

DM Senior Care Limited

# Right at Home Stockport & Didsbury

## Inspection report

Broadstone Mill - 3rd floor  
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Website: [www.rightathomeuk.co.uk/stockport](http://www.rightathomeuk.co.uk/stockport)

## 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

### About the service

Right at Home Stockport and Didsbury is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects 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. At the time of our inspection there were 34 people receiving personal care.

### People's experience of using this service and what we found

Care plans were comprehensive, detailed and contemporaneous which detailed people's current care needs and included how to safely manage any identified risks. Medicines were managed safely by trained staff. There was a safeguarding policy in place and staff knew how to identify and report any concerns. Safe recruitment checks were in place.

Staff underwent a comprehensive induction and received a wide-ranging programme of training and competency checks. People were supported to access healthcare and the service ensured appropriate and timely referrals were made to other agencies and professionals.

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.

People received compassionate care from kind and caring staff. Staff talked about people in a kind and respectful manner and were passionate about providing good care. People were treated with dignity and respect.

Care information available to staff was detailed and very explanatory for staff to know people's care needs. Any changes were reviewed and updated to ensure plans reflected current need. Staff were aware of people's needs and their individual preferences for care. People received good end of life care from trained and compassionate staff who worked closely with other health professionals.

The registered manager had good links with other organisations and community groups. They worked closely with the local college to provide care apprenticeships. Management systems, such as audits and quality assurance, were actively used to monitor and continuously improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 16 March 2019).

## Why we inspected

The inspection was prompted in part due to concerns received about visiting times and durations. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Right at Home Stockport and Didsbury on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Right at Home Stockport & Didsbury

## **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 1 inspector. Following the visit to the location office, an Expert by Experience completed telephone calls to people and their relatives. 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 a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be people at home to speak with us. Inspection activity started on 6 December 2022 and ended on 9

December 2022. We visited the location's office on 6 December 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 reviewed a range of records. This included 3 people's care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed. We spoke with 4 people who used the service and 10 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, the quality and compliance manager, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported in a safe way and were protected from avoidable harm and abuse.
- There was a safeguarding policy and procedure in place. Staff had received up-to-date training about how to protect people from harm and abuse.
- Staff knew how to report any concerns. Staff felt supported to raise concerns and felt any incidents would be managed appropriately.
- People and their relatives felt safe. One relative told us, "Mum is safe in their care."

Assessing risk, safety monitoring and management

- People's risks were assessed and managed safely and in a person-centred way.
- People had individual risk assessments and risk management plans in place which covered a variety of risks and care plans detailed how staff could reduce individual risk for people.
- Environmental risk assessments had been carried out within people's homes to ensure they were safe and to help protect staff from any hazards.

Staffing and recruitment

- The service had safe employment checks in place to ensure suitable staff were employed to care for people at the service. These checks included DBS checks and references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us that sometimes they would be shorter staffed if someone was off sick, but this would be picked up by other staff or office staff so calls would not be missed. Staff told us they had enough time to complete visits fully and spend time with the person they were caring for.
- People and their relatives told us they were happy with the care calls and staff came on time. One relative told us, "Very happy. The carers are superb. We could have no one better. They [staff] are always on time and complete all the tasks."

Using medicines safely

- Medicines were managed and administered safely.
- A medicines policy was in place. Staff had received medicines training and regular competency checks. There was a safe system of audits and real-time checks.
- If any problems with medicines arose or someone had been prescribed a new medicine, the management team were aware immediately and could action this through the electronic care system so staff could be

kept informed.

#### Preventing and controlling infection

- The service had an infection control policy in place and staff had received training in the safe management of infection control.
- Staff had access to personal protective equipment, for example, masks, gloves, aprons and hand sanitiser. This helped to minimise the risk of infections spreading.

#### Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- Staff explained how they would manage an incident and keep people safe. Staff knew how to report accidents and incidents to the management team.
- The registered manager gave an example where they had identified staff were not always completing one form and had set up a plan to address this with staff to prevent reoccurrence.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by a highly trained and competent staff team.
- The registered manager was passionate about excellent training and staff benefitted from a comprehensive induction and an ongoing training, support and development package. Training was wide-ranging and tailored to people's specific care needs; for example, tracheostomy care. The service had their own well-equipped training room where staff were trained using real life scenarios. All staff worked towards the Care Certificate; this is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- To assure themselves that staff were providing continued good care, the management team carried out regular competency checks, supervision reviews and appraisal. Staff told us they felt well trained and very supported in their role. Staff also benefitted from an employee assistance programme, mentoring and other wellbeing support systems and appreciation awards.
- People and their relatives felt staff were very well trained. One relative told us, "They [staff] are well trained and very good at their job. [Name's] personal care is complex, and they are patient and very thorough."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their care and support commencing with the service.
- The service provided fast-track end of life care to people who wished to spend their last days at home. For these people, the service worked closely with NHS teams to ensure up to date assessments were in place for when the service took over their care.
- Assessments of people's needs were regularly reviewed, and care plans were developed with the involvement of the person and their loved ones.

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

- People's needs had been assessed in relation to their eating and drinking.
- Where required, people had individual nutrition and hydration risk management plans in place.
- Staff received food hygiene training.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff and the management team worked in collaboration with people, their relatives and healthcare professionals involved in people's care.

- Any concerns about people's healthcare needs were recognised by staff and reported to the office for action. For example, staff have been trained to recognise when a person's skin may be at risk of breakdown and to report to the office to refer to the district nurse teams. Timely referrals were made to other agencies and professionals, for example, dietician and podiatry.
- The service works very closely with medical professionals and local authority services to provide good palliative and end of life care. One professional told us, "The service appears overall a caring sensitive reactive team who we rely on for our service to run effectively and efficiently."
- We reviewed the case study of one person where staff had worked intensively with other healthcare professionals to ensure the person's goals were met and achieved a very positive outcome.

#### 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

- Staff had received training on MCA and demonstrated a good understanding of the need for involving people and gaining consent when providing support to people. They told us they always sought consent from the person before supporting them.
- The registered manager was knowledgeable around legal safeguards around capacity and consent. At the time of the inspection no-one was subject to a Court of Protection authorisation.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- People were supported by respectful and caring staff in their homes.
- We received lots of positive feedback from people about how caring and kind staff were. People told us they felt very well looked after. One person told us, "They [staff] are very kind, compassionate and caring." Another person told us, "They look after me well and are kind." Relatives were also very happy with how kind and caring staff were. One relative told us, "They [staff] are kind, compassionate and very understanding."
- An equality and diversity policy was in place and staff had received regular training. The management team demonstrated a good understanding of the protected characteristics covered in the Equality Act 2010.
- We reviewed the compliments file and saw there were many thank you cards and letters. These were very complimentary and contained expressions of love and gratitude. When invited, staff attended the funerals of people who had passed.

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

- Care documentation was person-centred, and people and their loved ones were involved in making any decisions about their own care.
- Staff told us they had time to spend time getting to know people and their views and how they liked to have their care delivered. People and their relatives also said they were involved in their care. One relative told us, "The carers are kind and meticulous doing things according to the care plan which I have access to." One person had written, "I have some of the very best [carers] now. They are always on the ball, I never need to ask; they always know what I need. It's just a vibe. They never make me feel like a burden and nothing is ever too much."
- The registered manager had regular contact with people and their relatives and asked for their feedback about the care provided.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect throughout care planning and delivery.
- Staff received regular training on privacy and dignity and demonstrated a good understanding of the importance of promoting people's independence and dignity. They gave us examples of how they did this in practice. They told us they treated people how they would like to be treated. One staff member told us, "I always ask permission and always talk through everything we are doing. I ask if it is okay to do something; cover up during washing and close curtains for privacy."
- People and relatives gave positive feedback about the carers being responsive to people's needs. One relative told us, "[Name] is very independent and likes to shower themselves. They respect their privacy and dignity but stand close to the shower to hand them a towel." Another person told us, "The carer is quick,

thorough and very efficient which suits [name] who is a stickler for a strict routine. [Name] insists on orderliness and gets upset if things don't go according to their planned care tasks."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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 and their loved ones were involved in planning support and care delivery that was personal to them.
- People's care plans were person-centred and detailed how each person would like to receive their care and this information let staff know people's individual care needs. Any changes were reviewed and updated to ensure care plans reflected current need. People and their loved ones had access to the service's electronic care app and could see their care plans online. The registered manager told us that if requested, they would print off and give people a paper copy of their care plan.
- Staff received regular training to ensure they provided person-centred care to ensure the care people received focused on their individual needs and preferences.

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 individual communication needs had been assessed and were detailed in care plans.
- The registered manager told us that through the franchise, they had access to many different languages and formats in which to provide information. They also worked closely with a local organisation for people with sight or hearing loss who could provide information in braille or a talking format.

Improving care quality in response to complaints or concerns

- The service ensured people were aware of how to complain or comment on the service. People were also informed of the complaint's procedure in their service user guide given to them when they commenced with the service.
- We reviewed the complaints file and saw that complaints were responded to appropriately.
- People and their relatives told us they had no complaints. One relative told us, "The carers are very kind and compassionate and I have no complaints. They are very good." Another relative told us, "I have no complaints and would recommend them."

End of life care and support

- People were supported to experience good end of life care.
- People and their loved ones were supported by trained, experienced and understanding staff during their

final days. Staff worked with GPs, district nursing teams and specialist palliative care teams to help ensure a person's last days were as dignified and comfortable as possible.

- We reviewed an end of life case study where the service had worked with NHS teams to facilitate 3 days and nights of care by consistent carers to enable a person's spouse to attend a family wedding. The person had an advanced care plan in place for staff to follow. The family were very grateful to the staff for providing "kind, caring and thoughtful" care and provided "great respect and dignity" to the person. They wrote, "The carers throughout have always offered support and comfort to myself. I will be eternally grateful for having such a happy, professional group of people come to our house to look after [name]. Thank you all."
- We received feedback from one person who had been supported through the passing of their loved one. They commented, "There are insufficient words to thank the absolutely amazing carers ...you were truly angels each and every one of you contributed beyond measure to making [Name's] end dignified and calm."

# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear management and accountability structure in place to provide oversight of the service.
- Management systems, such as audits and quality assurance, were actively used to monitor and continuously improve the service. The quality and safety of the service was monitored on a daily, weekly, monthly and annual basis and any issues could be quickly responded to.
- The registered manager understood their regulatory requirements and wider legal obligations. CQC were informed of any incidents as legally required.

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; Continuous learning and improving care

- There had not been any serious incidents at the service; however, the registered manager understood their responsibility to let people know if something went wrong under their duty of candour.
- Information from analysis of incidents, feedback from people and their relatives and complaints were used to continually improve the service

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and their team worked closely with external health professionals to achieve the best outcomes for people.
- The service had been supported throughout the Covid-19 pandemic by local authority and local health protection teams.
- The service had established positive and effective links with other organisations in the community. They worked alongside a local sensory loss community organisation and had recently supported them to hold a beer festival. The service also worked in partnership with the local college to provide care apprenticeship placements and had recently been nominated for this year's apprenticeship employer award.
- The service had achieved many home care awards, including Home Care Manager of the Year 2021. The registered manager ensured staff were highly trained and their hard work and care for people was recognised through a series of honours. For example, awards for going the extra mile.
- Feedback from staff about the management team support was very positive. One staff member told us, "They [management] have been absolutely amazing; they are like family." Another staff member told us, "I actually love my job and working for the company."

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

- The registered manager promoted a positive, clear culture of excellence and high-quality person-centred care throughout the service and staff teams.
- The service actively sought feedback on people's experiences and were proactive in ensuring positive outcomes for people. One relative told us, "The manager is very approachable and has made courtesy calls to follow up the service. I would recommend the service and have done already."
- The registered manager's pride for the service reflected a passionate desire to provide a person-centred, caring, safe and professional service to people, their relatives and staff and to continuously improve.