

Idle March Limited

# Right At Home (Twickenham to Weybridge)

## Inspection report

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Date of inspection visit:  
14 November 2017

Date of publication:  
04 January 2018

## 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

This was an announced inspection that took place on 14 November 2017.

The agency provides domiciliary, dementia and end of life care to people living in their own homes. It is located in the Hampton area.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

This was the first inspection since the agency moved premises. At the previous inspection on 7 October 2015, the agency was rated overall good with good for each key question.

People and their relatives said that they were happy with the service that the agency provided. The agreed tasks were carried out on time and to their satisfaction. Normally they were given notice of any changes to staff and the timing of their care, unless it was unavoidable short notice. They felt safe with staff that the agency provided and thought that as an organisation the agency and its staff really cared about them. They said the service provided was safe, effective, caring, responsive and well led.

The records were up to date and covered all aspects of the care and support people received, the support choices they had made and identified that they were being met. They contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties well. The agency had incorporated new technology that improved the standard and quality of the service people received.

Staff were knowledgeable about the jobs they did, people they supported, the way people liked to be supported and worked well as a team. Staff had appropriate skills and provided care and support in a professional, friendly and kind way that was focussed on the individual as a person. Staff were aware of their responsibilities to treat people equally and respect their diversity and human rights. They treated everyone equally and fairly whilst recognizing and respecting people's differences. Staff were well trained, knowledgeable and accessible to people and their relatives. Staff said the organisation was a good one to work for and they enjoyed their work. They had access to good training, support and there were opportunities for career advancement.

Staff encouraged people and their relatives to discuss health and other needs with them and passed on agreed information to GP's and other community based health professionals, as required. Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still making sure people's likes, dislikes and preferences were met.

The agency staff were aware of the Mental Capacity Act (MCA) and their responsibilities regarding it.

They said the management team and organisation were approachable, responsive, encouraged feedback from them and consistently monitored and assessed the quality of the service provided.

The health care professionals that we contacted were happy with the support that the service provided for people.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> 'The service remains Good.'	<b>Good</b> ●
<b>Is the service effective?</b> 'The service remains Good.'	<b>Good</b> ●
<b>Is the service caring?</b> 'The service remains Good.'	<b>Good</b> ●
<b>Is the service responsive?</b> 'The service remains Good.'	<b>Good</b> ●
<b>Is the service well-led?</b> 'The service remains Good.'	<b>Good</b> ●

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## **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 checked 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 was an announced inspection and took place on 14 November 2017. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 23 people receiving a personal care service and 39 staff. During the inspection, we contacted eight people or their relatives' and five staff. We also spoke with four staff and the registered manager during the office visit.

We looked at three people's care plans and four staff files. We also checked records, policies and procedures and maintenance and quality assurance systems.

# Is the service safe?

## Our findings

People and their relatives said they felt safe receiving a service from the agency and enough staff were provided to meet their needs in an appropriate and timely way. The staff rota reflected this with people's needs being met flexibly and safely. One person said, "I feel safe with them [Staff]." A relative said, "I don't live close so it's good I feel safe using the agency."

Staff understood what abuse was and the action required if they should encounter it. The agency had policies and procedures and provided training that enabled staff to protect people from abuse and harm. This included assessing any risks to people and staff including if staff encountered behaviour by people that may put themselves and staff at risk. They were aware of the procedure to follow if encountered and of the lone working policy. Staff were aware of how to raise a safeguarding alert and when this should happen. The agency also provided them with a handbook that contained safeguarding, disciplinary and whistle-blowing information. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The staff recruitment procedure included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's skills, experience and knowledge of domiciliary care. References were taken up and work history and disclosure and barring (DBS) security checks carried out prior to people being employed. There was a six months probationary period with regular reviews. All stages of the process were recorded.

The agency carried out risk assessments that protected people and staff providing a service. The risk assessments were monitored, reviewed and upgraded when people's needs changed and people and their relatives were encouraged to contribute to them. Staff carrying out the risk assessments were trained to do so. The staff told us they shared information regarding risks to people with the office and other members of the team if they had shared calls. They told us they knew people they provided a service for well and were able to identify situations where people may be at risk. This enabled them to take action to minimise the risk. The agency kept records of any accidents and incidents. Staff had also received infection control training and people said their working practices reflected this.

Staff safely prompted people to take medicine or administered it as required. Staff were trained and their training was refreshed annually. They also had access to updated guidance. The agency checked and monitored people's medicine and records.

# Is the service effective?

## Our findings

People and their relatives were enabled to make decisions about the care and support they received, how this would take place, when and who would provide it. People said staff understood their needs, met them skilfully and were patient and supportive in their approach. They said the type of care and support staff provided was what they needed. Staff said they regularly checked with people that the care and support was meeting their needs. This was also monitored as part of the agency quality assurance system. Staff were suitably trained to complete the tasks that were required. One person told us, "I see them every day and can never fault them." A relative said, "Very good for us."

Staff were provided with induction and annual mandatory training. One member of staff said, "The training is great, they are always on it. I recently did a manual handling refresher." The induction was comprehensive; person focussed, face to face training that took place over three days plus the training combined a six weeks workbook completion of the 'Care Certificate Common Standards' qualification aside from completing the care certificate e-learning module. There was a dedicated, qualified internal trainer and access to specialists such as the Princess Alice Hospice. The training included moving and handling, food hygiene, fire safety, dementia awareness, palliative and end of life care. Staff also received equality, diversity and human rights training that enabled them to treat everyone equally and fairly whilst recognizing and respecting people's differences. This was confirmed by people and their relatives.

New staff shadowed more experienced staff before working alone and spot checks took place to monitor progress. Shadowing was also included as part of the staff client handover process. One person said, "Absolutely marvellous, very well trained." Staff meetings, supervision and annual appraisals provided opportunities to identify group and individual training needs in addition to the informal day-to-day supervision and contact with the office and management team. Staff had training and development plans. The agency also hosted training for other franchises within the organisation and also provided free dementia awareness training for the film makers of a local charity based locally.

People's care plans included their health, nutrition and diet. If required staff monitored people's food and drink intake. Staff advised and supported people to make healthy meal choices and said that if they had any concerns they raised and discussed them with the office, person, their relatives and GP as appropriate. Records demonstrated that the agency made referrals to and regularly liaised with relevant community health services including hospital discharge teams and district nurses. They also attended local authority hosted provider forums.

People's consent to receiving a service was recorded in their service contracts with the agency and care plans. The agency had an equality and diversity policy that staff were aware of and understood.

We checked whether the service was working within the principles of the MCA and that applications were made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process,

when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.



## Is the service caring?

### Our findings

People and their relatives felt staff treated them with dignity and respect. They were listened to and their opinions valued. This was underpinned by the training staff received in respecting and ensuring people's rights to dignity and treating them with respect. People said this was reflected in the caring, compassionate and respectful support staff provided. It was delivered in a friendly, helpful and professional way and reflected the agency's philosophy of enabling people to make their own decisions regarding the support they needed and when it was required.

People spoke positively about having consistent care staff who understood their needs and preferences. This demonstrated a person-centred approach to the care that was provided. Staff arrived on time, carried out required tasks and stayed the agreed time. They also recognised the importance of their roles in establishing relationships with people and enriching their lives, as for some people their visits maybe a large part of or the only point of contact for people. One person told us, "They really look after me." Another person said, "Such nice staff." A relative told us, " [Relative] really likes the carer and he is a hard act to follow when he is off."

Staff we spoke with were knowledgeable about the people they supported. They were able to give us information about people's needs and preferences that demonstrated they knew people well. One care staff told us, "I've been matched up with wonderful clients." This was enabled by the person centred training that staff received.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and ongoing training and contained in the staff handbook.

# Is the service responsive?

## Our findings

People were confident that they received personalised care that was responsive to their needs. People said that if there was a problem with staff or the timing of the support provided, that it was quickly resolved.

One person said, "Absolutely prompt, always turn up on time." Another person told us, "There when I need them." A relative told us, "They really try their best, nine out of ten." Another relative said, "We get a schedule online and they also try to provide continuity of carers."

People and their relatives confirmed that they were asked for their views by the agency. They were fully consulted and involved in the decision-making process before the agency provided a service. They said staff enabled them to decide things for themselves, listened to them and if required action was taken. Staff told us about the importance of capturing the views of people and their relatives so that the support could be focused on people's individual needs.

People and their relatives confirmed that they had received suitable information about the service the agency provided and were involved in developing and deciding their care plans. The information was provided in leaflets and a customer information pack that outlined what they could expect from the agency, way the support would be provided and the agency expectations of them. Decisions about people's care were made and agreed after a needs assessment was completed. This was to establish how best to provide the care, including frequency of visits, tasks to be carried out and time schedules.

Having received an enquiry, the registered manager the Field Supervisor would carry out an assessment visit. During the visit they would establish the tasks required by people and agree them, to make sure they met the person's needs.

People's care plans were individualised to them, person focused and people were encouraged to take ownership of the plans and contribute to them. People's needs were regularly reviewed, re-assessed with them and their relatives and care plans changed to meet their needs. The changes were recorded and updated in people's files. People's personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled staff to understand people's needs, their preferences, choices and respect them. Staff were matched to the people they supported according to their skills and the person's needs and preferences.

The agency was not currently providing end of life care, although it had previously provided this service and was ready to provide it and staff had received end of life care training. When providing end of life care, the agency took into account that relatives could be involved in the care as much or as little as they wished during a distressing and sensitive period for them. The agency liaised with the appropriate community based health teams.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them.

There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people to make complaints or raise concerns. The agency had an equality and diversity policy and staff had received training.

# Is the service well-led?

## Our findings

People and their relatives were equally happy and comfortable speaking with the registered manager and office staff, to raise any concerns as they were with staff providing a direct service. They told us they had frequent telephone communication with the office and they liked that it was a small organisation which made the service more personal. Staff liked that they lived close to people as this meant they could get to their calls more easily and on time. One person told us, "They [Office staff] always respond to me." Another person said, "They let us know if there is a problem with people [Staff] running late." A relative said, "We have good contact with the office."

During our visit the office culture was open, supportive with clear, honest and enabling leadership. This was also reflected in the comments of field staff. One staff member said, "Absolutely fantastic, I've been working here three years now, why did I spend 15 years working in a care home." Another staff told us, "Great place to work; I get all the support I need."

The registered manager described the agency vision of how the service provided was care to a standard that would be suitable for their own relatives. The agency vision and values was clearly set out and staff we spoke with understood them, agreed with them and said they were explained during induction training and regularly revisited at staff meetings.

Staff said the registered manager and care co-ordinators provided excellent support for them and were always available when needed. They were in frequent contact and this enabled staff to voice their opinions and exchange knowledge and information. This included regular minuted staff meetings. Staff felt their suggestions to improve the service were listened to and given serious consideration. They also had access to a whistle-blowing procedure that they felt confident in.

Staff told us that they really enjoyed working for the agency and there was a clear career development pathway and senior staff had been promoted internally. The staff files demonstrated that regular staff supervision and annual appraisals took place that included input from people and their relatives.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. Our records confirmed that appropriate notifications were made to the Care Quality Commission in a timely manner.

The agency had upgraded to a new digital care planning and care notes system. This was a mobile phone based system that used 'live data' to improve the service. It informed the office if staff arrived more than 15 minutes early for a call or 15 minutes late. Staff were required to confirm that tasks had been completed or give a reason why they had not before enabling them to log out. It was then confirmed with people and their relatives that tasks had been fulfilled to their satisfaction. Records showed that frequent spot checks and service reviews took place. The reviews also confirmed what worked for people, what did not and what people considered the most important aspects of the service for them. The care co-ordinators carried out spot checks in people's homes that included areas such as care staff conduct and presentation, courtesy

and respect towards people, maintaining time schedules, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment. Frequent phone contact quality checks took place with people and their relatives.

The agency and organisation carried out audits that included people's care plans, staff files, risk assessments, infection control and medicine recording. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well.

We saw that information was kept securely kept and confidentially observed for digital and paper records.