

Liverbird Home Care Ltd

# Right at Home South Liverpool

## Inspection report

First Floor, 19A Allerton Road  
Mossley Hill  
Liverpool  
L18 1LG

Tel: 01513456349

Website: [www.rightathome.co.uk/southliverpool](http://www.rightathome.co.uk/southliverpool)

Date of inspection visit:

22 January 2020

23 January 2020

Date of publication:

19 February 2020

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Right at Home South Liverpool is a domiciliary care agency providing care to people living in their own homes, so they can live as independently as possible. At the time of our inspection the service was supporting five people with personal care.

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.

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

People told us they received their medicines on time and as prescribed. Medication audits were completed regularly and identified any areas of improvement. However, there was no guidance for staff on how and when to administer medication prescribed 'as required'. We made a recommendation about this.

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. Staff knew how to support people safely, including the use of equipment to assist them to move. Staff were supported and trained to ensure they had the skills to support people effectively. They understood how to protect people from harm and were confident any concerns they raised, would be reported and investigated by the management team. Staff had been recruited safely and there were enough staff to effectively meet the current packages of care which supported people's needs.

People told us they had good relationships with the staff that supported them. People were treated with dignity and respect. Staff supported people to be as independent as possible and express their views about the service and their care. People and relatives told us the service was person-centred.

The registered manager, managing director and staff strived to provide safe care and support. The team worked well with other healthcare professionals to ensure the service responded to people's changing needs safely and effectively.

The management team continually looked for ways to improve people's lives. Staff culture was positive, and the team was caring. This had resulted in the provision of compassionate and personalised care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had effective quality assurance systems in place to monitor the quality and safety of the service.

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 were involved in their assessment and care planning and were asked for their feedback of the service. This helped to support the development of the service. There was a complaints procedure and any received were investigated and responded to.

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

Rating at last inspection

This service was registered with us on 25 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

Follow up

We will 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?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Right at Home South Liverpool

## **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 Care Act 2014.

#### Inspection team

The 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted time to obtain contact details of people who used the service and relatives, where appropriate.

Inspection activity started on 23 January 2020 and ended on 24 January 2020. We visited the office location on 24 January 2020.

#### What we did before inspection

We reviewed information we had received about the service since registration and we sought feedback from

the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, managing director and care workers.

We reviewed a range of records. This included three people's care records, and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at rotas, training and supervision information and some policies.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- When people were prescribed medicines 'when required' (PRN) there were no plans in place to guide staff on when and how to administer the medicine. There was also no guidance on the maximum dose to be taken in a 24-hour period.

We recommend the provider seek advice and guidance from a reputable source on the administration of 'when required' medication.

- People were supported to manage their medicines safely from trained staff. Staff followed specific guidance in relation to each person's support required to manage their medicines.
- Medication Administration Records (MARs) showed people received their medication as prescribed. These records had been audited regularly by the registered manager and identified concerns had been appropriately addressed.

### Assessing risk, safety monitoring and management

- People's care plans contained a wide range of risk assessments with detailed information to support staff in safely supporting people. Where appropriate, other healthcare professionals were involved with people's risk management plans.
- The registered manager reviewed risk assessments to ensure they reflected people's needs and they liaised with the person and, if necessary, their family, staff and other professionals to do this.
- Staff followed guidance in people's plans to keep them safe. However, one person's repositioning records were not always sufficiently detailed. The registered manager took steps to address this immediately.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe with the staff who supported them. They also said their care was provided in a safe way. Comments from people included, "I'm safe, they [staff] do well" and "I'm very safe, staff know what they're doing."
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff were confident to share concerns with the registered manager and other essential agencies.
- The registered manager appropriately reported potential safeguarding incidents to the local authority and the Care Quality Commission.

### Staffing and recruitment

- People received support from staff in sufficient numbers to meet their care and support needs safely.

- The provider carried out thorough staff recruitment checks to ensure staff were suitable to work at the service.
- People were supported by a consistent group of staff. People valued having regular staff as they felt staff got to know them well.

#### Preventing and controlling infection

- There were arrangements to reduce the risk of infection. People and a relative confirmed staff wore protective equipment such as gloves.
- Staff told us they had infection control and food hygiene training and knew how to reduce the risk of infection.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with healthcare professionals to ensure people had access to health services and had their health needs met.
- The registered manager worked with other professionals to ensure people's discharge from hospital was completed safely. We saw written feedback from one professional which said "There was good communication, problem solving with the family, staff listened to advice and there was good joint working. This made for an effective and safe well-planned discharge."
- Healthcare professionals were very positive about the working relationship with the registered manager and staff. One professional said "They have demonstrated a high level of attention to risk assessment, risk management and support planning. They are trusted members of the multi-disciplinary team and they work well with the community nurses and other professionals."

Supporting people to live healthier lives, access healthcare services and support

- People told us that staff supported them to access medical support as appropriate, meaning they could maintain good health.
- Staff checked on people's well-being and told us what they would do if they had any concerns about people's health.
- Where people were supported with oral health care, their oral health support needs were not always clearly identified in their care plans. The registered manager told us they would update people's care plans with this information.

Staff support: induction, training, skills and experience

- People told us staff were suitably trained and competent to carry out their roles. Training records we saw confirmed this. One person said "They're [staff] well trained, they know exactly what to do and do it well."
- Staff received a robust induction and completed the Care Certificate where appropriate. The Care Certificate is the recognised standard for training for staff new to health and social care. Staff were required to shadow experienced staff until ready to undertake lone working.
- Staff received formal support through supervisions and appraisals.

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

- People's nutritional needs were met. Where people were supported with this aspect of their care they told us they were happy with the support they received.
- Where people had specific dietary needs, staff were aware of these and care plans offered detailed guidance about how people's meals should be prepared, and the support they required to eat safely.

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 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.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005.
- Staff told us they always asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support. People we spoke with confirmed this.

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

- People's needs were assessed before they started to use the service to ensure care plans reflected the support required.
- Care and support was planned, delivered and monitored in line with people's individual assessed needs.

# Is the service caring?

## Our findings

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

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

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

- People told us they were well looked after, and they were happy with the staff supporting them. Comments included, "We enjoy each other's company. I like them [staff] coming and they [staff] like coming to me" and "The service is very good, they [staff] are very caring, sympathetic, kind and respectful. I'm very happy with the service."
- People told us they had good relationships, particularly with staff who supported them regularly and they had got to know them well. People told us staff understood their needs.
- Staff were aware of people's individual needs, including their, sexual, cultural and religious needs.
- Staff told us they always treated people as individuals and fairly. People confirmed this, and they said their support was personalised to their preferences.

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

- People were involved in the planning of their care.
- Regular care reviews were held with people and where appropriate their relatives. This ensured people's views were regularly considered.
- People told us they were able to make day to day choices about their care, and this was reflected in records we saw.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and protected their dignity and privacy. One person said "Carers always ask me before doing anything like helping me wash. They talk me through what they're doing and always cover me up."
- People told us that staff encouraged them to be as independent as they could be, and records reflected this.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained a good level of information to support staff in delivering care to people in line with their assessed needs.
- Care plans were regularly reviewed with people and their relatives which ensured people's needs were up to date.
- Care and support was responsive to people's individual needs and wishes. One person told us, "They [staff] know me well and know what I like, and I always tell them what I want, and they do it. They always stay for the time they are supposed to."

End of life care and support

- No one was receiving end of life care at the time of our inspection. The registered manager said they would work alongside other health professionals if care was needed in this area.
- There were systems in place to record people's advanced wishes. For example, where people expressed a wish not to be resuscitated, these wishes were recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that 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 identified, recorded and highlighted in support plans. Staff were aware of these and supported people in these ways.
- People and a relative told us staff communicated with them in ways they understood, and information was available in different formats if requested.

Improving care quality in response to complaints or concerns

- A complaints system was in place and information on how to complain was made available to people.
- People and a relative told us they felt comfortable raising any concerns and knew how to. People told us their concerns were listened to and management were responsive to issues they raised.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People told us the service was well run and they would recommend it to others. One person said, "I'm very happy with the service, it's been a positive experience for me."
- The management and staff team worked together to ensure the service was delivered based around the needs and wishes of individuals who used it. People's individual needs were considered when planning and delivering care.

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

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf.
- Staff were encouraged to contribute to the development of the service through meetings and supervision. Staff told us they felt comfortable raising concerns with managers as they were approachable and supportive. One staff member said, "There's good management support, I feel managers listen when I raise things and are responsive to concerns."
- Managers were working with other care providers to share best practice information about care. Managers used information to make improvements to practice.

Continuous learning and improving care

- Accidents and incidents were reviewed, and lessons effectively shared with the wider staff team.
- Spot checks were taking place to ensure staff practice was consistent with the values of the registered provider.

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

- The registered manager was aware of their regulatory requirements including what events they needed to notify CQC about.
- The registered manager had effective quality assurance systems in place. Actions were identified to improve areas of practice and shared with the staff team.

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

- There was an open culture within the service. People told us the registered manager and staff were open and honest with them.
- The registered manager had discussed concerns raised with people and their relatives.