Life and Care Solutions Limited

Right at Home Tyneside

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 took place on 24 and 27 July 2018 and was announced. This service is a domiciliary care agency based in Newcastle. It provides personal care to people living in their own homes throughout Newcastle and North Tyneside. Services were provided to adults with a wide range of health and social care needs. At the time of our inspection there were 35 people receiving a service.

Not everyone using Right at Home Tyneside receives regulated activity; The Care Quality Commission (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.

The provider had employed a whole new management team to support them since the last inspection, including a registered manager and a deputy manager. A registered manager is a person who has registered with the 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 2008 and associated Regulations about how the service is run. The registered manager had been registered since December 2017.

At the last inspection in August 2017, we asked the provider to take action and make improvements to risk assessments, medicine management, staffing and the governance of the service. We found these actions had been completed at this inspection.

Staff fully supported people to maintain their health and safety within their own home. Risk assessments were comprehensively completed to manage any risks faced by individuals. We saw risk assessments and support plans were now regularly reviewed and updated to reflect the current situation following any changes in people's needs.

The management of medicines had much improved. People told us medicines were received safely and on time. New systems were in place to ensure that medicine administration records were accurate and up to date. This included regular auditing of medicines and the associated documentation. Competency checks were carried out with care workers to ensure they remained able to do this task.

Staff recruitment was safe and robust. Vigorous pre-employment checks were now in place to ensure new staff were suitable to work with people who required social care. New staff had received a robust induction. Staff training was up to date. Records showed and staff confirmed that they now received regular supervision sessions, an annual appraisal and that staff meetings took place. Staff told us they felt very valued by the new management team. There was a much-improved positive culture in which staff were confident to discuss anything with the management team and they felt certain it would be acted upon.

There were enough staff employed to look after people safely. Care workers told us that they did not feel rushed with tasks. People told us that on the whole, they had regular care workers who arrived as they

expected. Staff were reliable and rotas were consistent.

Monitoring of the service was now thorough and robust. We saw an internal review had been carried out and an external consultant had been sought to provide guidance on improving the service and achieving compliance with regulations. New audits had been implemented and sustained. These audits identified any issues and tracked actions through to completion. This demonstrated that checks on the service were now routinely undertaken and where issues were identified, the management team acted. Regular unannounced spot checks on service delivery were conducted to ensure that high standards were achieved.

People told us they felt safe and were happy with the care staff who visited them on a regular basis. Policies and procedures were in place to help staff protect people from harm and the staff we liaised with understood their responsibilities to protect people. Incidents of a safeguarding nature had been appropriately recorded, investigated, reported and reviewed. The two local authorities who commissioned services to Right at Home Tyneside told us that they had no current concerns about the service.

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.

Staff encouraged people to maintain a healthy and balanced diet. People told us their care workers made meals and drinks of their choice. External health and social care professionals were involved with people's care to ensure their ongoing well-being.

People told us their care workers were nice and friendly and that they respected their home. People felt their dignity and privacy was upheld by care staff. All staff we spoke with displayed a kind and compassionate attitude.

There was a complaints policy in place; a system was in place to record all complaints and to ensure matters were escalated to the registered manager or provider as necessary. We saw all complaints and minor issues had been logged, investigated and resolved in a timely manner. People we spoke with had no complaints about the service.

Telephone courtesy calls were carried out to check customer satisfaction and an externally commissioned survey was issued annually. The results showed that people who received care at home were very happy with the service. The provider planned to complete a 'you said, we did' action plan to feedback the results and actions taken to people.

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.

People told us they felt safe with support from their care workers and they received their medicines as they expected to.

Safeguarding matters were investigated and reported to the relevant agencies.

People's care needs had been carefully assessed and risk reduction methods were in place with actions for staff to follow.

Staffing levels were suitable and staff had been safely recruited.

Is the service effective?

Good

The service was effective.

Staff were trained in a variety of topics to meet people's needs. They were supported through supervision, appraisal and team meetings. Competency checks were undertaken.

Consent was sought in relation to people's care and treatment.

People were supported to eat and drink well and external professionals were involved to ensure their well-being.

Is the service caring?

Good

The service was caring.

People said staff were caring and friendly. Staff understood people's needs and knew people well.

People were treated with dignity and respect and their privacy was maintained.

People were offered choices and given control over their own lives. They were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care records were assessed and regularly reviewed. The records were person-centred.

The service was flexible and adapted to suit people's needs and wishes.

A complaints policy was in place and people were aware of how to complain.

Is the service well-led?

Good

The service was well-led.

There was a management team in post.

Staff told us they were supported and valued in their role and their morale was good.

Accurate and detailed records were kept to monitor the quality and safety of the service.

Audits and checks of the service were analysed and acted upon to make improvements.

Right at Home Tyneside

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.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, safe, effective, responsive and well-led to at least good. At this inspection we found that significant improvements had been made in all of these areas.

The inspection site visit took place on 24 July 2018. The inspection was announced. We gave the provider short notice of the inspection because we needed to be sure the office would be open to access records. One inspector visited the office location to see the management team and to review care records, policies and procedures.

At the site visit, we spoke with the business owner (known as the provider), the registered manager, the deputy manager and a quality and compliance regional manager. As the care staff worked remotely, we emailed them to obtain their opinions. We received five responses. We reviewed a range of care records and the records kept regarding the management of the service. This included looking at four people's care records, four staff files, the rostering system and records related to the quality monitoring of the service.

On 27 July 2018, an assistant inspector conducted telephone interviews with four people who were receiving care in their own homes and one relative to gather their views about the service.

Prior to the inspection we reviewed all the information we held about Right at Home Tyneside, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

In addition, we contacted Newcastle and North Tyneside local authority commissioning teams and adult

safeguarding teams to obtain their feedback about the service. All of this information helped to inform our planning of the inspection.

Good

Is the service safe?

Our findings

At our last inspection in August 2017 we found the service was not entirely safe. We identified breaches of Regulations 12 and 19. This was because risk assessments were not always up to date, medicines were not always safely managed and safe recruitment practices had not always been followed. After the inspection, we asked the provider to send us an action plan which described how they planned to address this and by when. At this inspection we found improvements had been made.

People we spoke with told us they felt safe. One person said, "They are lovely lasses (care workers) looking after me and I feel safe." A relative confirmed this.

The management team assessed the specific risks people faced in their everyday lives, such as mobility, continence and skin integrity as well as general environmental risks around the home. Risk assessments had been re-written since our last inspection and were now comprehensive with details of what action care workers should take to reduce the risks and who they should report their concerns to. Care workers made a daily record of their visit which we saw entries which showed they had recognised risks and reported it to the management team. Six-monthly reviews were carried out, paperwork was updated and new information was cascaded to care workers. This meant care workers were given the correct information to provide safe care which met with people's current needs.

There had been no accidents or incidents since our last inspection, however a 'Health and Safety' file was in place should anything need to be recorded and monitored. There had been no home visits missed and a detailed 'no reply' procedure was in place which care workers always implemented if people did not answer the door as expected. One person told us, "Staff always arrive when they are supposed to and I have no concerns".

There had been a significant improvement to the management of medicines. These were now managed safely. An updated policy was in place and staff had received suitable awareness and administration training. Medicine safety cards with common 'do's and don'ts' were kept with each Medicine Administration Record (MAR). Staff competency checks were routinely carried out and we were told these would be repeated annually. Lists of people's medicines were checked every month and this was transcribed onto a MAR by a medication administrator. Any additional short courses of medicines such as antibiotics were added to and removed from MARs as necessary. We reviewed MARs and found them to be accurate and up to date. Completed MARs were returned monthly to the deputy manager who audited a 10% sample. Where issues were identified such as missed signatures, these were investigated and rectified. If care workers fell short of expectations they were required to repeat medicine administration training or have an additional competency check where necessary.

The deputy manager told us they could identify trends from feedback and audits. For example, one person who self-administered medicine at lunch time routinely missed that dose. The deputy manager arranged for an additional visit at lunchtime to be commissioned to enable care workers to support them. Lessons had been learned and we found this led to paperwork being amended to improve the safety of medicine

administration. For example, where medicines were given once per week, the other days of the week were blocked out on the MAR to assist care workers and reduce the risk of any potential errors. The deputy manager told us they had worked with the training manager to integrate the common trends into medicine training sessions such as effective recording when people refused their 'as required' medicines. A relative told us, "There was an issue a while ago where mum was given her morning medicine on an evening." The service had informed the relative and contacted 111 (an NHS helpline for urgent medical issues) for advice. The relative added, "They (the management team) took action in relation to this to ensure staff were compliant moving forward."

Robust recruitment processes were now in place. Staff files showed that new employees had been through vigorous pre-employment checks. Application forms were completed, interviews were recorded, two references had been obtained and an enhanced check with the Disclosure and Barring Service (DBS) had been undertaken. DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. Care workers confirmed that appropriate checks had been carried out prior to them commencing employment with the company.

The provider had a disciplinary policy and procedures in place if misconduct or unsafe practice had occurred. The provider told us this has been used to manage staff capabilities and conduct issues which had led them to improving the management of the service and staffing structure.

We considered the service had ample staff to operate safely. People told us they had regular care workers and that the staff were reliable. However, a relative said, "There has been a high turnover of staff and often people turn up that mum doesn't know and she struggles with too many different people." The provider told us there had been a lot of movement within the staff team but this was now stabilised. We reviewed four care workers' rotas for the previous four weeks and saw they had suitable breaks and appropriate hours. Home visits which care workers made to people did not overlap each other which meant travelling time had been properly planned to allow care workers to get from one visit to the next. Care workers told us they do not feel rushed to complete tasks and people said there was time for the assistance they needed.

The management team operated an 'on-call' service which was organised outside of normal office opening hours. They were available to support staff and people in urgent or emergency situations. A care worker told us, "They (on-call staff) are quick at responding when I need them for emergencies." Hand-written logs were kept of all calls to ensure that issues and concerns were reported on to the appropriate staff or external agencies if necessary.

The provider had a business continuity plan in place to ensure the continued safe operation of the service in the event of severe disruption which could be caused by fire, flood, staff shortages or IT failures for example. During the adverse weather in February 2018, the deputy manager and other staff utilised 4X4 vehicles to access rural areas. The deputy manager told us the management team physically supported care workers to complete their home visits by driving them around. The service operated a RAG (red, amber, green) rating of people's needs to ensure people with the highest needs had priority on occasions like the one described.

The management team demonstrated a good knowledge of what was expected of them regarding their responsibilities to safeguard people from harm. We reviewed the 'safeguarding' file which contained the provider's safeguarding policy and local authority threshold tools for guidance. A safeguarding monthly log was in place to record and monitor any potential safeguarding incidents. An overview tracker was produced each month to help the registered manager track any trends which may form. There had been nine incidents since our last inspection which had been escalated both internally as externally as required. There was evidence that the management team had liaised with a local authority to implement a protection plan for

one person.

Staff had received safeguarding adults awareness training. The care staff who contacted us demonstrated an understanding of their role in protecting people from improper treatment. They were aware of the provider's safeguarding and whistle blowing policies and told us they would have no hesitation to report anything suspicious or which gave them cause for concern to the management team. One care worker said, "I feel very confident in my job that I can go to a manager with my concerns, if I feel like anything isn't right in a client's house I can talk to a manager and it will be dealt with accordingly." Another care worker said, "I have not needed to report any safeguarding issues to my line manager. I would not hesitate to inform my line manager of any issues that is vital to the health and wellbeing of [people] in my care."

The provider had a policy in place to protect people from the risks of infection. Care workers were supplied with personal protective equipment such as disposable gloves, aprons and hand sanitising gel to reduce the possibility of cross contamination. One person said, "They (care workers) take their time and wear protective clothing when assisting me."

Good

Is the service effective?

Our findings

At our last inspection in August 2017 we identified a breach of Regulation 18 and found the service was not always effective. This was because staff had not been formally supported in their role through regular supervision and appraisal. Following the inspection, we asked the provider to send us an action plan which described how they planned to address this and by when. At this inspection we found improvements had been made.

People told us the service they received effectively supported their needs. One person said, "They (staff) do anything I need, they help pay my bills, take me shopping and do some cleaning." A relative said, "I am happy with the care mum receives, this has enabled her to stay at home and the care is very good."

Staff completed a robust induction known as the Care Certificate. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. The provider told us all staff had been enrolled on the Care Certificate programme to refresh their knowledge and skills. Training in key topics such as moving and handling and safe medicine administration were also provided. The provider now employed a qualified training manager to source and deliver all training. The provider told us, "In addition to appointing a medication compliance and training manager we have set up an in-branch training room with a hospital bed, mobile hoist and commode chair to enable more personalised training sessions to better meet the needs of the clients and the care workers."

In order to meet some people's specific nursing needs, care workers liaised with external district nurses and hospital staff to learn new skills to enable them to deliver effective care, such as complex catheter care and specific moving and handling techniques. One member of staff told us, "I have had the chance to get trained on specialist equipment and then been able to roll this out to other members of staff to support one of our clients."

The provider told us, "We supported a client with MS (Multiple Sclerosis) to be discharged from hospital and agreed an appropriate moving and handling plan. The training manager and co-ordinator both attended the hospital to agree the most appropriate moving and handling techniques and to ensure safe practice. The managers were also trained in the use of the 'Twin Turner' double turning sling, which they cascaded to the core care team. Subsequently, we amended the moving and handling plan to reduce the care team from three to two members following rehabilitation, which also allowed better utilisation of resources."

All staff had their skills and knowledge regularly refreshed with training updates. One member of staff said, "I feel very supported and feel if I needed more training or support that would be available." Additional courses which staff may be interested in were available through e-learning and topics such as 'dementia friends' and 'dignity in care' which the registered manager felt were important. These were in the process of being resourced. The training manager was booked on a 'dementia friends' train the trainer course to allow them to cascade the course to the rest of the team.

New care staff had to complete a probationary period which included shadowing experienced care workers and they had their competencies assessed through planned and unplanned checks during home visits. This demonstrated that people received effective care from staff who had the skills and knowledge to suitably perform their role.

All staff had received a formal one-to-one supervision since our last inspection and annual appraisals regularly took place and were planned in advance. Routine spot checks of service delivery were carried out with all staff periodically throughout the year. Care workers confirmed they had been involved in a supervision session and an appraisal where applicable. They told us these were productive, meaningful and confidential meetings with a member of the management team to discuss any issues, training and development needs and their performance in their role. Care workers told us they felt extremely supported by the new management team.

People experienced positive outcomes. Everyone we spoke with felt their needs were met. The registered manager shared multiple positive examples with us of where support from the whole team had benefitted people and increased their quality of life. For example, Right at Home Tyneside was asked to provide immediate assistance (within 24 hours) with both day and night shifts to safeguard one person's wellbeing and support their main carer due to the unreliability of privately employed personal assistants (PA's). The person's mental health had deteriorated and they were in a crisis situation. As a result of the input from care workers and in partnership with a social worker, an occupational therapist and a community psychiatric nurse, the provider was asked to consider managing the overall package. After taking on the management of the care package, including employing two of the PA's to ensure continuity of care for the person, the provider delivered 24-hour care, supported by drop-in visits to assist with showering and personal care. This had enabled the person's main carer to have a break away from the home. The person was now supported by five regular carer workers, who have worked with the person to moderate any challenging behaviour through music therapy, ensuring a well-balanced diet and have sole responsibility for the administration of medication. A care worker told us, "We have created a safe environment for [person]. Music therapy is a technique we use, this is brilliant for my client."

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. We observed that the management team had considered people's capacity upon initial referral and used local authority capacity assessments to inform their care planning.

The registered manager told us that if they had any concerns regarding a person's mental capacity, they would liaise with the family, the GP, and social workers to ensure that a capacity assessment was undertaken and the best interests' decision-making process was followed. There were three people who were assessed as lacking mental capacity who received a service. The deputy manager told us that best interest decisions had been made for all three people in relation to them receiving care at home and we saw this demonstrated in care records. These was supported by the person's Lasting Power of Attorney (LPA), a social worker and/or a GP. The deputy manager told us that they always asked for evidence that an LPA had the legal right to make decisions and there was evidence of this on file. An LPA is a way of giving someone (usually a relative) the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself.

Care plans showed that people had been involved in their assessments and had appropriately consented to their care and support. People told us that care workers always knocked on their door before entering their

home and always asked for verbal consent to carry out any tasks.

People told us there were no problems with communication. One person said, "Communication is good and I get to know who is coming". Staff also told us that communication was good between the management team and the care workers.

Care workers supported people to get plenty of food and fluids. People told us care workers asked them what they would like to eat, and assisted them to make or made a meal of their choice. Daily records showed that care workers monitored people's nutrition and hydration needs and encouraged them to maintain a balanced diet. If necessary, care workers completed food and fluid charts to assist families and external health care professionals monitor people's intake to ensure their health and well-being. The provider told us, "We have worked closely with a particular client's partner to agree a balanced diet to help reduce weight which would assist with mobility and promote a healthier lifestyle. This involved arranging meetings with other health professionals and a care worker with nutritional training compiled menus that were varied, lean and met the targeted daily calorific intake."

Care records showed staff were involving and referring people to other external professionals; such as a GP, district nurse, social worker, MacMillan nurses, physiotherapists, community mental health teams, memory clinics, and the speech and language therapy (SALT) team. Entries made by care workers in daily records indicated they had reported issues and concerns to the management team regarding people's changing needs. A relative told us, "The carers noticed a flare up on mum's legs and ensured the GP and district nurses were contacted who have been out to monitor these."

Good

Is the service caring?

Our findings

People told us they received a caring service. One person told us that they enjoyed it when care workers "spend time to chat." Another person said, "The [care workers] are the best ones I have had in the last five years." A third person said, "I have a good laugh and chat with them, they are really nice girls (care workers)."

We were shown a range of written compliments which staff at the service had received such as letters, emails and thank you cards. The registered manager and deputy manager told us with great pride of an example where care workers had gone the extra mile. They said one person was supported with personal care wanted to go out to see a relative perform in a show. As well as the usual routine home visit the care workers took more time to ensure the person's hair and makeup was done for their special night out. They described with sincerity how beautiful the person looked and how happy they were.

The registered manager and deputy manager also told us of an example where they had been able to demonstrate their caring attitudes. They told us a relative who was desperate to get their parents back together and living at home contacted them about providing home care. At the time, their parents were living separately in a residential care home. The management team visited and agreed to take on the package, however on the day of the discharge home, the main route into the village where the couple lived became impassable. The registered manager and deputy manager made phone calls to other domiciliary care agencies on the other side of the village and provided the relative with all the information they needed to set up the service with a different provider that same day. The registered manager told us, "It wasn't about us getting the work, it was about getting that couple home together."

All staff demonstrated a good knowledge of people's likes, dislikes, preferences and routines. They undoubtedly knew people well. The provider told us, "We match our care workers with clients based on similarities in personality, interests and background. We gather this information and present this to clients in the form of a one-page profile which outlines the care workers' experience, passion for working in care, interests and hobbies, current qualifications and future ambitions for developing their learning."

Care workers told us that the people they visited were safe and happy with the service. They said they had no concerns about people's safety and they felt they had good management support who showed compassion and ensured a good service was delivered. A care worker said, "I know my client's needs by reading, listening and talking." This showed that staff had developed positive, caring relationships with the people who used the service.

Care plans were developed in a way which reflected people's individuality and identity. Equality and diversity awareness was promoted through staff induction. This encouraged care workers to think about people's individuality and ensure their personal preferences, wishes and choices were valued. More advanced equality and diversity training was available to staff through an e-learning programme.

People said their care workers spoke with respect. One person told us, "The carers are lovely and treat me with respect and do anything I ask." People said all staff showed respect for them, their property, their

belongings and their visitors. Care workers explained how they maintained people's dignity and respected their privacy during personal care and support. For example, assisting people to use the bathroom in private, closing doors and shutting blinds.

Care records showed people had been involved with the planning of their care. The deputy manager told us one of the management team visited people at home to carry out an assessment of their needs and gather all the information needed to ensure care workers can get to know people. Where ability allowed, people had signed their care records themselves or an appropriate person had signed it on their behalf with their consent.

There was no-one currently supported by an independent advocate. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, to ensure that their rights are upheld. The management team aware of how to refer a person to an advocate from the local authority if people needed that level of support. Some people had family or friends who acted informally on their behalf with advanced verbal consent. If people had no-one else to support them, staff could assist them.

People had been given a 'Service Agreement' file to keep at home which contained information about the provider; what to expect from the service, a copy of their support plan and risk assessments, information about what other assistance could be offered, core policies and procedures, and important contact details. Other information which would benefit people, such as the local safeguarding team and the Care Quality Commission contact details were also made available.

People's personal information and sensitive date was stored securely in the office to maintain confidentiality. Filing cabinets were locked and computers were password protected. All staff were aware of the legal requirement to keep information about people safe and secure under data protection laws.

Good

Is the service responsive?

Our findings

At our last inspection in August 2017, we found the service was not consistently responsive because records related to care planning did not always reflect people's current needs. At this inspection we found improvements had been made.

The management team told us they had completely re-written most of the care records. They said that they had ensured that care needs assessments were reviewed for all people and had re-written support plans as necessary. We saw they undertook regular reviews of the care people received to ensure that when their needs changed, their support plans were updated to reflect the current requirements. The provider had a policy in place of how often people's care packages should be routinely reviewed throughout the year. We saw that the management team found it difficult to always meet those set targets. However, the people whose care records we examined had all been reviewed. A relative told us, "They (the management team) were supposed to do (routine) reviews however I'm not sure if these have actually happened."

Assessments and support plans were very person-centred and included information about people's lifestyle, preferences, routines, hobbies and interests. This enabled the management team to match people with a suitable care worker, for example staff with similar interests. Therefore, allowing staff to deliver a personalised service. A relative said, "Staff understand mums needs and are responsive to these."

Support plans described people's specific needs and included information about what action care workers should take to meet those needs. The records demonstrated that the service took a holistic approach to people's preferences as all aspects of people's lives were covered such as their health, personal care, emotional, social, employment, cultural and religious needs. For example, one person was supported at 6am (outside of usual contracted hours) due to a complex bowel management procedure which took time to complete. By attending early, the service had empowered the person to maintain full-time employment to meet both their personal and emotional goals and enabled them to independently support their family.

The service also supported many people to meet their social and emotional needs. One person was supported weekly to visit the local pub and was regularly taken for days out to the coast to promote socialisation and community engagement. Other people who were supported to access the community included a person who was taken twice a week to the local shops or into Newcastle city centre and people who regularly visited the beach, shops, cafés and other places of their choice. This demonstrated the service was responsive to people's wishes.

People told us that the service was flexible and they had been able to re-arrange home visits at short notice to accommodate any appointments and social outings they had. The management team told us that when people's needs changed the service had been able to respond immediately with additional support. Additionally, they were services which had been decreased as people had regained some or all their independence.

There was currently no-one who used the service requiring end of life care. Previously, the service had

supported people at the end of their life and they had provided intensive palliative care to people in their own homes. The management team undertook a thorough assessment of people's end of life care needs and preferences and respected their wishes. Staff had undertaken end of life training to improve their skills and knowledge and to support them in this role which was often sensitive and distressing. We noted that where appropriate, people's support plans contained information about advanced decisions and preferences around emergency treatment and resuscitation.

The provider told us, "We are particularly aware of the additional support frequently required around end of life clients. In addition to liaising closely with district, or community palliative care nurses, we provide practical and emotional support for the client and family, at this difficult time. For example, we supported a client with pancreatic cancer through the end of life pathway, liaising with MacMillan nurses to ensure pain relief was managed and their skin integrity was maintained. We liaised with the social worker to agree additional support for the client's wife, both practical and emotional. We also recognised that staff may need emotional support."

The management team maintained a log to record and monitor complaints. There had only been one complaint made since our last inspection. The information included a thorough description, an outcome and all follow up action. The provider told us this had been resolved to the person's satisfaction and was now closed. There was an overview tracker in place to enable the registered manager to track any trends that may form. This demonstrated the provider operated an effective complaints system and had acted on feedback about the service.

Everyone we spoke with said they knew how to complain and were confident to do so if they needed to. One person said, "I get on with the carers and have no issues." Another person said, "I can't complain, the staff are absolutely great. They do a lot for me and should have a gold star." A third person told us they had only had to complain once about a care worker who they did not feel comfortable with. Following this that care worker did not return.

Good

Is the service well-led?

Our findings

At our last inspection we identified a breach of Regulation 17 because the service did not have robust quality assurance processes in place to effectively monitor the service. Record keeping required improvement throughout the service. Following the inspection, the provider sent us an action plan which described how they planned to address this and by when. We found the provider and new registered manager had implemented the necessary changes in a timely manner which had led to significant improvements across the whole of the service.

Right at Home Tyneside is a franchise of Right at Home UK. This means that each business is independently owned and operated, but the business owners (providers) have access to a business model and franchisor support, including a regional quality and compliance manager. They also have access to policies and procedures, management tools and systems; for example, a self-audit tool was now available that allowed the registered manager to undertake a quarterly self-audit to enable them to audit all aspects of operational and compliance issues within the service. We spoke to a regional quality and compliance manager who told us the provider and new management team at Right at Home Tyneside had worked extremely hard to improve the service.

The provider told us, "There were a number of lessons identified at the last inspection, which both [myself] and the new registered manager are addressing, some of which required a cultural change." Since the last inspection the provider had recruited a new registered manager, a deputy manager, a care coordinator and other staff in supporting managerial roles.

The registered manager was aware of their responsibilities and had submitted notifications as and when required. The management team were present during the inspection and assisted us by liaising with people who used the service and care workers on our behalf. They were all very knowledgeable about the people they supported and could tell us about specific people's needs. Everyone we spoke with knew who the provider and registered manager were.

We found that the provider and management team now had thorough oversight of the service. The provider had appointed an external compliance consultant to conduct a full-service audit. The consultant had produced an extensive action plan and gave the management team advice and guidance to achieve full compliance with the regulations.

We saw the management team used a range of quality monitoring tools such as surveys, telephone courtesy calls, customer feedback, care service reviews spot checks, staff shadowing and staff supervision to monitor the quality of the service. One person told us, "I have been asked to provide feedback by someone in the office once, the gentleman from the office was very polite."

Robust audits were now in place to check people's care records, staff files, medicine administration records and daily notes made by care workers. The audits identified issues and actions for improvements were documented alongside an auditor's signature before being passed to the registered manager or the provider

for further action or oversight.

The registered manager monitored and analysed information regarding safeguarding issues, accidents, incidents, complaints and quality assurance and this was included in senior management team meetings and shared with representatives from Right at Home UK. The regional quality and compliance manager told us they held a monthly communication call with the provider and registered manager to discuss the improvements and challenges within the service. A national 'Quality Matters' newsletter was also sent to all providers and management staff to highlight common themes and share best practice information.

The provider commissioned an annual quality assurance survey which was carried out by an external company to measure both staff and customer satisfaction. An action plan was completed to reflect the findings and implement improvements. The provider told us, "The last survey showed a significant decline in client's perception of the service delivered and responses gained by CQC at the previous inspection were mixed with regard to clients' satisfaction. We have recognised this and have spoken to each client and conducted a client satisfaction review, which has generally been positive. However, we now intend to complete a comprehensive review of the survey, and the recent reviews, and produce and implement a 'You Said, We Did' action plan. We have taken positive action to address one adverse comment we received from the recent client satisfaction reviews. We have already recruited a new care coordinator in recognition of the last survey findings relating to rota problems around travel time and client feedback regarding lateness of calls." We saw this year's survey had recently been commissioned and positive responses had started to be returned.

The service currently had an overall rating of 10/10 from a total of 33 reviews on an external independent website. The reviews indicated that all 33 people who provided a review said they were extremely likely to recommend Right at Home Tyneside.

Management team meetings were held monthly and we reviewed the minutes. We saw the team routinely discussed staff issues, recruitment, audits, complaints, and other significant incidents. If action was to be taken a timescale was noted. We found issues were promptly addressed. Office staff meetings took place weekly; we saw in those minutes that operational issues such as policies, quality assurance, confidentiality and professional boundaries had all been discussed at the last meeting. Information was then cascaded to care workers who attended periodic meetings or via a four-weekly newsletter. This demonstrated that staff were involved in the running of the service.

Record keeping throughout the service had improved considerably. All the records we asked for were made available to us in an organised and prompt manner. The records we examined were complete, legible, accurate and up to date.

All staff we spoke with, without exception spoke favourably of the management team. Staff told us they felt supported and morale was good. One care worker said, "I have a good relationship with management and feel like I can approach them with any concerns." Another care worker said, "I have had a chance move up the ladder and further my career, I owe this to the support I have had from the management team. I feel that they support and listen to the carers and recognise their potential then help then get to where they want to be."

The management team felt there had been a complete culture shift in the last 12 months and the staff morale was much better. This was corroborated in the recent staff survey. Staff were encouraged to engage with people and the local community to fundraise for various charities. Staff had raised money for a local day centre which people they supported regularly accessed. The office staff had held a MacMillan coffee

morning and completed a memory walk for the Alzheimer's Society.

A formal staff reward scheme was in place. The provider told us the STAR carer award had been reintroduced since the last inspection. Staff who had been recognised by their colleagues or people who used the service were rewarded with shopping vouchers. The registered manager told us the provider gave all staff a present at Christmas and regularly sent out messages of thanks to the care workers. A care worker said, "It made me feel valued and recognised for the job I do."

The provider told us they were striving to continue to improve the service. They said they had chosen not to grow the business in the last 12 months but to "stabilise it to achieve compliance." They added that they now felt they were in a position where they could grow the service and develop it further to benefit the people they supported and the staff. One future development included the implementation of electronic call monitoring and an enhanced electronic rostering and quality assurance system. This would involve equipping all staff with a secured smartphone to transfer information, monitor performance and promptly collate data to measure performance against key targets. Another development in the pipeline was to work in partnership with other local domiciliary care agencies and the hospitals to provide a rapid response service for people who are ready for a hospital discharge and work with district nurses on a reablement service.

A care worker told us, "I have seen a brilliant improvement in the running of the business within the last six months. I am proud to work at Right at Home Tyneside and believe the business is growing in the right direction." Another care worker said, "Right at Home Tyneside is a good company and ready to listen to everyone's opinions and concerns as they work together to meet the needs of clients to form an excellent service for all."