

HOA Care Services Limited

Right at Home Croydon

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 

Overall summary

Right at Home Croydon provides personal care to people living in their own homes. We undertook an inspection visit to the service on 30 July 2015. The agency was first registered in January 2015, and this was the first inspection of the service. The registered manager told us 12 people were using the service when we inspected the service. We found that it met all the regulations.

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

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's needs were first assessed and care plans were developed to identify the care and support people required. Assessments were undertaken to assess any risks to the people using the service and to the staff supporting them. This included environmental risks and any risks due to people's health and support needs. The risk assessments included information about actions needed to be taken to minimise the risks. Staff were

Summary of findings

aware of the risks to people's welfare and safety and knew how to keep people safe, and ensured people got the support they needed with managing any on-going health conditions. Staff supported people as required with mobilising safely and with their home security.

People said they received the care and support they needed and care staff arrived at the time agreed. People experienced consistency, the staff team was small and if someone was off they were usually familiar with the replacement staff member.

Staff helped promote individuals' independence by encouraging people to undertake tasks themselves when able. The service had appropriate arrangements in place to ensure people needing support with taking their medicines received their medicines safely.

People told us that nothing was done without their consent. Staff understood that care could only be given if the person consented and also the principles of personalised care. Staff enabled people to make choices about day to day decisions, and offered advice to people to ensure their needs were met. Staff had awareness of the Mental Capacity (MCA) Act 2005. We found that the MCA was being adhered to.

People found that care workers who visited were caring and considerate and trained to respond to the needs of people, especially those living with dementia. Staff received training and development to develop the knowledge and skills needed to undertake their roles, and they received regular support and supervision from their manager. Vetting procedures were thorough and recruitment checks were undertaken on all care staff before they started to work for the service, these processes ensured that only suitable staff were recruited to provide care and support to people.

The service was well led by an experienced manager who was committed to achieving the best for the people that used the service. The registered manager undertook checks on the quality of the service, and people had confidence they would take any necessary action if needed to address any concerns. The registered manager had a quality monitoring process in place to obtain the views of people, their relatives, and other health and social care professionals on the quality of the service.

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. The agency had arrangements in place to help protect people from the risk of abuse. There were sufficient staff available to deliver a service safely. People found that the service was reliable and well-coordinated and staff turned up at the agreed times.

Individual assessments were undertaken to identify any risks presented to people in their own homes and to staff. The manager made suitable arrangements to manage these risks appropriately. Medicine procedures were robust and people received the support they required to take their prescribed medicines safely.

Good



Is the service effective?

The service was effective. All care staff received a suitable induction when they joined the agency. The service had a full training and development programme to equip staff with the skills and knowledge they needed.

Staff received up to date information to enable them undertake their roles and responsibilities, and were supported through regular supervision and regular training. Staff were aware of the requirements of the Mental Capacity Act 2005 and how to apply these in practice. The staff handbook contained clear guidance for staff on the importance of seeking consent from people before proceeding with any task. Care staff were aware of how to meet people's needs such as those at risk of neglect or poor nutrition.

Good



Is the service caring?

The service was caring. People who used the service were complimentary of the staff and the way that they supported them. People found that care staff listened to their views and provided the care in the way they wanted.

People spoke positively about the staff and the way they were treated, staff were kind and caring, showed them respect and were compassionate.

Good



Is the service responsive?

The service was responsive. Care plans were developed with people in response to their care and support needs. Staff understood what people's needs were and how to respond flexibly to their changing needs.

People and their relatives were aware of the complaint procedure. People felt that the provider would respond quickly and professionally to any concerns raised.

Good



Is the service well-led?

The service was well led. The registered manager was experienced and led by example by promoting strong values and a person centred culture.

Staff morale was good and they felt supported in their roles. There were effective systems to assure quality and identify any potential improvements to the service. Staff found the manager supported them with developing best practice.

Good



Right at Home Croydon

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 30 July and 4 August 2015. The first day's inspection visit to the agency office was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. One inspector undertook this inspection.

We reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law. We looked at the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at the care plans for five people, staff recruitment procedures and the personnel files for six staff members, the staff training and induction records for the staff team. The care records included needs assessments, risk assessments, medicine records and care plans. We met with the provider, the registered manager, a senior care worker, and observed a training session being delivered to four new staff. We spoke with five people who used the service, three relatives, and four care workers.

Is the service safe?

Our findings

People told us they had confidence in the service and felt safe and secure when receiving support from care workers supplied. They told us it was early days yet but that it was a reliable service, their care workers turned up at the times agreed and stayed for the full length of time. One person said, “No cutting corners with these girls, they stay the full time and always ask me if there is anything else they can do before they leave, wonderful.” Another person told us the service was reliable and well organised, they said, “The manager came to see me and my spouse to find out what was needed, they arranged for a regular group of carers to come, it works very well.”

All 12 people who used the service had referred themselves for the service or were referred by relatives. Before the agency delivered a service they completed an environmental assessment to identify any potential risks for care staff whilst working in the person’s home. This assessment highlighted areas which included fire safety and the security of the property. The assessor identified any risk to the person using the service and to the staff supporting them. This included any risks due to the health and support needs of the person. The care records (plans) contained information for staff about the action to be taken to minimise the chance of harm occurring to the person or to staff. For example, some people had restricted mobility and information was provided to staff about how to support them safely, including the use of mobility equipment such as hoists, and support with bathing. There was also information recorded about the specific needs the person had contributing to their understanding of the risk, such as dementia or cognitive impairment.

The service employed sufficient staff to meet people’s needs, ten care workers were employed and there were twelve people receiving a service. The registered manager completed the assessments and introduced the assigned staff member to the person before the service began. People told us the initial introduction of the carer helped things to get things off to “a good start” and then progress smoothly. There was flexibility within the team to ensure people’s support needs were consistently met if their usual care worker was unavailable, or if the person required the

call at a different time. People remarked on the consistency in the service, one person said, “The manager makes sure I have a regular carer, if my regular is unavailable the second choice carer comes.”

We reviewed staff files for ten members of staff. Staff files were well organised. We found recruitment practices were safe and ensured people were supported by staff who had previous knowledge and experience appropriate to their role and were suitable to work with people using the service. This included obtaining references from their previous employers, completing criminal record checks and ensuring people were eligible to work in the UK. A new member of staff told us they were attracted to the care field and had changed their career, and they were provided with suitable training for the job.

Staff had received training and had a good awareness of their responsibilities to safeguard people and protect them from avoidable harm. For example, they understood they should record and report to relevant people any concerns or observations about people that may indicate possible abuse. This included ensuring people were supported to manage their finances safely by following the agency’s procedures. Staff told us of reporting any concerns to the registered manager who would liaise with the safeguarding team from the local authority as appropriate. At the time of our inspection there were no safeguarding concerns raised since the agency was registered.

People told us staff gave them the help needed with taking their medicines, the majority needed prompting. Some people we spoke with told us they needed support from care staff when taking their medicines. One person told us, “They see that I have my medicines as otherwise I would forget.” We discussed with staff about the support they gave people with taking their medicines as some required prompting. What they told us matched what was in the care plan. One person told us staff administered their medicines promptly and safely. The agency had a policy and procedure for the administration of medicines. Staff providing support with medicines had received training on the administration of medicines; a competency assessment was also completed following medicine training. Staff administering medicines were aware of their responsibilities to ensure that they completed the

Is the service safe?

medicine administration charts and the communication log after they had administered the medicines. The medicine records we saw were completed fully and there were no gaps.

Is the service effective?

Our findings

People we spoke with felt that care staff were well trained, and had the necessary skills to care for them well and were familiar with their needs. Care workers were assigned on a regular basis to provide care to the same individuals; this meant that people received support from staff who knew them and who had built a relationship with them. One person said, “They are excellent people, and they know exactly what to do.” Another person said, “They are really outstanding, great carers, it is early days yet but it looks like they have very good training and are of a high calibre.”

The service had a training and development programme in place, this provided staff with training to ensure they had the knowledge and skills to support people. The agency had refresher training planned to ensure their knowledge was kept up to date and in line with good practice. We saw that all staff completed an induction which included mandatory training; they shadowed the manager or a senior experienced staff member before they worked alone. We observed four new care workers were participating in a training session; the presentation included face to face training combined with videos. Staff were tested on their knowledge at the end of the sessions.

Training was carefully planned for all care workers and covered areas such as challenging behaviour, dementia care, and the individual training needs of staff were linked to the training and development programme. The registered manager had a system in place that monitored care staff training provision and attendance at training. We saw that provision was made for care workers to obtain a nationally recognised qualification in care. The family member of a person receiving support told us they were involved in delivering training to the dedicated care worker so that they understood the person’s specialist communication needs. They told us this had worked well.

Staff received supervision from the registered manager, the majority of care staff had worked for a brief period (for two to three months) and all had one to one supervision. Three of the care workers told us they came to the office frequently and were able to speak with the manager about any issues; they used these occasions as well to get support from senior staff. The registered manager accompanied the care worker and introduced them to the person on the first visit, and instructed them on moving and handling issues. One person told us of the confidence

in the care worker because the registered manager had talked them through procedures on their first visit. The registered manager undertook regular spot checks to people’s homes to support the staff member and observe their practice. Staff told us they were able to ask further questions about how to support people more effectively. The agency had plans to review staff performance annually and identify any areas staff needed to improve upon to enable them to undertake their role.

Staff were aware of the importance of providing care and support in line with people’s choices. People told us staff asked their permission before providing any care or support. We looked at care plans and saw people had given their consent to say they agreed to the care and support plans. We found no one lacked the capacity to consent to their care, and people had the mental capacity to make decisions about the day-to-day support they received. We saw that staff liaised with people’s relatives as required to obtain any further information to inform people’s choices. Staff were aware of the Mental Capacity Act (MCA) 2005 and had received training in this area as part of their induction and training, the staff handbook also contained information to guide staff on capacity issues. Care staff were aware that they needed to give people a choice. They said they always asked the person’s permission before providing personal care. One care worker reflected on ways they did this for a person who experienced dementia, they used a variety of methods to help build a good relationship with the person and gain their confidence.

Staff provided people support at mealtimes, and care plans reflected where this was needed. Most people using the service were able to make light snacks and drinks, but required some support with heating meals. Care workers were aware if persons they cared for were at risk of poor nutrition or dehydration. People chose what they wanted to eat and staff supported them to ensure their safety. The majority of people were able to access their own drinks. A care worker told us of a person who required three calls a day and had limited mobility. They told us they ensured the person had drinks placed nearby; they encouraged the person to drink and checked they were having enough drinks at the follow up visits.

Staff obtained information about the support people required with specific dietary requirements and included this on care plans. For example, a person was diabetic and

Is the service effective?

staff supported them to make dietary choices to help them manage their blood sugar levels. They also supported them with checking their blood sugar levels and self-administering the insulin, and as necessary liaised with the district nurse. The care records included information about specific conditions and any support a person required. For example the care plan showed a person had surgery and the person was supported with having a daily

shower with cream to be applied each time. The person described the care workers as “outstanding in their roles, and knowing exactly how to help them safely as they had their daily shower.” Records of communication showed staff liaised with the community health team and contacted them if they had any concerns about a person’s health, so that they could support the person to maintain good health and access health services.

Is the service caring?

Our findings

People felt they were treated with respect and told of looking forward to the care worker coming to their homes. People told us staff were, “Patient and understanding and very able”. One person said, “I get the same carers each time and am well looked after.” Another person told us, “Care staff always take the time to talk to me and it makes me feel comfortable, I can share with them my thoughts.” One person’s family member said, “Staff are great, they understand the situation and respect my relative’s decisions.”

Staff were respectful in describing the needs of people they cared for, and showed their person centred approach describing what care and support each individual required. They told us they got to know the person well, which helped them understand how they should care for the person. Staff were aware of the importance of protecting confidential information, and told us how they made sure people’s personal information and documentation was kept private.

Staff described how they ensured people’s dignity was maintained when providing personal care. Care staff told us they made sure people were involved in any decisions relating to their care and support. One care worker said, “I would not do anything the person did not want me to do.” People were involved in decisions about their care on a day-to-day basis. For example, people were able to make decisions about whether they wanted support with their personal care, what they wanted to wear and what support they wanted with other tasks such as meals. One care

worker told us, “The person who I support likes company and likes to talk, I listen to them carefully and they tell me what they want on a day to day basis such as going out.” We saw that people’s independence was considered and they were encouraged to do things they enjoyed, such as cooking, hobbies and crafts. Staff told us the training they received highlighted the importance of promoting people’s privacy and dignity. They explained that they always knocked on people’s front doors to let them know they were entering their homes even when a key safe was in use, as this was the person’s private space. One person we spoke with about staff practice said, “Care staff from this agency are interested in your welfare, they enquire how you are each time they come and always have time for a chat.”

Each person had a copy of their agreed care plan, it was known as “My person centred plan” and individual goals were developed with people to achieve their independence. We saw examples of where staff encouraged people to use their walking aids and improve their mobility. People told us staff ensured their privacy and dignity was maintained in the privacy of their rooms by ensuring doors and curtains were shut. People were supported by staff who were the gender of their choice. People’s care records showed the majority of women using the service preferred to receive support from female care workers. This preference was respected and maintained. We saw too that change requests were accommodated, one person had needed to make a change to the time of their calls and we saw that the care plan and arrangements were altered to reflect the person had requested the change.

Is the service responsive?

Our findings

People told us of receiving the support they needed and of being supported to be more independent and do things for themselves. One person's relative said, "My parents are making progress and responding well to the care and support they get from the agency staff."

All the people receiving the service had self-referred. The manager in response to the referrals visited people and undertook an assessment of the person's needs. The assessment considered personal routines such as hobbies and interests, religious preferences and cultural needs. The assessor developed a care plan which set out how the person should be supported by staff. The care record included information on people's individual care and health needs, preferences and how they liked to spend their time. Care records were up-to-date and detailed care plans were in place arising from these, showing all the tasks that were involved and how long each task would take. There were additional forms such as medicine administration records and body maps included with care records. These additional records were used when appropriate. People had copies of their care plans in their homes.

A care worker told us, "I support a person who relies on us for their daily support. We have a special arrangement to make sure there are always two members of staff to help them." Another member of staff said, "I work with a person living with dementia, I have built up a good rapport with them and this has really helped me to support them with their daily routines."

People's diverse needs were met. For example, a person's record included information about their culture, and staff

supported them with attending a community centre for people of Black and Minority Ethnic origin. A relative told us their care was planned and delivered in line with their individual care plan.

Staff maintained daily records which demonstrated that people received their support as planned. Reviews of people's needs were held regularly to ensure they received appropriate support. We saw examples of how staff communicated with individuals and their relatives when there were significant changes in people's needs, and changes were made to their care plan.

Staff encouraged people to maintain their independence. People's relatives told us staff were patient and gave individuals the confidence and motivation to retain and regain their independent living skills especially in the kitchen. A care worker told us, "I give people time to do things at their pace and acknowledge this takes longer, there is no point in rushing people." Staff encouraged people to do as much for themselves as possible. For example, one person told us they were able to wash themselves in the shower once they had a staff member present.

They told us the manager took time to make sure they understood their views and was always responsive to them. People told us they understood how to make a complaint if they needed to improve their experience of the service. The registered manager asked for people's views and opinions about the service they received during spot checks and visits to review the quality of the service. Staff encouraged people and their relatives to express their views and any concerns they had. Relatives said any concerns raised were addressed promptly. The service had not received any complaints since their registration.

Is the service well-led?

Our findings

The service has been operating for six months, the reports we received from people using the service were complimentary about the running of the service and some described it as “outstanding”. People told us the manager was their first point of contact with the agency, and first impressions were of feeling confident and reassured by the manager’s approach, and their qualities and abilities. Some people including relatives spoke of “liking the openness and honesty of the manager.” They found the manager listened to them and explained what service was available, and developed with them a suitable plan of care. One person said, “The manager themselves provided the care and support I needed on the first visit and explained to care staff, I was impressed by their calm and competent approach and it showed they led by example.” People said the care workers had continually carried on the good practice since the service started.

People told us the good communication established with the manager initially was maintained and they had direct contact with them on a regular basis either through visits or on the telephone. There was a clear management structure which provided good leadership at the service. The registered manager was experienced and worked with the provider on a day to day basis and received support from them.

Staff had regular formal supervision with their manager. Care workers told us the one to one sessions gave them the opportunity to talk about any issues they had, they also felt able to phone up at any time for advice. They said if they had any concerns about people the registered manager addressed these when needed. Staff told us there was a good team approach and colleagues worked well together.

Staff felt there was clear and open communication within the team. The registered manager ensured all staff were

updated about any changes to service delivery; they received their time sheets and rosters by e mail, and had all the necessary information about the people they supported. The registered manager reminded care workers to follow people’s care plans and the importance of continuing to assess risks to people’s safety and reporting promptly issues relating to risks or changes to care needs. Staff felt able to be honest and open with the registered manager so that any mistakes made could be addressed and learnt from. There was a clear management structure and out of hours on call system to support people and staff on a daily basis.

The agency had processes for staff to express their views through the completion of satisfaction surveys, but as staff were in employment for a short period the surveys had not yet been issued. The provider was a Dementia Friends Champion and used their knowledge to help deliver a more understanding service to people with dementia. They used this information to share with relatives and community groups. A family member we spoke with reported positively on the outcomes experienced by their relative. This they contributed to the understanding and good communication of an experienced care worker from the agency.

The registered manager undertook unannounced spot checks to review the quality of service. They reviewed staff practice, interactions with people and if people received care in line with their care plan. No concerns or performance issues were identified in the spot checks we viewed as part of this inspection. The spot checks showed the person was given choices about the care and support they received, and staff delivered care and support in line with the person’s care plans. All the people we spoke with told us there were no concerns about the agency and felt confident they had got off to a good start.