

Kent Domiciliary Care Limited

Right at Home (East kent)

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

This inspection was carried out on 24 November 2016 and was announced. This was the first inspection since the service was registered in September 2014.

Right at home East Kent provides personal care and support to people living in their own homes. There were 53 people being supported by the service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The service demonstrated they were very 'customer focused' and had systems and processes in place to monitor and improve the service to achieve a consistently high standard of care and support for everyone who used the service. There was a call monitoring system and spot checks to help ensure visits were provided at the agreed times.

People told us they received care and support that met their individual needs. People were involved in the development, planning and review of their care.

Staff knew people well and treated them with dignity and respect. Care plans were personalised and contained detailed information about people's support needs and risk assessments were detailed and specific providing staff with all relevant information to ensure risks were both identified and mitigated where possible. Staff knew how to recognise and respond to any allegations of abuse. Medicines were managed safely.

People were supported by sufficient numbers of staff and these were recruited through a robust process which helped ensure staff were suited for the roles they performed. Staff were inducted and received on-going training and support. Staff had individual supervisions, team meetings and regular contact with office staff to share good practice and discuss any concerns.

People were supported to make their own decisions, and to retain where possible everyday living skills and abilities and their choices were respected. Their views were obtained through a variety of communication feedback methods and people's views were taken into account.

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.

Staff were aware of abuse and how to report any concerns.

There were sufficient numbers of staff available to meet people's needs at all times.

People were supported by staff who had been recruited via a robust recruitment process.

People's medicines were managed safely and they received them in a timely way.

Is the service effective?

Good ●

The service was effective.

People received support that was effective and met their assessed needs.

Staff received training and support relevant to their roles.

Staff sought people's consent before providing care. Staff were aware of MCA principles.

People were encouraged to eat and drink sufficient amounts to maintain their health.

People were supported to access health care professionals when required.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring way.

Staff knew about people's individual needs and wishes.

People's privacy was respected and they were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to be involved in decisions about their care where possible and appropriate.

People were supported to participate in activities and attend events within the community.

There was a complaints process in place and people's concerns were acted upon.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff felt the management of the service was consistently good.

The provider had systems and processes in place to monitor the quality of the service.

The service demonstrated a people first approach which was transparent and inclusive.

Right at Home (East kent)

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of Right at home East Kent on 24 November 2016. We gave the provider 48 hours' notice of the inspection to ensure the registered manager and any key staff members would be available to facilitate the inspection. Before our inspection we reviewed information we held about the service including the provider information return, statutory notifications and any other information we held about the service. Statutory notifications include information about important events which the provider is required to send us.

The inspection was undertaken by one inspector and an expert by experience who contacted people who used the service and staff to obtain feedback about their experiences of the service. An expert by experience is a person who has experience in this type of service.

During the inspection we spoke with 12 people who used the service and or their Relatives, we spoke with four care staff the registered manager and provider who was also the owner and one member of the office staff team. We also received feedback from professionals involved in supporting people who used the service. We viewed two people's support plans, two staff recruitment files, and other records relating to the overall management of the service.

Is the service safe?

Our findings

People told us they felt safe when the staff were supporting them. One person told us, "They are a good help all of them they look after me well." People told us the staff were "Mostly on time but if they are late because of traffic they ring to let me know and they stay the allotted time." People told us, "They are very good, they arrive on time and they have never missed a visit."

Staff knew about potential abuse and how to report any concerns. One staff member said, "I would report any concerns to the Manager and am confident they would deal with any concerns appropriately. However I am aware that I can elevate concerns to the CQC if required" Another said, "We know how to raise a safeguarding and have had training as well as discussing it in team meetings." We observed that information with contact numbers were displayed on the notice board and in the office so that care and office staff had a visual reminder of who they needed to contact if they needed to report any concerns.

People had their individual risks assessed and these were recorded. Risk assessments were regularly updated and reviewed whenever there was a change to people's abilities. One person told us "I have a hoist so I suppose that has had a risk assessment". Another person told us "They do visit and check everything and ask a lot of questions so I am sure that is the risk assessment". We saw that assessments had been completed for both the environment and individual tasks and consideration had been given to risks associated with people going out in the community in relation to their safety.

Where risks had been identified actions were put in place to reduce or mitigate the risks to help keep people safe but not restrict their ability to live their lives in a way that was important to them. There was an accident and incident recording book however there had been no accidents or incidents since the service registered.

People were supported by sufficient numbers of staff to meet their needs and they were supported at the times they needed as far as possible. We reviewed staff rotas and noted that visits were assigned in geographical areas to reduce travel and travel time was assigned between visits. People told us that staff usually arrived at the expected time and one person told us "I do not feel rushed; they (staff) always have enough time to assist me safely".

Staff were recruited through a robust process. All the appropriate pre-employment checks were completed before staff commenced work at the service. The checks included checks with the Disclosure and Barring Service (DBS), a minimum of two written references, and proof of identity. In addition further psychometric testing was completed to explore potential staff's characteristics to help the provider with the selection process. This helped to ensure that people were supported by staff who were suited to work with people in their own homes. The provider told us selecting the right staff is key; there is less turnover, so people get consistency. One person told us I have 5 or 6 care staff who come regularly so I have got to know them and am confident with them.

People's medicines were managed safely. Staff told us they had received training and records confirmed this to be the case. One person told us "They give me my tablets and they have to write down on a MAR

(medicine administration record) chart what they have given me". MAR charts were returned to the office monthly so they could be audited.

Staff had their competencies checked to help make sure they continued to support good practice around the administration of people's medicines. Many people administered their own medicines or where assisted by family members. MAR charts (medicine administration records) were completed and audited monthly.

Is the service effective?

Our findings

People who used the service received care and support that was effective in meeting their current and changing needs. One person told us "(Staff member) came to visit me and we went through the support I needed. They provide the help I require and they are flexible with times as well".

One person told us "Staff are always helpful and seem to know what they are doing". Another person said "They are trained and if they have not been before they are all introduced to me before they start and know my routine and they are shadowed before they start with me, to make sure they know what help I need".

Staff had a comprehensive induction when their employment commenced. This included training in a range of topics including moving and handling, safeguarding, the safe administration of medicines, and fire safety. Within two weeks of their employment commencing they were required to complete eleven further modules in various topics which included basic life support and then had to complete an online test afterwards to make sure they had sufficiently understood and digested the content of the training. In addition staff received on-going training and regular updates when required. We saw that staff were at various stages of completing the nationally recognised care certificate qualification as well.

Staff were well supported by the management team and received regular supervisions from their line manager. Staff told us this was an opportunity to discuss all aspects of their work, the people they support, training and development and any other work related topics. Staff told us they found these useful and they were fully involved and interactive. One staff member told us, "I know I can always speak to a member of staff in the office, I only have to call or sometimes I pop into the office if I have a problem or query". Another member of staff told us "I feel well supported working for this company; they really are a great team".

We noted that people's consent was obtained before care or support was provided and consent was recorded in people's care plans. The management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005 in relation to obtaining peoples consent. For example consent to have their photo taken and or to share personal information with other professionals involved in their care.

People were supported with meal planning and preparation where required. However many people we spoke with told us they were able to manage their own meals. One person told us "I like to be as independent as possible like cooking and choosing my food, but if I need the help I know my carer would always help me". Another person told us "Although I am in a wheelchair but I manage to get my own meals with very little support, it helps to occupy my mind to fill in the time". Staff told us they always offer people a drink or cup of tea. One member of staff told us "If we have any concerns about people's food or fluid intake we would report it to the office staff or tell a family member depending on who they lived with and what the care plan said".

People told us that their day to day health needs were met in a timely way and they had access to health and social care professionals when necessary. Staff in the office told us that if people lived with family they took the lead in terms of managing people's health. However where people lived alone they were supported

by care staff. One care worker told us "If I thought a person was not well or needed to see the GP I would let the office know and they would arrange it, so that everyone is kept in the loop". In addition people told us care staff had assisted them with making appointments with other professionals such as opticians, the dentist and chiropodists. People also had an 'annual health' check if they wanted it. This helped to maintain people's physical health and wellbeing.

Is the service caring?

Our findings

People told us they were very happy with the service, care and support they received. They told us staff were very kind, caring and compassionate. They also spoke positively about the provider, registered manager and the office staff and said how helpful they were whenever they had any dealings with them. One person said, "I could not wish for nicer more kind care workers they are all lovely and kind." One relative told us, "I really can't speak highly enough about them, they really are marvellous". They went on to say I really do think they work so well as a team and communication is good, the office always calls to let me know if they are running a bit late or if there is a last minute change". Staff and the registered manager demonstrated that they knew people very well and when they told us about people they described in detail how they offered support. Staff spoke in a kind and sensitive way and one member of staff told us, "Our job is to provide the best standards of compassionate care to people and their family when they are in need of the support".

People and where appropriate their relatives, were involved in the development, planning and reviews of the care and support they received. Care records were detailed about people's wishes and views about what they expected from the service and staff demonstrated an in-depth knowledge about everyone they supported. For example there was a profile about the person which gave staff some very useful information about the person's life, family and details that enabled care staff to understand more about the person's life before they reached the point at which they needed care and support. This information helped staff to see people in a positive light.

Staff were able to tell us what was important to each person they supported which demonstrated they were able to offer care and support to people in a way that promoted people's wishes. Staff were matched to people they supported. For example people with similar interests or backgrounds. The provider told us this helped provide continuity as if they 'matched' people they were more likely to continue to work with that person. If people requested a change of care worker for any reason, they were changed. A small group of care workers are introduced to people so that if staff went on holiday or were off work for any reason they still get staff who they knew so and this made them feel reassured.

People and their relatives told us staff were respectful and protected and maintained people's privacy and dignity when offering care and support. One person told us "they (staff) always make sure my dignity is respected by ensuring my privacy when they are supporting me with personal care". Staff told us they "chat away to people to take their mind off the task and help to make them feel more comfortable". Another staff member told us, "We always make sure we close curtains and bedroom doors when offering people personal care. We maintain and promote people's dignity and talk to them whilst we provide intimate support" This approach from staff demonstrated that staff were mindful of people's dignity and privacy.

We saw that care plans reflected people's choices and were written in a respectful way which incorporated people's wishes and helped staff to care for people in a dignifying manner. People and their family carers were cared for and supported by staff who were trained and understood the high standards set by the provider regarding how to support people and their family carers.

Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

People's care and support needs were provided in a way that suited them and met their changing needs. People's needs were assessed before the service commenced. People were asked about the times they wanted their care to be provided and the service provided was flexible. One person told us "they are great, and so flexible they really do get it in terms of respecting people have lives". Staff also demonstrated that support was provided around what people wanted and not just the availability of staff. The provider told us they would not take on a care package if they could not meet the person's needs in the way the person wanted. One relative told us "they are the best company we have had. They are not just supportive and get to understand the (person) but also they get to understand and support the family as well, we look forward to them coming and always have a chat"

People's care plans were personalised and paid attention to detail. They gave clear guidance to staff on how to support people and what was important to people. The registered manager told us, "When we assess a person we always ask what their expectations are so we are clear what they expect us to deliver and what is important to them. The care plans we reviewed were written in a personalised person centred way giving a clear picture of what people needed from the service and about how they would like that to be provided.

Staff were able to describe in detail all the important things about the people they supported. For example, one staff member told us a person liked to have a cup of tea before being assisted with personal care. While another person liked to wash themselves as much as they were able to manage and then call the care staff to assist them with parts they could not manage. This helped people to retain their independence.

When people's health or ability changed staff reported this to the office and the registered manager arranged a review of their needs. For example, we saw that a person's mobility needs changed. One person told us "I needed a Zimmer frame to help steady me when I was walking and the staff organised it for me". We saw that care plans and risk assessment were updated when there was a change to inform staff how to continue to support people safely and appropriately. This demonstrated that the service responded to people's changing needs.

People were aware of how to raise a concern or make a complaint if they needed to. They were given a service user guide which gave them all the information they needed about the service including the provider's complaints procedure. Regular quality monitoring spot checks were carried out and during these meetings people were asked if they were happy with the service which gave them an opportunity to put things right before it became a formal complaint. However there had been no complaints since the service was registered. People told us they never had any reasons to complain about the service, because if they needed to raise any concerns they were addressed straight away. We also saw that people were encouraged to give feedback through surveys and care staff told us they would communicate any concerns to the appropriate person in the office if there were any concerns raised.

Compliments too were recorded and we saw many Thank-you cards and letters on the wall in the office. People's comments included, 'Thank you so much for the support, care and comfort you kindly gave us',

'Thank you on behalf of my family and myself for your kindness.

People were encouraged and supported to participate in social events and the provider had arranged a number of events to bring people together. Once a month they had a coffee morning where people were able to meet have a chat and refreshments were provided. In addition they were expanding this service with a view to holding an event at a shopping centre so that family carers could go and do their shopping while their loved ones were enjoying a chat and refreshments while being kept safe by staff who they knew.

Is the service well-led?

Our findings

People were positive about the way the service was managed and operated. The registered manager led by example supported, mentored and guided staff to deliver personalised high quality care to people. The culture of the service was to provide excellent care and it was clear the management team had a clear vision for the development of the service. The provider told us that their priority was to make a difference and to continually make improvements to the service through local knowledge and education. The provider told us "In addition to supporting people locally we are able to support our community who are often not our clients, with support, advice and signposting. For example by engaging with a local scheme which focuses on encouraging older people to become more socially and physically active".

The provider and registered manager told us about other schemes that the service was involved with which supported people and their relatives for people living with Dementia and who offered support, advice and where the provider was a facilitator on a table at a recent "hot potato" event where people were able to discuss taboo subjects and problems faced for people and families living with dementia.

Right at home East Kent, worked in collaboration with a number of other organisations such as those who provide respite for informal family carers and hosts a monthly informal meeting for local Health Care Professionals and Support Workers with a focus on Dementia Care. The meetings were open and friendly, a place where participants are able to find support, advice and refer on to other services. The provider told us that "our involvement with these organisations meant that they had a better understanding about what is happening when changes are made to local services".

The provider told us "We started hosting a coffee morning back in the spring called Right at Home Friends Group". "The idea was to provide a safe and friendly place for carers and the cared for to meet locally as well as invite some of our own clients". They went on to say "We have a wonderful group of happy attendees who have plenty of laughs and companionship. We listened to what people wanted from the group and amended it to make sure people were able to socialise rather than arrange activities or guest speakers". One person who gave feedback to the provider told them 'how nice our coffee mornings were because we were not treated like children by being given a puzzle or activity to do', moreover people were given the opportunity to speak and debate with others as an adult and this provided people and their relatives with appropriate and meaningful stimulation.

Staff told us the management team were wonderful and really did provide support not only in relation to their work but also on a personal level and was interested in the staffs health and wellbeing. The manager told us "We support staff in their personal lives, for example with recent trips with someone to their GP for specialist advice and supporting another member of staff with a recent family incident".

The management team led by the provider demonstrated they were open and inclusive and ensured they gave consistent messages to ensure they delivered high quality care. The registered manager told us "We discuss with staff consequences and what would happen if someone took time off at short notice or handed

back calls for non-emergency reasons. This helped staff make a regular commitment to cover care visits assigned to them".

Staff told us they met regularly to discuss all aspects of the service and all staff we spoke to felt respected and consulted about the service delivery. There were regular staff meetings where everyone had an opportunity to contribute. These meetings provided all staff with opportunities to discuss people who used the service, any changes or concerns and share positive experiences.

Staff and the management were very focused on the quality of the service and were clear on what their roles and responsibilities were. Staff told us they felt valued and that they found it motivating to be part of such a person centred organisation. All the staff and managers we spoke with told us they worked well as a team and supported each other. One staff member told us, "The support is wonderful. There is always someone at the end of the phone. If we need help they come and help. Staff told us they liked working for the service because the registered manager really cared for the people they supported and they were able to spend quality time with the people they cared for. The provider and registered manager were equally as positive about the staff team and told us, "The staff are brilliant; they do a fantastic job and are passionate about the people in their care. We look after them as well as I look after people, because they are equally important".

The provider told us "We are a small service. Our aim is to provide the best quality care to the few people we look after. It is not about the quantity is about the quality." They told us they would only ever take on a new care package if they knew the quality could be maintained. It was clear from all our discussions with people, staff and relatives that everyone involved in the service were passionate about the people they cared for.

People and their family carers told us the service was very reliable and they had access to a member of the management team outside office hours in the case of them needing to speak with someone.

There were various quality assurance systems in place. These included audits and obtaining regular feedback from people who used the service and staff. Spot checks were carried out in people's homes to check that staff arrived on time, followed the care plan and treated people with dignity and respect. The registered manager used the spot checks to observe staff's practice and mentor and guide staff to follow best practice when delivering care and support.

We saw the results of the latest survey which demonstrated people who used the service and staff were very positive about the service. People gave positive feedback about the care they received, and people told us they would recommend the service and confirmed everyone at the service went over and above what was expected of them.