

Right Care (Lancashire) Ltd

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Inspection report

26 Brownhill Avenue
Burnley
BB10 4QD
Tel: 01282 424240
Website: N/A

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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 

Overall summary

We carried out an announced inspection of Right Care (Lancashire) Limited on the 8 and 9 October 2015.

Right Care (Lancashire) Limited provides personal care and support and domestic services to people living in their own homes in Burnley and the surrounding areas. The service is mainly provided to older people with needs relating to old age, including dementia. The office is situated close to the town centre, just off a main road, on

the edge of a residential estate. It is therefore easily accessible to both staff and service users. At the time of the inspection the service was providing support to 80 people.

At the previous inspection on 9 October 2013 we found the service was meeting all the standards assessed.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with indicated they were happy with the service they received from Right Care (Lancashire) Limited. They said, "I am thankful for the care", "I am very happy; I get a very good service" and "Everyone is very friendly and kind."

People told us they felt safe using the service and had no concerns about the way they were treated or supported. One person told us, "I feel (my relative) is looked after very well and is in safe hands." Risks to people's well-being were being assessed and managed. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns.

Satisfactory processes were in place for people to receive safe support with their medicines and appropriate recruitment checks were completed to ensure staff were safe to support people. There were systems in place to ensure all staff received initial training, ongoing development, supervision and support.

Arrangements were in place to maintain staffing levels to make sure people received their agreed care and support. People told us, "They arrive on time and stay as long as they should do", "I have never been let down yet",

"They are mainly the same staff; always a familiar face" and "If they are running a bit late they let me know." People made positive comments about the staff team. One person said, "Staff are brilliant."

People told us they had agreed to the support and care provided by the service. People were aware of their care plans and said they had been fully involved with them and the ongoing reviews.

Processes were in place to monitor and respond to people's health care needs. Where appropriate people were supported with eating and drinking.

Staff were knowledgeable about people's individual needs, backgrounds and personalities. They were familiar with the content of people's care plans. People told us staff gave them privacy whilst they undertook aspects of personal care, but remained nearby to maintain their safety. People were supported to maintain and build their independence skills both within their own home and as appropriate, in the community.

There were effective complaints processes in place. The people we spoke with were aware of the service's complaints procedure and processes and were confident they would be listened to.

People told us the service was 'managed well' and was 'well organised'. There were processes to monitor and develop the service in consultation with the people who used them.

Summary of findings

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.

Staff were trained to recognise any abuse and they knew how to report any concerns.

There were enough staff available to provide support and to keep people safe. Staffing levels were determined by the number of people using the service and their needs.

Risks to people's wellbeing and safety were being assessed and managed.

Robust recruitment procedures were followed and processes were in place for people to receive safe support with their medicines.

Good



Is the service effective?

The service was effective.

People told us they experienced good care and support. They were encouraged and supported to make their own choices and decisions.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People were supported as appropriate to eat and drink. Their health and wellbeing was monitored and responded to as necessary.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

Good



Is the service caring?

The service was caring.

People made positive comments about the caring attitude and approaches of staff. They indicated their privacy and dignity was respected.

People were supported and cared for in a way which promoted their involvement, safety and independence.

Staff were aware of people's individual needs, personalities and preferences.

Good



Is the service responsive?

The service was responsive.

People were involved with planning and reviewing their care and support.

People indicated the service was flexible. Arrangements were in place to respond to people's changing needs and preferences in a timely manner.

Processes were in place to manage and respond to complaints and concerns. People were aware of the service's complaints procedure and processes and were confident they would be listened to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The agency had a registered manager who provided clear leadership and was committed to the continuous improvement of the service.

The provider's vision, values and philosophy of care were shared with staff and supported by the management and leadership arrangements.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Right Care (Lancashire) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 & 9 October 2015 and was announced. The registered manager was given 48 hours' notice of our intention to visit; this was to ensure they would be available for the inspection. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We also contacted the local authority contract monitoring team for information.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with three people who used the service and with three family members. We talked with three care support workers, the care supervisor, the registered manager and the registered provider/owner.

We looked at a sample of records including four people's care plans and other associated documentation, four staff recruitment and induction records, training and supervision records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and audits. We also looked at the results from the most recent customer satisfaction survey completed by people living in the home and their visitors.

Is the service safe?

Our findings

The people we spoke with told us they felt safe using the service. One person told us, “I feel (my relative) is looked after very well and is in safe hands.” None of the people spoken with had any concerns about the way they were treated or supported. One person said, “Staff are smashing.”

We looked at how the service protected people from abuse and the risk of abuse. Staff spoken with had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Staff said they had received training and guidance on safeguarding adults and children. Records confirmed staff had received training in this area. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies.

We looked at the way the service managed risks. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring.

Staff spoken with had an awareness of people’s risk assessments and how they provided support to keep people safe. They were aware of the process to follow in the event of accidents and emergencies. Staff were provided with personal protective equipment, including gloves and aprons and personal alarms. Emergency, accident and on-call procedures were summarised in the staff handbook. This meant there were processes in place to help minimize risks and keep people safe.

Recruitment checks were completed to ensure care workers were safe to support people. The recruitment procedure included applicants completing a written application and face to face interviews had been held. The checks included an identification check, taking up references, a health and fitness declaration and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help

employers make safer recruitment decisions. We noted staff did not commence employment without a clear DBS check. The recruitment and selection procedures had been reviewed and updated to fully reflect the current regulations.

Staff spoken with confirmed the recruitment checks had been carried out and confirmed they had received a staff handbook. This included a code of conduct, safeguarding, job description, accident and disciplinary procedures. We noted there were systems in place to respond to concerns about staff’s ability or conduct.

There were enough staff available to provide support and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. People told us, “They arrive on time and stay as long as they should do”, “I have never been let down yet”, “I don’t always get the same staff but I have a weekly rota so I know who is coming”, “They are mainly the same staff; always a familiar face” and “If they are running a bit late they let me know.” People told us staff always wore their identity badge. The recent customer survey indicated that a high number of people were happy that staff arrived when expected, provided a flexible service and had a good attitude.

We found staffing arrangements were influenced by people’s assessed needs, individual support package and contracted arrangements. Staff confirmed they were given sufficient travelling time between visits and were given enough time to carry out tasks. They told us they would telephone the agency office if they were delayed and the agency contacted the person to keep them informed. There was an on-call system in place during the times when staff were on duty, which meant someone could always be contacted for support and advice.

We looked at the way the service supported people with their medicines. People were happy with the support they received with their medicines. Assessments had been completed with regard to whether people were able to administer their medicines independently or needed support and their records included instructions for staff to follow on prompting or administering medicines. People’s medication administration records (MAR) were completed clearly. However, we noted directions for the application of external medicines (creams) on one person’s MAR stated

Is the service safe?

'apply as directed'. Following the inspection visit the registered manager told us the MARs had been reviewed to include more detailed information regarding the application of creams.

From a review of records and from our discussions we found staff had completed safe handling of medicines

training and processes were in place to assess and monitor staff competence in this area. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Is the service effective?

Our findings

People we spoke with indicated they were happy with the service they received from Right Care (Lancashire) Limited. People said, “I am very happy; I get a very good service”, “Staff are well trained; they know what they are doing” and “New staff are shown how to do things properly; they work with other carers.”

We looked at how the service trained and supported their staff. Everyone that we spoke with said that care workers were well trained and competent in their work. Records showed staff had completed induction training when they started work. This included an initial induction on the organisation’s policies and procedures, a mandatory training programme and working with experienced staff to learn from them and gain an understanding of their role. New employees completed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. It is essentially designed for staff who are new to a social care. The registered manager told us all staff were going to complete the certificate to refresh their knowledge.

Staff told us about the training they had received and confirmed they received ongoing training, supervision and support. Training was provided by external training providers and by the registered manager. A designated trainer had been employed to carry out observations on staff practice. This meant staff were provided with one to one training and monitoring to ensure they had up to date knowledge and skills related to their roles and responsibilities.

Records confirmed staff received training in moving and handling, health and safety, food hygiene, fire safety, infection control, first aid, equality and diversity, safeguarding and the Mental Capacity Act 2005. Specialised training was arranged as needed in response to people’s specific needs. Staff were also enabled to attain recognised qualifications in health and social care.

People were supported to access food and drink of their choice. The support people received varied depending on people’s individual circumstances. Where people were identified as being at risk of malnutrition or dehydration care workers recorded and monitored their food and fluid intake. People told us staff ensured they had access to food and drink before they left.

We looked at the way the service provided people with support with their healthcare needs. People using the service told us that most of their health care appointments and health care needs were co-ordinated by themselves. Staff would support people to access healthcare services if it was part of their agreed care package. People’s records included contact details of relevant health care professionals, including their GP, so the office staff could contact them if they had concerns about a person’s health. Records showed staff had liaised with health and social care professionals involved in people’s care if their health or support needs changed. Staff were able to describe the action they would take if someone was not well, or if they needed medical attention.

People told us they had agreed to the support and care provided by the service. Records showed people had been involved and consulted about various decisions and had confirmed their agreement with them. They told us staff checked whether they were happy with the support being provided on a regular basis.

Right Care (Lancashire) Limited was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA 2005 sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions were protected. The service had policies and procedures to underpin an appropriate response to the MCA 2005 and staff confirmed they had received training on this topic. The registered manager and staff indicated an awareness of MCA 2005 including how they would uphold people’s rights and monitor their capacity to make their own decisions. The registered manager would liaise with families and the local authority, if they had any concerns regarding a person’s ability to make a decision.

Is the service caring?

Our findings

People told us they were happy with the approach of the staff and managers at the service. They told us, “I am thankful for the care”, “They look after my relative”, “Everyone is very friendly and kind” and “They know what I need and how I like it done.”

We spoke with people about their privacy and dignity. People told us staff gave them privacy whilst they undertook aspects of personal care, but remained nearby to maintain the person’s safety. Staff told us they received guidance during their induction in relation to dignity and respect and their practice was monitored when they were observed in people’s own homes. We noted the employee handbook highlighted the service’s expectations around staff conduct, including respecting people’s dignity and confidentiality.

Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They were familiar with the content of people’s care plans. People were supported to

maintain and build their independence skills both within their own home and as appropriate, in the community. One person told us, “Staff let me do things for myself but they understand I might not feel well enough to do it the same every day.” A relative said, “They are flexible and they offer a choice. They always ask what he wants.”

During our visit we observed a member of staff had accompanied a person who used the service to the office for a cup of tea and a chat with the staff. We noted caring and friendly interactions and support being given in a kind, patient and considerate manner.

There was a guide for people who used the service which included key contact details and terms and conditions for service delivery. The guide also provided information on the service’s visions and values and included contact details of other local health and social care organisations, who people could contact for support. People indicated they had received a copy of the guide and were aware of its contents.

Is the service responsive?

Our findings

People told us they received a service that was responsive to their needs. People said, “They ask what needs doing and are flexible depending on what I ask of them”, “When I became ill they sat down with me and asked me what I needed to be done differently”, “The office staff try to make sure I get the same staff but it’s not always possible but I know all the staff that visit” and “They stick with my routines.” A relative told us, “They know what my relative needs and how to respond.”

We looked at the way the service assessed and planned for people’s needs, choices and abilities. Initial assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met.

Records identified people’s needs and provided guidance for staff on how to respond to them. The care plans included people’s preferences and details about when and how they wished their support to be delivered. People told us they were aware of their care plans and confirmed they had been discussed and agreed with them.

People told us they had been involved with discussions about care and with the review process. Records confirmed this. The care plans were reviewed on a regular basis and changes were made to the support they required and the times and frequency of visits as needed. Staff told us they were kept fully informed about any changes in visits and the support people required. This was either by face to face discussion with office staff or via text or email. We observed care workers come in to the office and discuss changes in the level of care and support for some of the people they visited.

Staff told us the care plans were useful and they said they regularly referred to them during the course of their work. Staff confirmed there were systems in place to alert the management team of any changes in people’s needs. This meant processes were in place to respond to people’s needs in a timely manner.

Records of the care and support provided to people were completed at each visit. This enabled staff to monitor and respond to any changes in a person’s well-being. The care books were returned to the office on completion for auditing purposes and for filing. The registered manager confirmed the records were regularly checked. We looked at a sample of the records and noted people were referred to in a respectful way.

People told us the agency was responsive and flexible in changing the times of their visits and accommodating last minute additional appointments when needed. One person said, “They change the times of my visits if I have an appointment.”

Staff supported people to access the community and minimise the risk of them becoming socially isolated. We spoke with one person who visited the office for a cup of tea and was being taken out for lunch. This helped them remain part of their local community and feel valued as an individual.

We looked at the way the service managed and responded to concerns and complaints. The agency’s complaints process was included in information given to people when they started receiving care. The people we spoke with were aware of the service’s complaints procedure and processes and were confident they would be listened to. People told us, “I would be happy to complain if I need to”, “I’m very happy with the service; I can’t grumble” and “If I have a problem I ring the office and they sort it out without a fuss.” Staff confirmed how they would respond to any complaints or concerns, by keeping records and sharing information with registered manager and office based staff.

We looked at the compliments and complaints procedure which had been shared with people using the service. The procedure included the action to be taken when raising concerns and expected time-scales for the investigation and response. Reference was made to other agencies that may provide support with complaints. We found people’s concerns and complaints had been recorded and appropriately addressed to people’s satisfaction. We noted there was also a number of compliments made about the service.

Is the service well-led?

Our findings

People were aware of the management structure at the service and did not express any concerns about the management and leadership arrangements. Their comments included, “I think the service is very well organised” and “The service is managed well.” Staff said, “The communication is good”, “The people in charge actually care” and “The office staff get out there and work hands on; they know what is going on.”

There was a registered manager in day to day charge of the agency and she was able to discuss areas for improvement and how the service would be developed. Staff said she was ‘approachable’, ‘kind’ and ‘firm but fair’. The registered manager was supported by a deputy manager and the owner. People told us the registered manager provided clear leadership and was committed to the continuous improvement of the service.

There were systems in place to seek people’s views and opinions about the running of the service. People’s views and opinion were sought through face to face or telephone conversations and during review meetings. People told us the office staff contacted them on a regular basis. One person said, “The office rings me and checks that everything is alright with the service I am getting.”

The agency also obtained the views of people in the form of an annual customer satisfaction survey. We looked at the results of the most recent survey (December 2014). The results indicated people were happy with the service they received. Areas for improvement had been identified and shared with people using the service.

Senior staff undertook a combination of announced and unannounced spot checks and telephone interviews to

obtain people’s feedback about the quality of the service provided. Staff practice and the quality of information in people’s care records was also monitored during the visits. Systems were in place for monitoring any accidents and incidents and checking they were recorded; outcomes clearly defined, to prevent or minimise any re-occurrence.

There were checks and audits on staff files, staff training and supervision, accidents and incidents. Visits to people’s home were monitored by analysing the data from the computerised telephone tracking system which staff used each time they visited a person’s home. Systems were in place to identify and respond to any shortfalls.

The provider’s vision and philosophy of care were reflected within the guide to the service, the employee handbook and the policies and procedures. New staff were made aware of the aims and objectives of the service during their induction training.

Staff told us they enjoyed working for the service. They had been provided with job descriptions, contracts of employment and the employee handbook, which outlined their roles, responsibilities and duty of care. There were clear lines of accountability and responsibility within the service’s defined organisational structure.

Staff confirmed the registered manager and office based staff, were readily contactable for advice and support. Staff told us that whilst meetings were not regularly held, they were able to raise their views and opinions with the registered manager and senior staff. They told us they were kept up to date with newsletters. They also told us, “We have a good team”, “Communication is good within the team” and “The manager and office staff are available when we need them.”