

High Quality Home Care Ltd

Right at Home Barnet and Edgware

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

The inspection took place on the 3 May 2018. We gave the provider 48 hours' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that staff would be available in the office on the day of the inspection. This was the first inspection of the service.

Right at Home Barnet and Edgware is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults, some of whom live with dementia and/or may have a sensory impairment or physical disability.

Not everyone using Right at Home Barnet and Edgware received 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. At the time of the inspection there were nine people receiving assistance with their personal care.

At the time of the inspection there was a registered manager in post. 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. Approximately two weeks after the inspection we were informed that the registered manager had left the service. The managing director told us that they were in the process of recruiting a new manager and until then he and another director would be managing and running the service.

People using the service and their relatives informed us that they were happy with the care and the other services that they received. People received consistency of care from staff that they knew.

People told us that staff were caring and reliable and always respected their dignity and privacy. Staff knew the importance of respecting people's differences and human rights.

People told us that staff treated them with respect and they felt safe when staff supported them with their care and other tasks. Arrangements were in place to keep people safe. The service had a safeguarding policy and procedure. Staff knew how to identify abuse and understood their responsibilities in relation to safeguarding people and reporting concerns.

Risks to people's safety and from their home environment were identified and guidance was in place to minimise the risk of people and staff being harmed. Arrangements were in place to make sure medicines were managed safely and people received their medicines as prescribed.

The organisation carried out appropriate checks to reduce the risk of employing staff that were not suitable to work with people using the service.

There were enough staff in place with the right skills mix to meet people's needs. The provider made sure that care staff were compatible with the people they cared for. Staff understood the importance of obtaining people's consent before supporting them with personal care and other tasks.

People and where applicable their relatives were fully involved in making decisions about people's care. Staff listened to people, respected the choices they made and supported people's independence.

People, who received support with their meals, had their nutritional needs and their individual dietary preferences and needs assessed and met. The service liaised closely with healthcare and social care professionals to make sure people's needs were met.

People were consulted about their care. Their care plans were person centred and included detailed information about people's care needs and preferences, so staff had the information they needed about how best to support them.

People and their relatives had opportunities to feedback about the service and were confident that any issues they raised would be addressed.

Staff received training and learning which was relevant to their role. They received on going support through supervision and day to day contact with management. Staff performance and their development were regularly reviewed. Staff were encouraged to contribute ideas and suggestions about improving and developing working practices and other areas of the service.

There were a range of systems in place to check, monitor and develop the service. Action was taken to make improvements when deficiencies were identified. People and their relatives told us they thought the service was well run and would recommend it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood how to protect people from abuse and harm. Arrangements were in place to ensure learning from incidents took place.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

Systems were in place to ensure that there were sufficient numbers of staff available to meet people's needs.

Arrangements were in place to support the safe management and administration of people's medicines.

Is the service effective?

Good ●

The service was effective.

People received personalised support that was effective in meeting their preferences and assessed needs.

People's healthcare needs were understood. The service liaised with healthcare professionals when required.

People told us they were fully involved in making decisions about the care they needed and wanted.

Staff received the support that they needed and were trained to carry out their roles and responsibilities.

People chose what they wanted to eat and were provided with the support they needed to meet their dietary needs.

Is the service caring?

Good ●

The service was caring.

People told us staff were approachable, kind and provided the care and support they needed. Staff had a positive relationship with people they supported.

People told us their privacy and dignity was respected. Staff had a good understanding of the importance of confidentiality and keeping information about people secure.

People's well-being was supported. They were involved in all decisions about their care and their views were respected and acted on. Staff knew the importance of respecting people's differences and human rights.

Is the service responsive?

Good ●

The service was responsive.

The needs and preferences of people receiving care were assessed before they started using the service.

People's care plans were personalised and detailed the support they needed from staff to ensure that their individual needs were met.

Staff understood how to respond to people's changing needs and preferences.

People knew how to make a complaint and told us they were confident complaints would be addressed appropriately.

Is the service well-led?

Good ●

The service was well-led.

People using the service and their relatives were positive about the service and the way it was run, and told us that they would recommend it to others.

The service was open and transparent and emphasised the importance of people being central to the service and their feedback contributing to its development.

The leadership was effective and responsive. Management were visible and understood their responsibilities in ensuring that people received a good quality service.

Staff told us they found management staff approachable and supportive.

Arrangements were in place to assess and monitor the quality of the service provided to people and to make improvements when required.

Right at Home Barnet and Edgware

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.

This inspection took place on the 3 May 2018 and was announced. The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included statutory notifications that the provider had sent to the CQC. During the inspection we looked at the Provider Information Return [PIR] which the provider was in the process of completing before sending it to us by the required date. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed the PIR with the registered manager and provider [director of the organisation] who is also one of the franchise owners.] during the inspection. Following the inspection we received the completed PIR within the timescale provided by us.

During the inspection we spoke with the managing director and another director of the service, compliance manager, registered manager, office apprentice, and two care staff. Following the inspection, we spoke four people using the service, three staff, and four people's friends and relatives. We also received feedback about the service from two healthcare professionals.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of six people using the service, five staff records and a range of audits, and policies that related to the management of the service.

Is the service safe?

Our findings

People receiving care told us they felt safe when being supported with their care. They told us, "I am not frightened, I feel safe when [staff member] is around" "and "I feel safe."

People's relatives told us, "The carers [staff] are always on time" and "[Person] is definitely safe with them [staff], they [staff] are approachable."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of any poor practice from other staff. Care workers we spoke with were knowledgeable about types and signs of abuse. They also knew that they needed to report any abuse to the registered manager and/or the managing director and knew that they needed to report it to the host local authority safeguarding team, CQC and police if no action was taken by management staff.

Assessment of any risks to people had been carried out by the service and recorded in people's care records. Risk assessments included risk of choking, use of moving and handling equipment, infection control risks and pressure ulcers. Detailed personalised guidance was in place for care staff to follow to minimise the risk of people being harmed. One person was at risk of harm from staff not putting the person's door keys back in a key safe container. Written detailed instructions for staff to follow about the safe handling of the person's keys were in place to keep the person safe. Staff were knowledgeable about people's risk assessments and knew how to access them.

A risk assessment had also been carried out of each person's home environment to identify any risks to the person and staff and to identify any action needed to minimise any risk. The home environment risk assessment included assessment of safety risks of kitchen, stairs, fire and appliances. The service checked that required safety checks of equipment used by staff including moving and handling hoists had been carried out. The registered manager told us that if necessary they would remind the person using the service or where applicable the local authority to arrange for this checks of equipment to be carried out to ensure that people and staff were not at risk of harm. People's care records included detailed, personalised instructions for staff to follow to keep people safe when assisting them with transfers and other mobility needs.

The five staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These records showed that a formal interview, obtaining references and carrying out a range of checks such as whether the prospective employee had a criminal record or had been barred from working with people who needed care and support.

Management staff told us they had enough staff to meet people's needs and that staff recruitment was ongoing. They told us that several new staff had been recently recruited and were in the process of completing their induction. The registered manager provided 'hands on care' when this was needed. One

member of staff who worked as a live in care worker told us that they worked "seven days a week" but was satisfied with the break that they had each day when another staff member took their place for a couple of hours. We discussed this with the managing director who told us that they monitored all staff's working hours and performance closely and would review this current arrangement to ensure that relevant legislation was being met by the service.

Arrangements were in place to report and manage incidents and accidents. Management staff knew when they needed to report incidents and/or accidents to the appropriate agencies. Systems were in place to ensure that any accidents and incidents were regularly reviewed, learn lessons from them and ensure action was taken to address and minimise the risk of other similar events occurring.

The service had a management of medicines policy. Management staff told us that people using the service mostly received the support they needed with their medicines from relatives. Staff provided some people with support, which included reminding people to take their medicines or administering them. Staff providing this support received the training and competency assessments needed to do so. Staff confirmed they received the training they needed to administer medicines safely. A care worker spoke about being shown how to support a person with their medicines and spoke of the importance of giving the person time to take their medicines.

Care plans detailed the personalised support people needed with their medicines and included information about each medicine and any side effects. A person's care records included details of how and where topical creams needed to be applied on the person's skin. Some staff were not able to tell us about the medicines that they administered to people, so were unable to recognise any symptoms from possible side effects. The managing director informed us that people's medicines were discussed with staff but they would remind staff to read people's medicines care plan. A person using the service told us that a care worker reminded them to take their medicines.

Medicines administration records showed people received the medicines they were prescribed, and a system was in place that raised an alert when these records had not been completed. Regular checks of medicines management and administration were carried out. Records showed that some minor issues had been identified during a checks of medicines administration records and action had been taken to address the shortfalls and to minimise the risk of reoccurrence.

A person's relative told us that a person received their medicines on time.

Systems were in place to minimise the risk of infection. Staff had a good understanding of infection control and food safety. They told us they had been informed about them during their induction programme. Staff told us that disposable gloves and other protective clothing were always available to them. Spot checks carried out by the registered manager of staff of care staff's practice included checks that they wore protective clothing when required.

Staff also told us that their induction had also included learning about a range of other health and safety issues. Records showed and care workers confirmed they had received an employee handbook. The employee handbook included information about the service as well as summaries of policies and procedures care workers needed to follow to ensure they provided people with a good quality safe service.

Is the service effective?

Our findings

People informed us they were happy with the service they received. A person using the service told us "I am satisfied with the care," "I have a very good carer. She is on time. You tell [staff] something and [staff] remembers it, [staff] knows what they are doing and follows the care plan."

People's relatives also informed us that they felt staff were competent and were happy with the service provided by them. A person's relative told us "It is going well. I am very happy with the carers [staff] and the company" and "The carers [staff] understand [person's] needs and are patient with [person]."

Care staff spoke positively about the people they cared for and were knowledgeable about each person's needs. Staff told us that they were "very happy" in their work" and "I enjoy the job. The clients are so lovely."

Care staff told us they had completed three days of office based induction when they started working for the service. They told us and records showed that their induction had consisted of training and learning about the Care Certificate induction standards. These are a set of standards that are the benchmark for the induction of new healthcare and social care workers, which care staff should abide by in their daily working life when providing care and support to people. Staff spoke highly of their induction. They told us that they had found their induction to be interesting and helpful in providing them with the information about the organisation and preparing them for carrying out their role and responsibilities.

Care staff told us that they 'shadowed' more experienced staff and were also observed providing care when they started work to make sure they carried out each person's personal care and other tasks appropriately and safely. Care staff told us "I shadowed someone first and the second time the carer [more experienced staff] observed that I was safe" and "I felt competent after the induction."

Staff records showed care staff had completed moving and handling and basic life support training as well as the induction learning that covered a range of learning relevant to their role. The managing director told us that they were in the process of recording in an electronic training plan, when each member of staff was due refresher training in areas including, dignity, fluids and nutrition, basic life support, infection prevention control, medicines, moving and assisting and safeguarding adults. Some staff we spoke with told us that the learning and training that they had received had been very good but were not sure when they would receive further training to develop their knowledge and skills. Following our visit the managing director informed us that planned refresher training for staff had been updated and that he would inform staff of the details of when this training would take place.

Staff told us and records showed that they had received the training they needed in specialist areas of care. Staff also carried out self-directed learning. A care worker told us that they had received some useful information from the registered manager regarding a person's health condition and had found out other significant information about the condition themselves from the internet. The registered manager spoke of plans to develop the training and learning for staff including further dementia awareness and Parkinson's Disease training. A member of staff told us, "I learn every day." Records showed that one care worker had a

vocational health and social care qualification. The registered manager informed us that they aimed to support staff to achieve a health and social care qualification and that there were, "lots of plans to further develop staff."

Staff told us that the registered manager explained each person's care plan to them before they started providing the person with care. The registered manager carried out unannounced 'spot checks' of care staff carrying out care and support activities within people's own home. These checks monitored staff performance and whether they provided people with the care they needed and had agreed to, in an appropriate and safe manner. During these 'spot checks' people were asked for their feedback about their experience of the service.

Staff told us they felt well supported by the registered manager. They told us management staff were always available for advice and support. A member of staff told us that when they contacted the registered manager via an electronic messaging service they responded promptly. Another staff spoke of the significant daily support they had received from the registered manager when the member of staff had accompanied a person using the service on holiday.

Records showed that staff had received one-to-one supervision with the registered manager. Topics discussed during supervision included, people using the service, communication, staff role and lone working. The registered manager told us that formal staff supervision was flexible and took place when needed such as when there were issues to do with a care worker's work which needed to be addressed. The service had commenced the process of annual appraisal of staff performance and development.

People's healthcare needs were understood by the service. The service liaised with healthcare professionals to ensure people received the care that they needed. A healthcare professional spoke highly about the service and of the competence of the care staff.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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.

Management had a good understanding of the Mental Capacity Act (MCA) 2005. They knew that people's capacity to make decisions about their care and treatment could change. Staff had received training on the principles of the MCA and how these principles applied in their work. Staff told us they would report to management staff if they were concerned about a person's capacity to make a particular decision or consent to care. Staff we spoke with knew that a decision could be made in a person's best interest when they lacked the ability to make a decision about their care. A person's care plan included detailed information about a decision to do with personal care that had been made in the person's best interest. Records showed that staff had received MCA training in 2017.

Staff knew the importance of obtaining people's consent before supporting them with personal care and other tasks. A person using the service told us care workers explained what they were doing and asked for their agreement before assisting them with personal care and other tasks. People using the service had signed their care plan which indicated they had agreed to its content.

Staff told us about how they involved people in making choices and decisions to do with their care. They

spoke of the encouragement and support that they provided people when they supported them in making day to day decisions such as what they wanted to wear, do and eat. A person using the service confirmed this.

People's care plans included personalised information and guidance about people's nutritional needs and the support that they needed with meals and drinks. Staff told us and records showed people were supported to eat food and drink that met their dietary needs and preferences. Staff were knowledgeable about people's cultural and religious dietary needs. A staff member spoke of always ensuring that they purchased specific food items that met a person's religious dietary needs. A person using the service told us they were always asked what they wanted to eat when a meal was prepared by staff. Staff told us that they made sure people were encouraged and reminded to drink to minimise the risk of dehydration and/or infection. A person told us that staff helped them with their meals and always offered them choice.

Is the service caring?

Our findings

People using the service told us that staff were kind and provided them with the support and care that they needed in a respectful way. Comments about the care that they received from staff included, "[Staff member] takes me out," "Familiar [staff] come, same person. They are good, all very nice" and "They [staff] are kind. They ask me what I want. They listen."

People's relatives and others involved in providing support for people using the service told us, "They [staff] are very caring and considerate. They listen to me," "They let us know well in advance if there are staff changes," "They [staff] are flexible" and "Carers [staff] are quite good. They communicate well and really look after [person] well."

Care staff confirmed that they had been introduced to people using the service before the care visits started, which they told us was important and helpful. The service did their best to match people with staff that had a similar background and interests and spoke the person's birth language. A person's relative spoke very positively about this aspect of the service and of how it had benefitted a person using the service. A healthcare professional spoke positively about this aspect of the service.

People using the service told us that care workers arrived on time. A care worker told us that they would always make sure they contacted the office to let them know that they were running late so that office staff could inform the person. The length of people's care visits [typically one hour] ensured that people were not rushed and staff had had time to carry out all the tasks that they were required to do. People told us that staff stayed the allocated time and that they never felt hurried by staff.

People's care plans included very detailed information about their preferences, religion, ethnicity, working life, choices, background and goals. This helped staff to provide people with the care and support that they required in a consistent way. Staff were very knowledgeable about the people they cared for. They told us about people's preferences and other needs. A care worker had a good understanding of a person's cultural and religious needs.

A person's relative told us that staff understood a person's needs and always helped [person] with their hearing aid to ensure the person could hear as well as possible. Staff knew how to communicate with people using the service who could not speak. Details of how a person communicated non-verbally about their needs including whether they were in pain were documented in the person's care plan. A person's relative told us that care staff understood the way the person communicated and told us that. "They [staff] are respectful to [person] and treat [person] with dignity."

Staff spoke about the importance of respecting people's dignity and treating them with and told us that dignity had been discussed during their induction. The registered manager told us that they encouraged staff to become dignity champions which entails them to pledge to challenge poor care, to act as good role models and to educate and inform all those working around them about respecting people's dignity. A person told us that staff respected their privacy and told us, "They help me and are polite."

People and their relatives told us that people's privacy was respected by staff. People's care records and staff records and other documentation were stored securely. Staff knew the importance of not speaking about people to anyone other than those involved in their care. People preferences regarding the gender of care staff providing them with personal care were accommodated. The registered manager told us that the service ensures that the service is up to date and meets data protection laws.

Staff were aware that people and their relatives at times needed emotional support, which they and the registered manager provided. A healthcare professional spoke of the effective support that the service provided to relatives of a person using the service.

Care workers and management spoke about the importance of encouraging and supporting people's independence. They told us about how they supported people to do as much as they could for themselves and how they encouraged people to develop their confidence. The registered manager provided us with examples of people who had received the support they needed to enable them to participate in particular activities that they enjoyed and had stopped doing due to a lack of confidence. A staff member told us about the support they had provided, which had enabled a person to take a holiday abroad.

Staff learnt about equality, diversity and human rights during their induction. Staff we spoke with knew about the importance of respecting people's differences and promoting their human rights.

People were provided with information about their rights when receiving care and support from the service. The registered manager told us that policies, staff training and monitoring ensured, "Clients do not suffer discrimination or are treated less favourably [than others] by Right at Home staff.

We discussed the Accessible Information Standard [AIS] with the provider. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS.

People's specific communication needs were identified in their care records and included guidance about how to support people with communicating their needs and preferences. Information about the service was in mainly written format. The managing director informed us that they would review the format of some documentation that was particularly relevant to people using the service to make sure it was as accessible as possible to them. They told us that each person's sensory needs were assessed before they started receiving a service and that a person had received information in large print due to issues to do with poor sight.

Is the service responsive?

Our findings

People using the service and their relatives told us that people received personalised care from the service. People told us, "They ask me how things are, they are good" and "I am happy."

A person's relative told us that they liked the way the registered manager always spoke with the person about their care rather than speaking only to them. They told us, "They ask [Person] what they want not me." The person's relative spoke of the good rapport that the registered manager had with the person and that they "made [Person] laugh."

People's relatives and people using the service told us that people had received an initial assessment of their needs before they started receiving a service. This had included assessment of people's physical, communication, nutritional, mobility, medicines, healthcare and personal care needs. Assessments also recorded people's preferred daily routines, details of the type of service that they wanted from Right at Home Barnet and Edgware, and the goals that they wanted to achieve.

People using the service confirmed that they had been asked a range of questions about their needs and preferences before receiving a service from the agency. A person spoke positively about their initial assessment that had been arranged with them. They informed us that the registered manager had visited them with a member of staff who had been allocated to provide their care. A staff member told us that an experienced care worker had introduced them to a person and had shown them the care and other tasks that needed to be completed. People's relatives also spoke of their involvement in this assessment process. The registered manager told us about the importance of the initial assessment was in gaining knowledge and understanding of each person and about the care and support that they needed and wanted.

People's care plans were developed from the initial assessment. Care plans provided detailed guidance for staff about people's needs and the way they preferred things to be done. People's care plans and risk assessments were regularly reviewed by the registered manager with people using the service to ensure that that they reflected current needs. Records showed that during these reviews people had been asked for feedback about the service and whether they had requested any changes.

Staff told us they were provided with the information they needed about a person prior to visiting them for the first time. They informed us that people's care plans included the information they needed to provide them with the care that they needed. Management and care staff knew people well. Care staff spoke of being able to refer to people's care plans at any time and of speaking with people and relatives about people's care needs and preferences.

The care plans that we looked at were personalised. They included detailed information about people's preferences and routines, and identified the step by step actions required of staff to meet people's individual needs. Guidance for staff to follow included personalised information about the support a person needed with undressing and having their hair washed. Details about the way to communicate effectively with a person when providing their personal care were written in the person's care plan. The person's care

plan also included instructions for staff to follow to ensure that the person had their pillows placed in a particular position to promote their comfort and to minimise the risk of pressure ulcers. One person's care plan included details about their personal care needs and also included information about the activities they enjoyed such as television programmes they particularly liked to watch. Staff spoke about the personalised care that they provided for people. It was clear from speaking with staff that they knew people well.

The service was responsive to people's needs. A person's relative told us that the service had been flexible in changing call visit times to enable a person to have sufficient time to attend hospital appointments. A member of staff provided an example of how the service had been responsive to a person's relative's request to provide at short notice assistance with an aspect of a person's care.

The registered manager told us that the service aimed to ensure that staff were compatible with the people that they cared for. They provided us with examples of staff being 'matched' with people using the service who had similar interests, culture and spoke the same language providing people with support from care workers that spoke people's birth language. A person's relative spoke positively about this. They told us that it was very important to a person that they were cared for by staff could speak their language. Another person's relative told us that management was in the process of providing a similar arrangement for a person using the service.

Staff told us about the support that they provided people to help them to achieve personal goals. The service had worked with a person and their relatives to help the person achieve their goal of going on a family holiday abroad. This wish had been accomplished due to the service agreeing that a member of staff accompanied the person on holiday to ensure that they received the care they needed whilst enjoying a break away from home. Staff also supported people to take part in activities of their choice including walks and shopping.

Staff completed 'daily' notes during each visit about the care they provided and the well-being of each person receiving a service. This helped ensure that care staff shared information about people so that they were up to date with people's current needs. Management and care workers told us that a new electronic system had recently been implemented that involved records of each visit being recorded electronically by care workers at the end of their visits. The system enabled management staff as well as people's relatives to constantly monitor people's care and to receive confirmation that personal care and other tasks had been completed. Within the feedback that we received from people and their relatives a person told us that they had found written care notes had been useful for them to check that care tasks had been carried out during visits. They also told us that they felt that there was a possibility that healthcare professionals visiting a person using a service would not be able to access up to date detailed information about the person's current needs. The managing director told us that there were plans to provide each person using the service with a weekly printed record of the care and other tasks that had been completed by staff. They also told us that they would consider the feedback that we received and obtain further feedback from people and make improvements where needed.

The service had a complaints procedure, which was included in the information pack that people received when they started receiving a service. People and their relatives knew who to contact if they wished to make a complaint. A person's relative confirmed that management and office staff had always been responsive when they contacted them about any issues to do with the service.

A person told us that they were very happy with the care that they received and had no concerns about the service. They told us that they would speak with the registered manager or family member if they had a

concern, and were confident that they would be listened to and the issue addressed. Another person told us that when they raised issues to do with the service, management had "sorted things out." Records showed that one complaint had been received with the last twelve months and that it had been responded to in line with the provider's policy.

Records showed that several compliments had been received by the service from relatives of people who had received a service from Right at Home Barnet and Edgware. For example "I have found the management team to be very professional, courteous and responsive to our needs."

The registered manager told us that currently one person using the service who had a significant terminal healthcare need was receiving a service. They told us that advice and learning about the condition and the person's care needs had been received from a specialist healthcare professional. The registered manager also informed us that they would always contact relevant community professionals for advice and support about end of life care when needed. They also informed us that the service was currently "preparing for end of life care training for all the care assistants in the team to ensure that they had the skills and knowledge to care for people at the end of their lives."

Is the service well-led?

Our findings

People and their relatives told us that they were satisfied with the way the service was run and would recommend it to others. They told us that the registered manager and managing director were professional, approachable and responsive to people's needs. Comments from people included, "They are a good agency," "They are contactable, which is very important they answer at any time," and "I would recommend it."

At the time of the inspection the registered manager managed the service with support from the directors of the service, an office administration member of staff and a senior care worker. Staff we spoke with were aware of the management structure of the organisation. They told us that the registered manager and managing director were visible, approachable and supportive, and available at any time to provide them with advice and support. Staff told us that they were kept well informed about the service via staff meetings, staff supervision and electronic communication systems. They also informed us that during staff meetings and staff supervision they had received information and learning in a range of topics to do with people's care and the service.

Staff were encouraged to feed back suggestions about improving the service. Management told us that they had recently put in place a 'bright ideas' suggestion box that staff could use to feedback their ideas.

The registered manager told us that they worked in partnership with a range of organisations and specialist services that included relevant national and local charities that provided information, advice and care for people.

Staff knew they needed to keep management informed about any changes in people's needs and any issues that affected the service. There was a 24 hours on call service to provide guidance and support. Staff provided examples of the significant support and advice that they had received from the registered manager via an electronic messaging system when needed. Staff attended regular team meetings where the service and best practice issues were discussed including data protection, complaints, staff training and audit tools.

The registered manager told us about the ways that they kept themselves up to date with relevant information and guidance to do with their role and informed us that they planned to complete a qualification in management. The locations within the organisation also shared examples of best practice ['Magic moments'] such as a recent example of particularly good risk assessment. Management attended networking and training events with other management from Right at Home franchises across the country. This provided an opportunity to share best practice and make suggestions for improving and developing services.

We looked at the arrangements in place for monitoring, developing and improving the quality and safety of the service provided to people. We found that self-assessment and audits were regularly undertaken as part of the quality assurance and quality improvement process, covering a range of aspects to do with the service. Management staff regularly completed a Right at Home head office audit as well as the service's

own checks of the service. Areas of the service checked included, health and safety, care files, communication records, medicines administration records, staff files, staff supervision, induction, training and 'spot checks'. Checks were also carried out of the office equipment and office fire safety.

The Right at Home head office senior management carried out regular audits of key areas of the service. Action had been taken look for any trends and to address deficiencies found.

Real time monitoring software systems enabled manager's to monitor people's care remotely. It enabled them to monitor staff's arrival and departure from people's homes and to check that all agreed tasks had been completed effectively.

The management team had organised events that were open to people receiving care but also benefited people in the local community who did not use the service. During a session when they had provided some people in the local community information about the service they had included a talk about falls prevention. They had also arranged activities celebrating festive occasions at the office location for people using the service to participate in if they wished.

A business plan of the service included details of its objectives and strategy to 2020. The National head office provided a monthly publication 'Quality Matters' that included information and updates about the services provided and highlighted examples of best practice that had benefitted people using the service.

The service had an up to date statement of purpose and a 'client pack' of information about the service provided to each person using the service, and included information about the services it provided and details of any terms and conditions. A person using the service told us that they had received information about the service.

People's feedback of the service was regularly sought to continuously improve the service. People and their relatives told us and records showed that they provided feedback during telephone calls 'spot checks' and care plan reviews. The managing director told us that they were in the process of sending people using the service and people's relative's feedback questionnaires. A person told us that they had received a feedback form and intended to complete it. Reviews about the service posted on a care home internet website were positive about the service and had rated the staff and care highly.

The service liaised with community professionals to ensure people received an effective, good quality service. A healthcare professional told us, that the service had provided a person with a "bespoke' care package where other care agencies were finding this harder to achieve."

Care documentation was up to date. The service had up to date policies and procedures in place. The policies included the guidance staff needed to follow and act upon in all areas of the service such as responding to complaints and health and safety matters. Staff were able to access policies and procedures at any time electronically via their phone. The registered manager told us that they planned to go through policies and procedures with staff in supervisions and team meetings.