

Right Care (NW) Ltd

Rightcare NW Ltd

Inspection report

1 Atlas House
St. Georges Square
Bolton
BL1 2HB

Date of inspection visit:
15 December 2022
05 January 2023
16 January 2023

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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

Right Care is a domiciliary care agency providing personal care to younger and older people living in their own homes. The service is registered to provide support to people with physical disabilities, people with learning disabilities, autistic people and people with dementia. At the time of our inspection there were 37 people using the service.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support: People received support in accordance with assessed needs. Staff had a good understanding of how to promote people's independence and respect their privacy. People and relatives felt there was a caring person-centred culture throughout the service. Assessments of people's needs were carried out; however, some care plans required further detail. This had been identified by a new manager recruited by the provider as an action before our inspection. We have made a recommendation the provider improves the level of detail found in some people's care plans.

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.

Right Care: People and their relatives felt care was provided safely, staff had a good understanding of how and who to raise safeguarding concerns with. People received care in accordance with their care plans and risk assessments. Staff had a good understanding of infection control practice and the provider maintained a high stock level of personal protective equipment (PPE). Staff had been recruited safely and received training; however, some staff felt more face to face training would be beneficial to their development. People's medicines were managed safely, and the provider had robust systems in place to keep daily oversight. We have made a recommendation the provider implements body maps into their electronic recording system as they develop new medicine systems.

Right Culture: The new manager had implemented supervisions with all staff within the first few weeks of taking up their position. Staff reported feeling confident in the new management structure and praised the support they'd received during this initial period. The provider had robust systems in place to monitor daily practice and record keeping. Built into the providers electronic recording system (ERS) was an auditing tool which enabled the management team to audit tasks associated with people's care. The provider welcomed and utilised external auditing as part of their oversight and quality assurance including local authority medication audits. However, the provider did not have an overarching service audit they completed internally. When we discussed this with the provider and manager, they advised they had been working with a quality compliance company and an internal audit was being developed to add to the daily and external auditing being carried out. We have made a recommendation this is implemented in a timely manner.

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

Rating at last inspection and update

The last rating for this service, at the previous premises, was good, published on 12 June 2021

At our last inspection we recommended the provider reviewed travel time for care staff and reviewed their auditing systems. At this inspection we found auditing systems had improved but required further development and staff reported no concerns in relation to travel time.

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rightcare NW Ltd

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

This inspection was carried out by one inspector.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, a manager had been recruited and was in the process of registering with CQC.

Notice of inspection

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

Inspection activity started on 15 December 2022 and ended on 16 January 2023. We visited the location's office on 15 December 2022.

What we did before the inspection

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 reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who use the service and 4 relatives to understand their experience of care provided. We spoke with 8 staff including the nominated individual, care coordinator's, senior care and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including people's care plans, risk assessments and records relating to the provision of care. We looked at staff files including recruitment checks, training records and supervisions and appraisals. We also looked at records relating to the management of the service including audits and policies and procedures.

Is the service safe?

Our findings

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

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

Using medicines safely

- Where people received support with their medication it was managed safely.
- The providers recording system included an alert system which notified the office if someone's medication was not administered at the scheduled times.
- We reviewed people's medication records and found they included direction on how staff should administer medicines. However, the provider's recording system did not have body maps for the location where creams should be applied. The provider advised they were implementing a new system for the recording of people's medicines.

We recommend the provider includes body maps to guide staff on the location where creams should be applied.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt care was provided safely. Staff had a good understanding of how to raise safeguarding concerns and who with.
- People praised staff for the safe care they provided, and relatives felt staff had a good understanding of how to support people safely. One person said, "I've had them about 12 months. They're really good, they're absolutely fantastic. I feel really safe."
- Staff demonstrated they understood different forms of abuse and what to do if they witnessed any abuse or they had any concerns. One staff said, "I'd report it to my manager, I'd contact CQC if I couldn't raise it internally."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with the provision of people's care had been assessed. People had risk assessments which provided staff with clear guidance on how to provide support safely.
- Staff understood where to find information relating to risks associated with people's care. Staff informed us they were kept up to date with any changes by the care coordinating team and the manager.
- The provider demonstrated a commitment to continuously learning and developing systems.

Staffing and recruitment

- The provider completed appropriate checks to ensure the suitability of staff to work with vulnerable adults. This included references, a value-based interview and DBS checks. 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.

- Staffing levels had been impacted by the sector wide staffing issue in Social Care; however, the provider had worked to reduce the impact on people in the provision of their care and maintained support to a safe standard.

Preventing and controlling infection

- The provider had systems in place to monitor their stock and staff's usage of PPE. Staff had a good understanding of when PPE was needed and how to dispose of it safely.

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 comprehensive inspection, we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Protected characteristics such as age, religion and disability were considered during initial assessments the provider carried out. The provider worked collaboratively with people, relatives and professionals involved in someone's care to ensure initial assessments were individualised.
- The manager had identified as part of their action plan, reviews of people's care had not always been recorded. However, we were assured from evidence they provided reviews had been carried out and the issues identified related to record keeping.
- People and relatives told us they had contact from the management team to review their care. One relative said, "The office staff will come down and have a chat (to review how things are going). I have a care plan and I was asked what I like and what I don't like. They're lovely."

Staff support: induction, training, skills and experience

- Staff reported feeling supported with an induction and training programme to enable them to carry out their roles confidently. Staff's induction was mainly provided via online training, however, face to face training courses had been held for moving and handling. Some staff felt additional face to face courses would be of benefit to them.
- The manager had set up a programme of supervisions to introduce themselves to staff and obtain feedback about any staff concerns. One staff said, "It's new obviously because the manager has only been there a short time. But they've come in and I think it's gone down well, they're approachable and they've got a good way of trying (to implement improvement)."

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

- People reported they were happy with the food staff provided. Some people's care plans included preferences and how people preferred their meals and drinks prepared. However, further detail could have been added in some cases to ensure all people's care plans contained this level of detail.
- There were no people receiving support with specific dietary needs. However, the manager of the service understood what support would need to be accessed if people needed a review of their dietary needs. The manager said, "We don't have anyone at the moment, if we did though we'd raise that with the social worker or GP and request a SALT assessment."

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

- The provider worked in partnership with the local authority to ensure packages of care were setup to

provide effective support.

- The provider carried out regular checks on the timings of people's calls to ensure they fell within 30 minutes of the times of calls people were initially allocated and assessed for wherever possible.
- Due to the impact of the staffing crisis in the Social Care sector we observed times of calls sometimes fell outside of the 30 minute time range. However, impact had been kept to minimum and people and relatives felt the provider was doing all they could to manage the situation and praised communication when staff were going to be late.
- One person said, "Oh yeah, they must have enough staff I don't have missed or late calls. The occasional times they do run late, they always give me a ring even if it's just ten minutes."

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.

- At the time of inspection, the provider was not supporting anyone who had an impairment which impacted their decision making or capacity to understand information they were presented with.
- Staff demonstrated a good understanding of how a person's capacity impacts the way they receive support and who to report any concerns to. One staff said, "I know it's where a person has a right to make their own decisions unless they're unable to anymore. I'd report any concerns to my manager or the social worker."

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 comprehensive inspection, we rated this key question good. The rating for this key question 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

- Staff explained how they would adjust their approach to support someone dependent on their individual characteristics such as race, culture religion and age.
- Staff knew people well and understood people's care. People told us staff were caring and respectful in their approach and met their needs in a way which respected their wishes. One person said, "[Staff] do anything for you, they know me well."
- A relative said, "[The nominated individual] I've spoken to. They're a great support and very kind. [The nominated individual] can't do enough for you. I can't complain at all."

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

- People were supported to have control of their care. People were asked for consent when care tasks were carried out. Relatives also felt people were supported in a way which was inclusive and involved them in the care they received.
- One person said, "The staff will speak to and include my family when they visit."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected.
- Staff had a good understanding of how to respect people's privacy and promote their independence. One staff said, "I try to reassure people, I do tell them what I'm doing, if someone's uncomfortable I'll cover them up. I knock on the door, shut curtains that kind of thing. I talk people through what I'm doing."
- Staff understood the value of person-centred care. One staff said, "It's about giving people choices and knowing them as a person. I don't impose something they wouldn't want to do and I always try to understand their perspective."

Is the service responsive?

Our findings

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

At our last comprehensive inspection, we rated this key question good. The rating for this key question 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

- The level of detailed information in people's care plans was mixed. For example, some people's support was recorded with detailed reasons and a breakdown of what support was needed. Other people's care plans needed further development to ensure the same level of detail was included in all plans.

We recommend the provider ensures all care plans contain detailed breakdowns of what, when and why support is needed.

- The manager of the service acknowledged some care plans needed additional content to provide staff with clear guidance of how people's support should be provided and why. They shared an action plan they created following an initial review of the service which included improving the content of some people's care plans. Where care plans had been reviewed and added to, guidance was clear, and detail provided.
- Care plans which did not contain sufficient levels of detail had not impacted the quality of people's care. We spoke with several people after reviewing their care plans and all praised the support they received and how well the staff knew them.

Meeting people's communication needs

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

- People's communication needs were assessed and recorded in their care plans. Aids to assist with communication such as hearing aids and glasses were highlighted so staff were aware what support people needed to communicate effectively.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints policy in place. Where people had made complaints, we saw evidence they had responded professionally in accordance with their policy. The provider had also used complaints to identify lessons they could learn and address any issues of poor practice.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of inspection. However, we

discussed with the manager whether this was something they would agree to and how they would implement end of life support. They explained they would work holistically with professionals involved and work in accordance with advanced care planning.

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 requires improvement. At this inspection the rating has changed to 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

- A new manager had recently been recruited, following a period of time without a registered manager. The provider had actively tried to recruit a manager during this period and explained they wanted to ensure they recruited the right manager for the role.
- The manager explained they had increased auditing and checks to ensure they reflected on the whole service to create a robust action plan to address any issues they found. We reviewed this and found issues identified shortly before our inspection were reflected in our findings at this inspection.
- Auditing and quality assurance systems were generally robust and daily auditing was built into the providers ERS to ensure checks were carried out regularly. However, we identified outside of this, overarching audits were completed by external professionals who worked with the service. Competency checks on staffs practice were checked regularly.
- We discussed an overarching service audit with the provider who evidenced they were working with a quality assurance company to develop policies and audits to ensure compliance with regulations.

We recommend the provider implements overarching audits to evidence daily auditing already in place.

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

- The provider promoted an inclusive person-centred culture in relation to the provision of care, care planning and working in partnership with other professionals, relatives and people. However, some staff shared the difficulties they are finding in continuing to work as carers.
- One staff member said, 'I love this job, it's such a rewarding job and the people become like your second family. But I know people who have those values who have left the job, particularly since the cost of living crisis started, it's the travelling, if you're travelling a lot, for some staff they can't afford it.'
- We discussed this with the provider who acknowledged staffs concerns and shared their own about the impact on care staff with strong person centred values and their ability to continue working. The provider had implemented travel vouchers for staff and was looking at further support they could offer including developing staff's skills and offering a pathway to a career in care.

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 understood their responsibilities in relation to duty of candour. Relatives felt they were kept

informed and people reported no concerns in relation to the providers openness and transparency.

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

- The provider engaged with people, relatives, staff and other professionals to ensure a holistic approach to peoples care where equality characteristics were considered. This included examples such as building a staff team around people's cultural needs and sharing details with staff so they could provide support while ensuring cultural needs were respected.
- The provider worked in partnership with other professionals and relevant bodies. There was evidence throughout people's care records and support plans showing the provider was working as part of a wider team to support people effectively.
- The provider shared how they had reflected on previous inspections, accidents and incidents and complaints to improve individual practice and service governance. The nominated individual said, 'One of the things we took away from what happened a couple of years ago when we were rated inadequate. Yes, there are things that are really difficult, how the government changes impact social care, staffing for example. But I think we try to be proactive rather than reactive. Getting the [quality assurance company] on board, looking at specialised training, constantly reviewing the best standards in the industry, what new technology we can use. It's about constantly evolving and liaising with other people in the industry because that's absolutely key.'
- The manager added, 'I feel positive about the changes were implementing. I think once they're up and running we will continue to improve compliance with regulations but also just generally in the quality of our audits, care plans and service.'