

7Jay Home Care Ltd

Right at Home (Derby)

Inspection report

Suite G, Bateman Court
Bateman Street
Derby
DE23 8JQ

Tel: 01332913232

Website: www.RightatHomeUK.com/Derby

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Right at Home (Derby) Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. The Care Quality Commission (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 57 people were using the service, 35 of those were receiving a personal care service.

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

Staff told us they were very proud to work for the service and felt extremely well supported in their roles. The management team had dedicated a lot of time and resources to staff training and development.

People told us they enjoyed their independence whilst also getting the support they needed to live independently and be part of their local community.

People were cared for by staff who were kind, caring, empathetic and compassionate. They regularly exceeded expectations providing people with an exceptionally caring service. There was an excellent awareness of equality and diversity and this was implemented across the provider's service supporting people and the staff who cared for them. Staff worked hard to ensure people led fulfilling lives, with many occasions going above and beyond expectations to help them achieve their goals. Innovative methods have been used to include people in the planning of their care and support.

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 told us the service was safe. Staff knew how to recognise and report any concerns about people's safety and welfare. Strong recruitment procedures helped to protect people against the risk of being supported by unsuitable staff. Risks to people safety and welfare were identified and managed.

The leadership of the service was good. People were positive about the service and told us they would have no hesitation in recommending it. The service had a good quality assurance and monitoring systems to ensure people received safe care and treatment. These systems meant the management team were able to identify any shortfalls in the service and act quickly to rectify them.

The provider worked in partnership with other agencies to make sure people received the right care and support.

Staff had access to sufficient supplies of Personal Protective Equipment (PPE) and received regular updates from the provider on the management of risks related to COVID-19.

Rating at the last Inspection

The last rating for this service was good (Published 18 June 2018).

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

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Outstanding ☆

The service was exceptionally 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 (Derby)

Detailed findings

Background to this 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 Care Act 2014.

Inspection team

Our inspection was conducted 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

Right at Home (Derby) Ltd is a domiciliary care service, registered to provide personal care to people living in their own homes.

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 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

The inspection took place on 8 June 2022 at the provider's offices.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included information shared with us by other organisations including the clinical commissioning group, the local authority contract monitoring and adult safeguarding teams.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with six people who used the service and seven relatives. We also spoke with four care staff, the training, recruitment and retention manager, the quality and compliance manager, the registered manager and the provider.

We reviewed a range of written records including care plans, five staff recruitment files, supervision records and information relating to the monitoring of service provision.

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection this key question was rated as good, at this inspection it has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse and avoidable harm. People told us they felt safe with staff and that staff were kind, caring and well trained.
- One relative told us, "They don't do any medicines but it was noted [name] was buying paracetamol when at the shops, so the carers monitor the paracetamol use and what [name] is buying, I am sure [name] is safe with them, they are very good with him."
- Staff knew what action to take to protect people. Staff had received training in safeguarding and told us they knew how to spot signs of abuse and would be happy to report concerns.

Assessing risk, safety monitoring and management

- Risks were assessed monitored and managed. We saw comprehensive information in risk assessments attached to care plans, explaining the risk in detail and action staff should take to mitigate risk.
- The registered manager had reviewed all of the documents and was in the process of employing an improved electronic system to record care planning and associated risk assessments.
- We saw in the initial assessment that risks associated with people's homes had been checked to ensure there were no hazards which could pose a risk to those using the service and staff.

Using medicines safely

- People received their medicines safely.
- Staff told us they were trained in medicines and were assessed as competent. Medicine records were monitored by management.
- One person told us, "They open my medicines for me but don't give them but they do record everything."
- Staff told us that spot checks are carried out regularly by management with a focus on safe practise ensuring that staff were fully competent and observing best practise.

Staffing and recruitment

- Staff were recruited safely. We saw 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 all had at least two references; most staff had three. Identity checks had also been carried out.
- The provider told us the recruitment process looked at values, commitment, ethics, compliance and honesty to understand the characteristics of the applicant. Interviews consisted of evidence-based scenarios to help understand the person's values. If the applicant shows potential, they're introduced to either the registered manager or owner for an informal chat. They involved people who used the service in

their interview process.

- There were sufficient staff to meet the needs of people using the service. People told us their staff were punctual and were always willing to do additional tasks when requested.
- People told us they had regular staff who were well trained and competent in their roles. People felt safe with staff who were reliable.

Preventing and controlling infection

- People were protected from the risk of infections. Staff described and understood current infection control procedures and the use of personal protective equipment (PPE) and told us they had plenty of PPE to keep them safe.
- People told us staff always wore personal protective equipment and ensured there was reduced risk of cross contamination by changing frequently.

Learning lessons when things go wrong

- The provider and registered manager had a proactive approach to making improvements to the service and learning lessons from accidents, incidents and complaints.
- The registered manager actively sought feedback from people and ensured they worked on continuous improvement. The registered manager told us they would be working more on reflecting on feedback and adopting a 'you said, we did' approach to sharing what had been done in response to issues raised.

Is the service effective?

Our findings

Effective – this means we looked for evidence 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 this key question was rated as good, at this inspection it has remained the same. 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 needs were assessed and regularly reviewed. Robust assessments took place prior to people using the service, these detailed people's needs and choices including how they wanted to receive their support.
- One staff member told us, "We support people how they want to be supported, it's like a family."
- One person told us, "They all know what to do, if the new ones start, they begin on the shorter visits and work their way up to the more complex longer calls, I wrote the care plan when they started as we had other companies and it was awful, so I wrote everything down and they just did it, it was marvellous."

Staff support: induction, training, skills and experience

- Care staff had a full induction and were trained to ensure they have the skills and experience to effectively support people.
- One staff member told us, "We have excellent training to enable us to provide care when people have complex conditions, they ensure we have training according to people's needs."
- One person told us, "They are all well trained, I have equipment they need to deal with as I am tetraplegic and they all know what to do, I do have a care plan, I'm very involved in that, they do meals if I ask but they usually just open stuff for me, whatever I want."
- Staff told us they were supported by management who were kind and caring and listened to them, they received regular supervisions and told us that they could speak to management at any time should they need to.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough when included as part of their agreed care plan. Information was clear about people's preferences and any dietary requirements.
- One staff member told us, "District nurses come in every day to support one person, we would contact healthcare professionals if we needed to."
- The registered manager told us if they suspected a person's health needs had changed, they sought a professional to assess. They kept this under review and referred on as soon as there were any signs people's health had changed or deteriorated in any way.

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 Act requires, 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.

- People's consent for care was sought. People told us their care needs were discussed and any changes agreed.
- Staff understood and followed principles of the MCA to obtain people's consent for care.

Is the service caring?

Our findings

Caring – this means we looked for evidence the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection this key question was rated as good, at this inspection this has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong, visible person-centred culture. The provider ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. Without exception, everyone we spoke with could not speak highly enough about the kind caring and compassionate support they received.
- People were treated with dignity, respect and kindness. An occupational therapist and a manual handling specialist observed one person being repositioned by two staff members. When leaving they said, "Gosh, they're good aren't they?" The staff had been trained in manual handling but had developed ways to effectively reposition people to cause them as little discomfort as possible.
- Staff were passionate about the values of compassion, respect and kindness. It was clear staff applied these values in their day to day work with the people they supported and their relatives.
- One person told us, "They are very nice to me, very willing, they are always asking, is there anything else you want us to do, and they don't rush." Another person told us, "They are so nice to me, we have a good chat and they are very concerned about me. One person told us that they had recently had a fall and were unable to get out and enjoy their garden, they went on to say, "They always check up on me and asked if I have eaten, they have even mowed my lawn because I haven't been able to do it." This ensured that the person didn't have to worry about the garden being overgrown while they recovered from the fall.
- Care plans were person centred and celebrated people's diversity. The registered manager told us they had built a culturally diverse staff team which they were proud of. Staff told us they got on well and worked like a family celebrating each other's different beliefs and backgrounds. Management supported them and listened to any concerns they had, and staff felt that they were listened to. One staff member told us that they had caring responsibilities outside of work and had sometimes called in unable to start a shift. They told us "Management never complain or make me feel guilty, they just say it's fine and cover the shift." People we spoke with couldn't praise the staff and management highly enough and told us they were involved in all aspects of planning their care.
- Staff had a one page profile which allowed people to choose staff to support them who best suited their needs and interests. It allowed people to choose a staff team who were best suited to their needs. They also introduced a person from the office team so they were familiar with someone who they could contact should they need to.

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

- The provider promoted a culture of inclusion and involvement. People were supported to express their

views and make decisions about their care and support.

- People and their relatives confirmed they were involved in their care, from planning to delivery. One relative told us, "[name] has poor eyesight and it is very important they have a consistent team to support them. If anyone new comes they always shadowed an experienced member of staff first as things have to be back in the same place so that [name] can find them." The provider ensured that people had a regular team of staff so that they built a trusting relationship which people valued.
- Staff told us they delivered care as the person wanted. Staff felt they had forged excellent caring relationships, knew people and supported them as individuals. A relative said, "The carers are very good with [name] who is non-verbal, they always speak with them before talking to me. They make a point of that, it's really nice, when one of the carers was away on holiday and came back [name] just got hold of [staff] hand and held on, so nice."
- People told us that staff were chatty, friendly and reliable. They always asked how they would like their care to be delivered and everyone we spoke with told us the care staff were consistent and knew how they liked things to be done.
- One person and their relative spoke to a care co-ordinator weekly so that carers could be allocated who supported with activities they would like to do. The person enjoyed bike rides, walks, bowling and visiting the cinema. The person selected who they would like to support them on each activity, and this helped them to enjoy different activities and enjoy support from different staff.
- The registered manager and provider were passionate about people being at the centre of the service. They listened to people and always endeavoured to support people to do things they were passionate about and overcame barriers to organise outings and activities which were important to them.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the provider's culture and values. It was embedded in everything that the service and staff did. The provider's most recent survey which focused on people's view of care showed the people who responded felt their privacy, dignity and independence were respected.
- Staff told us how they respected working in people's own homes, they talked about supporting people to retain their independence. For example, by asking the person what they would like help with, and then enabling them to do the tasks they could themselves and then supported them with the rest. One person, had over a period of time regained significant independence with tasks that they required significant support with. This had made a marked difference to the person's quality of life and wellbeing and had enabled them to attend events which were important to them. This included support staff researching information regarding events specifically aimed at the person's ability.
- The staff supported a person to move by helping to plan what was important to them. They turned the move into a positive experience encouraging the planning of decoration and making the new location into a place that they really wanted to be. This turned the move from a potentially negative change into an exciting prospect, which they were supported to plan every step including all of the decoration and furniture.
- Care plans talked about treating people with dignity and respect, promoting independence and ensuring people's privacy.
- Staff knew what was important to people to ensure people's dignity, they were keen to provide care and support in a way people felt comfortable and respected their wishes. People told us that staff were amazing, and well trained.
- For example, staff worked with a person to support communication, so they were able to better express their views and become more independent. Staff also supported the person to write their own shopping list and this enabled them to purchase the items the person needed. This supported the person's independence and helped them to make choices from staff who they had built up a trusted relationship with.

Is the service responsive?

Our findings

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

At our last inspection this key question was rated as outstanding, at this inspection this has changed to 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 received care and support responsive to their needs.
- Staff were encouraged to deliver care in a person-centred way which respected people's needs and preferences. One staff member told us, "We always make sure that we support people how they want to be looked after and cared for."
- One person told us, "I have just had to ring them as my PA (Personal assistant) is off with Covid and they've bent themselves into pretzel shapes to try and cover everything for me, so I can't fault that."

Meeting people's communication needs

Since 2016 onwards all organisations provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and agreed with them. Staff we spoke with knew people well and how to communicate with them in the way they understood.
- The service was meeting the Accessible Information Standard; one person has a rota sent to them in a format which they could better understand. The registered manager told us, "We can access information in different format or have translations done if necessary."

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

- People were supported to take part in activities and outings which were relevant to them and what they were interested in.
- One person was supported to go to a mouth and foot painting association which supported their keen interest in painting. The same person was supported to visit the Solent and take a catamaran to the Isle of Wight. This supported their independence and helped them to follow interests which they are passionate about.
- The registered manager was keen to ensure that people enjoyed as full a life as possible and encouraged staff to support people to enjoy activities and outings that interested them.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. At the time of our inspection we saw how one complaint had been investigated and resolved.
- People told us if they had a complaint or concern they would be happy to report it and felt confident it

would be resolved.

- One person told us, "I can get through to the office and anything you need changed ,they are on it right away."

End of life care and support

- The registered manager was aware of planning for end of life care. No one was receiving end of life care at the time of our inspection.
- The registered manager told us they would have an advanced decision plan in place and would ensure staff had relevant training in supporting end of life including having end of life champions who would support staff when caring for people at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence of 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 this key question was rated as good, at this inspection it has remained the same. This meant people were safe and protected from avoidable harm.

Promoting a positive culture is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were at the heart of everything the service did. The managements primary focus was to promote independence for people supported by the service. This was evidenced by what people told us and also by staff we spoke with who were clear about their role in supporting people.
- The provider, registered manager and staff were all passionate about supporting people to live independent fulfilling lives. They were committed to delivering person-centred care which met people's needs and preferences.
- Staff we spoke with told us they felt valued and their opinions mattered. Staff morale was positive, and they told us they loved their jobs and they valued working as part of a strong team. One staff member told us it felt like a family.
- People gave us numerous examples of how they were supported to maintain their independence.

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

- The registered manager had systems in place to provide a good oversight of the service. It was clear that both the registered manager and the provider were keen to work towards continuous improvement throughout the service.
- The provider had taken a course with a training provider specifically aimed at understanding the role and responsibilities of the nominated individual. The nominated individual is responsible for supervising the management of the regulated activity provided by the service. The provider then used the information learned from the course and worked with the training provider to share what they had learned. This meant putting together management courses so that other services could benefit from their learned skills and experience to improve services.
- Staff told us they felt supported by management and they were happy to speak to them if they had any issues or concerns. One staff member told us, "We can talk to them about work issues and they are also really supportive with any issues we have in our personal lives too."
- People told us the registered manager was responsive to the needs of those using the service and listened to them, taking action if necessary. One person told us, "I have to say they are very well organised and I think it comes from the top down and well run companies are like that chicken, when you cut off the head but it still runs round, if it's a good company, it still runs despite the absence of the senior staff and this one does, I think other companies could learn from this one."

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 provider was open and honest with people when dealing with any issues or concerns. They understood their responsibility to apologise and give people an explanation when things went wrong.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager was committed to working to maintaining and improving care for people. They welcomed feedback and actively requested it from those using the service and staff.
- The provider recognised that primary carers benefitted from some time for themselves and people who they cared for welcomed time away to do different things. They also recognised that social isolation and loneliness was a barrier to some older people. With this in mind, the provider worked in partnership with other voluntary organisations to develop a social day once a week. This developed into the 'Monday Club' they provided transport, activities, a hot meal and an opportunity to socialise and make new friends. This had gained momentum and is in demand so much that they are looking at developing the club further and extending the days it is offered.
- Staff told us they had good relationships with visiting professionals, and they would refer on when people's needs changed or if they became unwell.