to access approved translation services should these be required.

- Staff were aware of the individual needs of people to support their communication. For example, one person used a whiteboard to aid their communication and memory and another person used voice activated assistance aids. Staff told us they did things to aid people's communication such as cleaning people's glasses every day and ensuring hearing aids were switched on and batteries working.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which each person had been given a copy of. We were advised by the provider this could be made available in accessible formats if required to meet people's specific communication needs. Processes were in place to ensure concerns and complaints were appropriately investigated and responded to and used as opportunities to reflect on practice and identify improvements.
- People's told us they were confident any concerns and complaints they might have would be listened and responded to. People knew how to raise a concern or complaint if they were unhappy about anything and were confident it would be resolved.

End of life care and support

- There was a person centred approach to end of life care and support. Staff were trained to support people with their end of life journey and respected people's individual beliefs and wishes. Staff understood which health and social care professionals would need to be involved to support people who were living with a life limiting illness. The service worked with the local hospice and health teams to ensure people's support plans remained up to date and reflected people's end of life wishes and care needs.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this. There was clear leadership and feedback received about the organisational was positive.
- People received holistic person-centred care. The provider had embedded a values-based culture which was inclusive and reached out to people they supported along with family and friends. People were placed at the heart of the service and received planned, safe and effective person-centred care.
- Personalised care was central to the providers philosophy and staff demonstrated they understood this by telling us how they met people's care and support needs. People and their families told us that they were involved in the planning of their care which meant they felt valued.
- There was a robust governance framework in place and processes to drive quality. Quality assurance checks were undertaken regularly using provider led systems. These included checks on people's medicines, care plans, risk management plans and monitoring the care being delivered. Any issues identified were cascaded to the team and action was taken to address these.
- Staff received regular supervision and support. Staff told us that their supervision was constructive and provided opportunities for feedback on their performance as well as areas for personal development. One staff member told us they felt valued by the provider who had recently supported them to take on some additional training to progress their career.

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 registered manager understood their responsibility to be open in the event of anything going wrong. They reviewed feedback so any learning would be taken from them and the service would continue to develop. Outcomes were shared with people and staff to ensure lessons were learnt.
- The providers processes promoted transparency and honesty. The registered manager was open and honest throughout the inspection process and had a good understanding of their duty of candour. The provider understood their legal duties and responsibilities. Notifications were sent to CQC as required and local authority safeguarding were notified of concerns.

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

- The staff team worked effectively together and were driven to provide the best care for people. This was

achieved through good leadership and mentoring. Care records and our observations of the care and support provided demonstrated this. The registered manager ensured staff had a clear understanding of their roles, responsibilities and contributions to ensuring a person-centred service.

- Staff had received training in equality and diversity and understood their responsibilities to uphold people's human rights. Staff gave us examples of how people had been supported with their equality and diversity needs. This included supporting people who were living with dementia to be as independent as possible by using electronic devices for reminders and prompts.
- Feedback and ideas were regularly sought from the people who used the service. People told us they regularly contacted by the office or visited by one of the managers to seek feedback on the service they were receiving. The information from this feedback was used to drive improvement.
- There was a collaborative working relationship between the provider and staff. Staff were happy working for the provider and were committed to providing high-quality care and support. They felt valued and listened to and able to share their views. One staff member told us, "I can always phone or pop in to see the management team, they are very helpful". Another said "I feel I can raise concerns if I need to. The manager is easy to talk to and the owners show they care about us as employees as well which is nice".

Continuous learning and improving care; Working in partnership with others

- Staff worked in partnership with health and social care professionals to ensure people's needs were met and they had the community services they were entitled to. Records showed that a range of medical service had been contacted when people had been unwell or required additional support. This enabled people to receive the appropriate support to meet their continued and changing needs.
- The provider was involved in different networks and updated their learning through different sources, to continuously develop best practice and make a difference to people's lives. This provided the opportunity to share experiences and examples of good practice and provide an opportunity for further service development.