

Right Trust Care Ltd

Right Trust Care Ltd

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Right Trust Care Ltd is a domiciliary care agency. It is registered to provide personal care to people living in their own homes in the community. The service supports people over 18 years of age including people with a physical disability and people living with dementia.

Not everyone using Right Trust Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection six people were being supported with a regulated personal care service.

People's experience of using this service

Although this was the first inspection of Right Trust Care Ltd we found excellent leadership values had been firmly embedded in this small, family run service. The actions of the managers and staff contributed to significantly to the positive outcomes and experiences people told us about.

Competent and thoughtful staff understood the benefits of the model of care described in the provider's statement of purpose. This informed their practice and approach to care delivery. People responded to this extremely well and the feedback from a range of sources regarding the quality of care was wholly positive. People told us they felt the care and support they received was excellent, staff were well trained, and they trusted them. One said, "Staff are more than qualified and act professionally yet compassionately at all times."

Staff knew people very well and had developed meaningful relationships with them. During the inspection, it was very evident people also enjoyed spending time with the staff. Observation of an activity with one person captured this beautifully and showed the exceptionally strong attachments existing between them.

The stable and nurturing service provided instilled a strong sense of trust. People were consistently complimentary about the care they received. They told us how staff and management worked together to achieve the very best outcomes for people. We heard of numerous examples of staff kindness and responsiveness, which had enhanced people's lives and improved their physical and mental health and wellbeing.

Calls were timed to ensure staff always had time to spend with people without rushing them and to ensure they had time to travel to their next visit on time. People told us staff were extremely reliable, arrived at the agreed time and stayed for the right amount of time.

People were involved in the development and ongoing review of the service and felt able to influence the care they received. They told us managers were extremely supportive and listened to them. The service had received many compliments and positive feedback; people felt any concerns or issues they raised would

always be appropriately responded to and resolved.

Suitable measures were in place to help minimise or reduce the risk of harm without causing undue restrictions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager ensured they were up to date with any changes in legislation and that these were implemented into everyday good practice. Staff received regular updates and information through meetings and regular information sharing forums.

Highly effective management systems were in place to safeguard people and promote their wellbeing. Robust staff recruitment, staff training, and quality monitoring systems and processes were in place. Feedback was regularly sought to drive continuous improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This was the first inspection of the service since they registered with the Care Quality Commission on 17 January 2018.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Outstanding ☆

The service was exceptionally 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 Trust Care Ltd

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. This inspection was planned to check 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

One inspector carried out this inspection.

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. The registered manager also acted as the nominated individual and had overall responsibility for supervising the management of the service.

Right Trust Care Ltd was a small family run business. A deputy manager comprised part of the management team, together with the registered manager. (We have referred to the registered manager and deputy manager as 'managers' in the report).

Notice of inspection

We gave the service five days' notice of the inspection site visit because it is small, and we needed to be sure managers would be in the office to support the inspection. Inspection site visit activity started on 24 April and ended on 3 May 2019. We visited the office location on 24 April 2019.

What we did before the inspection

Before the inspection we considered all the information we held in relation to the service, including information the provider submitted as part of the registration process and statutory notifications. This information helps support our inspections. 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.

During the inspection

As part of the inspection activity we visited and spoke with two people who used the service and a relative. We observed the care they received and spoke with two staff.

We visited the agency office and spoke with the registered manager and deputy manager. We reviewed information from two care files which included all aspects of care including medicine records and risk assessments. We checked the staff recruitment process and looked at one staff file. We looked at staff support arrangements including supervisions, quality meetings and training records. We reviewed records relating to the management of the service including health and safety and servicing records; records of accidents, incidents and complaints; audits and surveys from stakeholders including people who used the service and professionals.

Following our site visit we contacted three social care and healthcare professionals for their views on the service. We received feedback from a person who used the service via email. We viewed feedback from people who used the service on the provider's website.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Managers demonstrated a good knowledge on how to identify and report concerns and protect people from harm; staff received regular training updates including safeguarding and how to protect people from the risk of avoidable harm.

Assessing risk, safety monitoring and management

- Proactive management involved people in plans helping to keep them safe. Detailed risk assessments identified potential risks and triggers and informed staff practice.
- Robust systems and processes were used to assess individual risks to people; control measures reduced identified risks while also giving people as much freedom, choice and control as possible.
- Staff knew how to recognise and respond appropriately to changes in people's conditions or abilities, which would trigger an immediate review. A healthcare professional told us, "[The registered manager] listened to my recommendations and cascaded this to staff working with the client to ensure safe working practice."
- Staff safety was also considered and met. For example, staff were issued with personal alarms and first aid kits.

Staffing and recruitment

- Staffing was planned effectively to ensure staff had time to spend with people ensuring their emotional wellbeing; staff worked within a specific geographical area, which further reduced the risk of delay. People told us they always received a reliable consistent service.
- The registered manager followed a robust recruitment process; interviews were value based to ensure prospective staff demonstrated a passion and commitment for quality care.
- Good relationships and rapport were established at an early stage through the selection process, which considered any shared interests such as music, athletics or swimming. Staff were always introduced to people before they were allocated to them, which helped with any anxieties about having a new care worker.
- Effective contingency plans were in place to ensure the service could continue to operate effectively and safely including during adverse weather conditions.

Using medicines safely

- People received support to take their medicines safely. Staff had medicine training, and competency checks.
- Medication audits had been completed; any potential concerns regarding staff practice were picked up quickly and addressed promptly.

Preventing and controlling infection

- Staff followed good infection control measures when supporting people in their own homes. For example, wearing gloves when assisting people with personal care. In their feedback one person said, "My house was cleaned to a level I would have, if I could without my ailments. Your team saw the processes that needed doing and took them in their stride."

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Learning lessons when things go wrong

- Managers were very open to learning from incidents and events. Although they had not had any serious incidents since registration procedures were in place to deal with such events and to feedback to staff.
- Where potential risks were identified immediate adjustments and improvements were made to ensure people's safety. Feedback from local health and social care professionals confirmed this. One said, "I have found them to have a safe and caring approach. They have good knowledge of safety and actively report any issues that arise."

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.

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; Staff support: induction, training, skills and experience

- People had a detailed assessment completed, to establish their care needs. A care professional reported, "They actively promote good practice and what is best for the client."
- Care plans provided staff with guidance about how people liked to be supported; people's care needs were kept under review and updated as needed.
- People told us staff had the right knowledge and skills to meet their needs effectively. A relative said, "All the carers are very good at what they do. We are extremely satisfied."
- The induction programme was structured to build staff confidence and skills. Managers and senior staff observed staff practice regarding their confidence and competence and provide additional support if needed.
- Management systems for the continuing development of staff, competence and skills was proactive and was integral to ensuring high-quality care and support. For example, in addition to online training monthly staff completed a reading list; the required reading when we visited was about medicines. The registered manager monitored progress to ensure staff learning was kept up to date and was relevant. Staff who did not achieve a set standard were required to repeat the course.
- Staff had regular supervision sessions to test out their knowledge on the agency's policies, share information and discuss any development plans. Expectations of both the supervisor and supervisee were made clear through a signed agreement.
- Staff were positive and enthusiastic about their role; they confirmed they felt motivated and worked well as part of a small team.

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

- Staff supported people to access food and drink including help with meal preparation and planning.
- The registered manager told us they encouraged people to drink adequate amounts and monitored food and fluid intake if people were at risk of dehydration or had other dietary risk factors.

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support.

- Health and safety audits were completed to ensure people and staff were safe in people's homes.
- Staff worked in partnership with health and social care professionals to ensure people's care and support was effective and in their best interest.
- Staff were proactive in identifying if people were unwell and contacted appropriate healthcare

professionals as needed to help them live a healthier life.

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 with appropriate legal authority. Where people are deprived of their liberty in their own home applications must be made directly to the Court of Protection.

When we visited no one was subject to an order. We checked whether the service was working within the principles of the MCA.

- Staff asked people for their consent before they provided care or support; they took account of people's wishes and offered choice. Where people had fluctuating capacity, staff took appropriate action such as obtaining best interest decisions or confirmation from healthcare colleagues.

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.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- A strong person-centred culture empowered staff to promote respectful, compassionate care. People told us their care was exceptional and staff were extremely reliable. One said, "We are so fortunate to have them [Staff from Right Trust Care Ltd] in our lives. They are as family to me; they come on time, they are never late."
- Extremely positive relationships existed between people, managers and staff. People said staff consistently recognised and responded when they needed emotional support. One person told us staff had restored a sense of belonging and belief in themselves. Another person said, "Staff are amazing; they listen and treat me with the upmost respect."
- Supportive care to family caregivers was equally kind and compassionate. A relative told us how staff had stepped in at short notice to provide sensitive, 24-hour care and support following family illness. They could go away safely knowing their loved one was with familiar staff who understood their care needs. They said, "I didn't have a worry because, "[Name] was so beautifully looked after."
- Managers worked as members of the care team, which fostered consistent, high quality care; they demonstrated a strong commitment to retaining this personal contact with people as the service grows. Reflecting this commitment, managers had limited the geographical area covered so they could be confident people's care was delivered seamlessly. For example, in the case of bad weather people received their care on time and had provisions and food available.
- Staff were proactive in supporting people to follow their chosen lifestyle and engage with their faith, cultures and beliefs. Staff knowledge and understanding was explored at value-based interview and fully embedded through highly effective training and support into all aspects of the service.

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

- The ethos embraced a culture of putting people at the heart of any decision making, a vision all staff shared. The service was a small family run business with staff meticulously picked because of their caring attributes and commitment. One staff member told us, "The way Right Trust Care is run sits well with our hearts and we can go home knowing we have provided the very best service to people."
- Staff used innovative and creative ways of involving people in their care and support, which enabled them to feel empowered and valued. Before a care service started, managers visited people several times and engaged with them about how they would like their care delivered. People told us managers were particularly skilled when exploring and helping resolve issues. For example, they had gone to great lengths to achieve environmental adaptations so one person could move freely around their home. This work was successfully completed and had positively contributed to their quality of their life.
- Managers worked proactively to signpost people to access other agencies such as advocacy services who

may be able to assist them. A care professional told us, "They [Managers] have effective communication and listening skills and have patience to help in difficult times."

- The registered manager had developed a games box, the contents of which were designed to improve people's mental health, physical ability and wellbeing. For example, staff encouraged one person living with Parkinson's disease to blow bubbles, which helped to improve their mouth muscles. Staff understood watching and catching the bubbles assisted the person with tracking and focus skills. A relative said the person's social interaction had improved because of the additional stimulation and interest staff provided.
- People told us of numerous examples when managers and staff had demonstrated an extremely caring approach. For example, celebrating birthdays and other key events. One person showed us their garden, which staff had cleared so they could access an outside space safely. This had improved the person's emotional wellbeing and was a kindness they said they would never forget. A healthcare professional said, "[Name of deputy] goes above and beyond and this has even included times they have not been paid to help clients which demonstrates their caring abilities alongside able to show dignity and respect to clients."

Respecting and promoting people's privacy, dignity and independence

- People received care and support, which was provided in a respectful way and maintained and promoted their independence and dignity.
- People told us they were extremely happy with the way staff treated them. One person who told us about previous difficulties they had experienced with other care providers told us "I call them 'Righteous Care' they are that good."
- People told us staff were respectful and maintained professional boundaries. One said, "Staff are more than qualified and act professionally yet compassionately at all times."

Is the service responsive?

Our findings

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

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

- The provider was extremely responsive to people's needs; they achieved this by 'focusing on what really matters, the people we look after'. People were extensively involved in developing care plans; their care preferences were fully understood and met. For example, staff always worked around people's preferences for visit times as opposed to being led by staff availability.
- Staff fully understood people's social and cultural diversity, values and beliefs and how this influenced care decisions. Managers proactively engaged with people to gain further insight into what they enjoyed and what was important in their lives. People told us staff had outstanding skills and communicated highly effectively; they had learnt key words in community languages to communicate respectfully and avoid confusion and misinterpretation.
- Managers were proactive in using information relating to people's life histories to match staff who had shared interests. For example, staff with a keen interest in sport supported a person training as a Paralympian. People told us staff were exceptionally motivated and demonstrated excellent insight into the support they required to attain their goals.
- Without exception, people told us staff consistently exceeded their expectations. A relative who told us they had previously had over 70 care workers from other care agencies said, "I am very happy to honour them [Right Care trust Ltd] and their staff. I trust them 100%. [Name of person] and my whole family trust them and the carers. I am very thankful."
- Managers were innovative in suggesting additional ideas and advocating on people's behalf. For example, they had pursued additional hours for people where they thought this might be beneficial and improve people's quality of life. A professional who confirmed this said, "[Name of deputy] will actively ask for what else the client is able to have and comes up with ideas on how to enhance lives and wellbeing." Everyone said no job too small and nothing was too much trouble for staff. One said, "Staff are amazing and have grown to know me and my habits. They work around my needs with diligence. They arrive on time and are on hand if they are needed for five minutes longer. Never do they rush off complaining about the 'hour' as other service providers have."
- Confirming the emphasis managers placed on identifying and fulfilling people's individual needs and wishes, the deputy said, "We are looking at developing a music studio locally to encourage musical activities people have enjoyed previously." One person told us the deputy was supporting them with plans they had for a dream trip overseas.
- High-quality care people received had a positive impact on their quality of lives. One person told us, "Staff know all my likes and dislikes and can make choices for me if needed. Staff deliver what they are supposed to with grace and compassion." Enthusiastic staff engaged people in positive experiences. Individual and group activities were arranged, which matched people's interests and hobbies. One said, "My carers and I make the most of my social hours and I'm out and about regularly."

Meeting people's communication needs; Improving care quality in response to complaints or concerns

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's information and communication needs; information was provided in a way people with sensory impairment and disabilities could understand it.
- People knew how to raise concerns and were confident action would be taken to resolve any problems. One person told us, "I would speak with the general manager if I had any concerns however I feel safe to approach any queries with the carer direct in the first instance, meaning no need to complain."
- Managers took great care to ensure people were satisfied with the care they experienced; they were open honest and transparent in all their dealings with people and their families. Well organised management systems were in place to record, investigate and resolve complaints.
- The service's complaints policy was available to all people and was produced in community languages to meet people's diverse needs.
- Managers were proactive about encouraging staff to raise any concerns; they had introduced a 'whistleblowing box' so staff could raise issues anonymously if they wished.
- People were encouraged and supported to talk about anything that might improve the care they experienced; managers aspired to 'providing the very best quality of care we can'.
- Managers had received numerous endorsements from people, clearly demonstrating their overwhelming satisfaction and gratitude for all that the service offered and achieved.

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection. Managers told us they had done so in the past and knew how to maintain and promote the wellbeing of people who were dying, caring or bereaved. They spoke with great warmth and understanding about the people they cared; they told us about how they also supported families at this important time and spoke about people with exceptional professionalism, kindness and compassion.
- Managers had discussed people's end of life wishes so that staff knew in advance how they could best support people and their families. For example, so they could support people who preferred to remain in the community where they lived with familiar staff.
- In addition, managers had also engaged with people over future life planning, who they wished to involve in decision making and how their religious and spiritual wishes and requirements could be considered and met.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback received from a variety of sources was wholly positive. People told us the service was exceptionally well managed; they received personalised care of the highest quality from a small consistent workforce. We saw clear examples for each person of how they had benefited from using the service and resulting improvements to the quality of their lives.
- Managers had embedded a positive, inclusive, open and transparent culture, focusing on delivering exceptional care. People told us they experienced a service that went above and beyond their expectations and was reliable. One said, "I am at peace with the service I receive as it is delivered consistently. I wish other service providers were [like] Right Care, there would be an amazing care system." Without exception, all said they would recommend the service to anyone needing consistent, quality care. Professionals told us they highly recommended the service and had done so both personally and professionally.
- Managers valued and recognised staff contributions. For example, using feedback to acknowledge good practice and motivate staff to achieve their best and enjoy their role through an 'employee of the month' award.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Leadership at the service was exceptional; the service's vision and values put people at the heart of everything they did. For example, they consulted widely with people to find out what they wanted before the care service started operating. Managers visited people daily to ensure they were happy with their support and to improve mental health and well-being. A healthcare professional stated, "They [Right Trust Care Ltd] actively promotes person centred care and work holistically to ensure the client's voice is heard."
- The registered manager's approach to management was excellent. Their meticulous attention to detail ran through everything they do, from formulating comprehensive plans and guidance to the way in which they interacted with staff, people who used services, relatives and carers. People responded positively to this approach and, as a result, were exceptionally satisfied with the care they received.
- Managers were passionate about improving the lives of the people they supported. Their commitment and enthusiasm resonated across the staff team. The registered manager was supported by a deputy manager and senior care workers who all had clear, delegated tasks. This contributed to the smooth running of the service, including in their absence.
- Highly effective management systems and processes had been introduced in the relatively short time they had been operating. The registered manager had conducted extensive research to ensure systems in place were effective.

- A wide range of audits and quality assurance systems and processes were in place and kept under constant review to ensure these were updated as the service grew. These enabled the registered manager to quickly identify any shortfalls as they occurred; action was taken promptly so service quality was not compromised. Senior staff also fed back information regarding staff progress to monitor the quality of care.

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

- Managers demonstrated a comprehensive knowledge in relation to duty of candour responsibilities, which places a duty on staff, the registered manager and the provider to act in an open and transparent way. They were passionate and had a clear vision for continuous service improvement. This ethos was shared throughout the service.

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

- Managers had successfully created a genuine learning culture. New staff said that the induction process prepared them well for their roles. Ongoing training and support, including supervision and quality meetings, made staff feel valued; they described feeling supported, respected and valued by managers and were equally committed to providing the highest standards of care.
- Managers clearly understood quality performance, risks and regulatory requirements. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about significant events. They welcomed the inspection process and saw it as an integral part of holding the service to account and learning from any feedback given. They were keen to show us all they had achieved and how they focused on excellence.
- Throughout the inspection managers demonstrated they had considered and researched all aspects of a care service long before starting to operate. They demonstrated utter compassion when talking about what motivated them to strive for excellence and provide quality care.

Continuous learning and improving care

- Managers and staff were passionate about driving growth, keeping up to date with latest knowledge and information around best practice care and trying to achieve an outstanding service for all.
- Senior staff had completed specialist training to enable them to deliver training such as moving and handling. Good training and support, together with staff consistency and reliability led to the high level of satisfaction people reported. The registered manager kept staff support and training under constant review and determined monthly training and reading assignments.

Working in partnership with others

- Managers worked proactively with other organisations and agencies to help promote best practice and ensure people's changing care needs were recognised and met. A professional told us, "[Name of deputy] is very pro-active in contacting local authority for support as needs change."
- Managers and staff knew the local area very well and had established relationships within the community. Additionally, the management team had considered future plans to utilise community facilities for the benefit of people using the service and staff. This demonstrated a culture of continuous improvement.