

Newcombe Home Care Services Limited

Right at Home Loughborough

Inspection report

Unit 7
Ark Business Centre, Meadow Lane Industrial Estate,
Gordon Road
Loughborough
LE11 1JP

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Overall rating for this service Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led? Good Good Good Good Good

Summary of findings

Overall summary

About the service

Right at Home Loughborough is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of our inspection there were 33 people using the service.

Not everyone who used the service received personal care. CQC only inspects services where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found Every person who used the service said the service was safe and their care was delivered by kind, compassionate and dedicated care workers.

Staff were suitably trained and experienced to deliver safe care and people were confident in care workers abilities.

Where people received support with their prescribed medicines, staff had guidance and checks were completed to ensure support was completed safely. Infection prevention and control best practice guidance was followed.

People's needs, and risks were assessed, monitored and managed well. People were prevented from being exposed to any unnecessary risk that may cause them harm. People received support to access health services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had a complaints procedure and a quality assurance process that enabled people to share their experience about the service they received. People's support plans were regularly reviewed, and their care package was discussed with them and changes were made when required. The provider had robust audits and checks that monitored quality and safety.

Staff were positive about working for the service and clearly understood the providers vision and values of supporting people to live independently and fulfilling lives.

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

Rating at last inspection

This service was registered with us on 27 January 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?	Good •
The service was 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 at Home Loughborough

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. We checked 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, a manager had been recruited who was applying to register with the CQC at the time of the inspection.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 July 2022 and ended on 13 July 2022. We visited the location's office on 13 July 2022.

What we did before inspection

We reviewed information we had received about the service. We also sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives. We spoke with six members of staff including the nominated individual, the providers quality and compliance lead, care coordinator and three care workers. We reviewed a range of records including people's call times and care records. We looked at three staff files and a variety of records relating to the management of the service and policies and procedures.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service provided safe care. One person told us, "I feel safe. The carers give me nothing to worry about and the care they give is good." A relative said, "We feel totally safe with the carers, we have never felt unsafe and have a tremendous amount of trust and confidence in them."
- People were protected from the risk of abuse and avoidable harm. Policies and procedures were in place to ensure appropriate action would be taken and the appropriate agencies informed if any concern to people's safety and welfare were identified.
- Staff understood their role and responsibilities to protect people from abuse and avoidable harm.

Staffing and recruitment

- There were sufficient staff deployed to meet people's care needs and they were happy with their call times being met as planned.
- People were supported by a small core group of regular staff. One person told us, "One of the things that is good about Right at Home is that they are well staffed; they come on time, and we get a rota, so we know which carers are coming." A relative said, "The carers are never late, sometimes they are ten minutes early, they always stay the full hour and they are always calm and never rushed."
- Several records relating to the timeliness of care delivery were reviewed. These records confirmed people received their care and support as planned and by regular staff.
- Staff were recruited safely. Pre employment checks had been carried out such as identity checks, right to work checks, and disclosure and barring (DBS) checks. DBS checks are background checks to check if staff are suitable to work with vulnerable people.

Using medicines safely

- People's medicines were safely managed. A relative told us, "The carers help [Name] to take their tablets properly; they remove the tablets from the dispenser strip, hand them to them making sure they have taken them, and then make a record in the folder."
- Staff received annual training and their competency was regularly reassessed.
- Where people had medicines prescribed to be given 'as required' protocols were in place to ensure these medicines were consistently given as prescribed.
- Regular audits and checks on the management and administration of medicines were completed. These records confirmed people had received their prescribed medicines safely.

Assessing risk, safety monitoring and management

• Risk to people's safety in relation to their care needs and their environment were assessed and monitored

safely. Risk assessments were detailed and undertaken with people and or their representative, and regularly reviewed or when people's needs changed.

• Staff told us guidance about how to manage people's risks were detailed and assessments were truly reflective of each person. A staff member said, "We know what people's risks are. The paperwork informs us of this and when we go to give the care, we find it is accurate for each person."

Preventing and controlling infection

- An infection prevention and control (IPC) policy was in place. Records confirmed staff were trained in IPC procedures which included COVID-19 best practice guidance.
- Personal Protective Equipment such as aprons, gloves and masks were used when providing care to reduce the risk of infection.
- Staff were participating in the COVID-19 testing programme, to ensure the risk of COVID-19 transmission was reduced.

Learning lessons when things go wrong

• The provider had procedures in place to investigate accidents and incidents. These were audited and analysed so action could be taken to prevent further risk.



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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's individual care and support needs were assessed prior to using the service. People and/or their representative were involved in care assessments.
- One person told us, "My relative and I had a visit from the manager before we had the service. They filled in lots of documents about my current needs, childhood, and professional life, and together we worked out what support would help me the most."
- People and relative's confirmed care and support provided at each care call was reflective of what they had commissioned from the service.
- Care workers told us they had access to information about people's needs and preferences. They confirmed care records were reflective of people's needs. Two care workers said information was all stored on their phone app and it was detailed and accurately reflective of each person's care needs and detailed.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt confident that care workers were suitably trained and experienced. The nominated individual ensured they had recruited enough, trained and experienced care workers before they accepted a package of care. One relative told us, "The manager needed to be sure they had the staff who were trained to provide [Name] the care they needed first. I did think that was responsible as it meant they were not stretched and could deliver it."
- A structured induction was undertaken for newly recruited care workers. This included shadowing experienced staff and being introduced to people before providing care. This was confirmed by people who used the service and staff.
- The nominated individual provided staff training that ensured people's individual care needs could be met effectively and safely. Staff feedback regarding the training they received was positive. A staff member said, "The training I received was really good."
- Staff received ongoing support to discuss their work, training and development. Staff received supervision and an annual appraisal.
- Unannounced spot checks were completed by the management team to review staff's competency. Staff were positive about this support. A staff member said, "I feel well supported. My last supervision was a couple of weeks ago, in between meetings, someone from the management will call and check how you are doing."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

• People's nutritional needs were met. Where care workers had a responsibility to prepare and provide food

and drink for people this was always provided.

- All of the people and relatives we spoke with confirmed this. One person said, "Food wise everything is fine; very successful. A relative told us, "Every time I've visited [Name], they are always left with a drink and snack by the carers after they leave."
- There was a process in place for staff to report any changes to a person's needs. Staff told us the process enabled them to report any changes identified so action could be taken to adjust people's support needs and contact health agencies where required.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to consent to care and treatment was sought before care was delivered.
- Staff understood the requirement and the importance of gaining people's consent for delivering care. Two people explained how staff obtained their consent. One said, "They [care workers] always ask my permission first." Another person said, "They [care workers] ask 'is it alright if we give you a wash now?"



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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Every person we spoke with told us they were treated to kind and compassionate care. One relative said, "I am really pleased about the way the carers are looking after my [relative]. They do not rush them and let them go at their own pace. They [care workers] are chatty and make them feel at ease and when they have done, they always ask if there is any more they can do."
- The nominated individual told us their ethos and vision of care was centred around how they would like to be treated and supported. They said, "My personal experiences showed me how the provision of high-quality care can make such a difference to people's lives and this is what I aspire this service to be based on."
- Staff told us they shared the nominated individuals vision and supported them to deliver care empathetically and, in a way, they would like to be treated. One told us, "The care we provide is first class. I would be happy for any of my family to have care from Right at Home.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in discussions and decisions about how they received their care and support. Care records reviewed and people confirmed, how they were consulted in their care.
- A person said, "The manager always asks how I'm getting on and makes sure everything is okay. They will change things if I need them to, they always listen to what I have to say." A relative said, "The care plans have been discussed with us and are reviewed, they are detailed and up to date and include what's important to [relation]."
- People's independence was promoted as much as practicably and safely as possible. One relative said, "What they [care workers] are doing is keeping my [Name] independent. They don't want to go into a care home and Right at Home are helping them to be independent at home."
- People told us their privacy and dignity were respected. One person told us, "The carers do their job well; they are very aware of my privacy and cover me up when they are helping with washing."



Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People were provided with person centred care based on individual routines and preferences. Choice and control were promoted through ongoing reviews with people and those important to them. Staff knew the importance of offering choice when providing care.
- People and relatives provided overwhelmingly positive feedback about the quality of care and support they received.
- Support plans provided staff with detailed guidance, including information about people's routines, preferences, and life history. This supported staff to fully understand people's individual care and support needs

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain family relationships and family were encouraged to be involved in care planning. The service kept families informed regarding people's wellbeing if circumstances changed.
- Care workers knew what hobbies and pastimes people enjoyed and held conversations with people during their calls. One staff member said, "I know the people I care for really well."

Improving care quality in response to complaints or concerns

- A complaints policy was in place. Records confirmed there were no complaints made during the previous 12 months of the inspection. The provider told us they acted promptly to resolve any issues that were raised with them.
- Despite no complaints being made people and their relatives knew how to make one if they needed to and where confident the provider would take these seriously and address them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

• People's assessment of care identified any communication needs people had and any aids they used to help with communicate.

End of life care and support

• End of life wishes were fully considered where people chose to discuss them. No one was receiving end o ife care at the time of the inspection.		



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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service had a positive culture and was well-led. People were placed at the heart of their care journey which was delivered in a person-centred way and fully included the people most important to them. People told us their outcomes were met and the service provided holistic care.
- People received care and support based on their individual care and support needs. We received positive feedback about people's experience of the service. A relative told us, "The carers have a very good understanding of [Name]. Since they have been coming there has been a quantum leap in their demeanor and appearance. Their mental state has improved as a result of the care provided."
- People and staff were positive about how the service was managed. The nominated individual was described as a good leader who was a visible presence at the service. People knew who the nominated individual was and found them to be engaging and approachable.
- Care records and conversations with the nominated individual confirmed how the service worked in partnership with other agencies. The nominated individual worked alongside other health and local authority professionals and implemented recommendations made to them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Whilst no registered manager was in place at the time of the inspection one had been recruited and was in the process of registering with the CQC.
- The nominated individual managed the service effectively in the absence of a registered manager. They were present at the service daily to ensure they had full oversight of the service to ensure people continued to receive safe care.
- Robust systems and processes to continually monitor quality and safety were in place. For example, an electronic system was used to monitor care call times.
- The nominated individual was committed to making improvements to the service. However, they recognised by growing the business too quickly this may impact on the current quality of care they provided.

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

- The equality and diversity policy in place and training care workers received ensured people's equality characteristics were considered when providing care to them.
- People's individual equality and diversity characteristics were recorded in their care records and

considered when care was being planned.

• People, relatives and staff had opportunity to feedback their experience of the service. The feedback was reviewed by the nominated individual and any required actions were addressed immediately.

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

- The nominated individual was clear about their responsibility to be open and transparent in line with their duty or candour responsibility.
- We received positive feedback from people who used the service about the open and honest approach by the nominated individual.