

Amica Homecare Limited

Right at Home Ipswich, Woodbridge and Felixstowe

Inspection report

9 Dencora House
34 White House Road
Ipswich
IP1 5LU

Tel: 01473561212

Date of inspection visit:
24 March 2022
31 March 2022

Date of publication:
18 May 2022

Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

Summary of findings

Overall summary

About the service

Right at Home Ipswich, Woodbridge and Felixstowe is a domiciliary care service which provides personal care to adults living in their own homes. There were 11 people being supported with the regulated activity of personal care at the time of our inspection.

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 were at the very heart of the service and the focus was on delivering first-class care. The provider's philosophy and values were shared across the staff team and embedded as part of the induction and ongoing training processes.

The provider and staff team were highly passionate about providing high quality care tailored to people's individual needs and preferences. People were cared for by a consistent team of well trained and competent care staff who knew them very well.

People were supported by exceptionally caring staff that respected their privacy and dignity very well and understood how to support them to maximise their independence.

The service was extremely well managed, and people and their relatives consistently praised the passion and drive of the provider and their motivation to provide an exceptional service. People, their relatives and staff consistently told us they would positively recommend the service to other people and had already done so in many cases.

Managers and care staff understood their roles in recognising and responding to abuse. Risks were assessed and managed safely. People received their medication as prescribed and there were sufficient staff available to keep them safe and ensure their needs were met. Staff adhered to infection prevention and control procedures.

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.

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

This service was registered with us on 1 April 2020 and this is the first inspection.

Why we inspected

Why we inspected This was a planned inspection based on the date the service was first registered

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?

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?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Right at Home Ipswich, Woodbridge and Felixstowe

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of an 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

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. The registered manager was also one of two directors of the provider company. The director and registered manager have been referred to as the provider throughout this report.

Notice of inspection

We gave the service 48 hours' 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 24 March 2022 and ended on 31 March 2022.

What we did before the inspection

We reviewed information we had received about the service since registration with CQC. We sought feedback from the local authority. We also 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. We used all this information to plan our inspection.

This performance review and assessment was carried out without a visit to the location's office. We used technology to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

During the inspection

We spoke with one person who used the service and six relatives about their experience of the care provided. We also had contact with 13 members of staff including the provider. We reviewed a range of records. These included two people's care and medication records, staff records in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us their family members felt safe when they received their care. One relative said, "I am very pleased with them, no issues at all with the staff."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns.
- The provider encouraged a culture of speaking out about any concerns. A member of staff said, "I have received very good training to enable me to care/support people safely and am aware how to identify harm or abuse and would always talk to the Right at Home team if I had worries or concerns."
- Staff knew what constituted a safeguarding incident and how to raise safeguarding concerns appropriately.

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

- Staff kept detailed records of people's care and support. This included risk assessments, which showed how the risks in their lives were assessed and mitigated. These were kept under review and updated where required.
- Risks to people's well-being were assessed, recorded and updated when people's needs changed. Risks which affected their daily lives, such as mobility, environmental, communication, skin integrity and nutrition were clearly documented.
- There were policies and procedures in place to ensure that accidents and incidents were recorded, actioned, and analysed if they occurred.

Staffing and recruitment

- People were supported by a consistent group of staff. People valued having regular staff as they felt staff got to know them well. One person said, "It's the same staff all the time, I know them all by name." Another person's relative commented, "[Family member] knows them all, the company tries to ensure it's consistent staff."
- Systems were in place at the service to monitor the times of visits to ensure people received their planned visits. One person told us, "[Care staff] have never been late but I am sure the office would let me know if staff were running late."
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices. The provider undertook checks on the suitability of potential staff to care for people living at the service. Pre-employment checks included obtaining references and enhanced checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help

prevent unsuitable people from working in care services.

Using medicines safely

- There were systems in place for the safe administration of medicines. Medicines administration records we observed showed people received their medicines as prescribed.
- People and their relatives told us that, where necessary, care staff assisted them with their prescribed medicines. One relative said, "[Family member] has lots of tablets, staff do all that. I've never had any issues with tablets."
- Staff received training and regular competency checks to ensure they were administering medicines safely.
- The provider had systems in place to ensure that medicines were managed appropriately. Electronic records were maintained by staff showing when people had received their medicines as prescribed.

Preventing and controlling infection

- The provider had infection control policies and procedures in place. One person told us, "I often see them wearing two masks, a mask and a visor. They all wear gloves and make sure there's anti-bacterial gel everywhere."
- Staff had received training in how to prevent and control infection. A staff member told us, "We are provided with PPE and advised of how to correctly use it and dispose of it, and the importance of personal hygiene."
- Staff carried out regular COVID-19 tests to help prevent the spread 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.

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

- People's needs were assessed to ensure they could be met by the service.
- Assessments considered people's medical history, medication, personal care, and their personal preferences about how they would like to receive their care and support.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- People spoke positively about the skills of the staff supporting them. The positive feedback demonstrated how staff applied their learning effectively which had led to good outcomes and supported people's quality of life. One person's relative said, "Yes, absolutely, training is 100%."
- Staff completed a detailed induction based on The Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Care staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care. One care staff member said, "The training is superb, and it is ongoing. We are signposted to our learning objectives so are always up to date."
- Staff received regular supervisions, spot checks of their work and competency and an annual appraisal of their work. A member of staff said, "The Right at Home team always give excellent support to their team members, you always feel valued, they are very approachable on any aspect, excellent training as well."

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

- People were supported with their health and dietary needs where this was part of their plan of care. A relative told us, "Every Friday the care [staff] sit down with relative and they do a meal plan for the coming week."
- People's preferences likes and dislikes, support needs and dietary requirements related to their eating and drinking were recorded in their care plan.

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

- There were effective systems in place for staff to escalate any concerns they had about people's health to senior staff, ensuring appropriate input and advice from relevant health professionals was sought.

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.

- Care staff were aware of the need to make sure people agreed to all care and support. They respected people's decisions if they declined any planned care activity. One person told us, "The care staff always ask before helping me with a shower." Another person's relative commented regarding care staff asking for consent, "Yes, that's exactly what [care staff] do, and they always use appropriate language."

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 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

- People's relatives gave overwhelmingly positive feedback about the care their family member received and the exceptionally caring and considerate staff. One relative said, "I think they've [care staff] been trained that well, their communication and interaction with my relative is amazing. I can't say just one thing because there's a whole combination of things. Now I can sleep at night knowing the care my relative receives is providing them with a better quality of life."
- People were cared for by a staff team who passionately described their role in ensuring people received excellent care. One member of staff told us, "Our quality of care is amazing. We [care staff] all care so much about [people] and we all ensure the best quality of care is carried [delivered]. We all work really well as a team to make sure each [person] is happy and well cared for. [People's] welfare is paramount."
- We noted numerous examples of the provider, management team and care staff going the 'extra mile' to support people. People's care was always delivered by a care staff member they had met before and been personally introduced to by the provider or compliance manager. The provider explained that the philosophy and policy of the service was to ensure people only ever received their care from a member of care staff they had met before. One person was supported by care staff with a change at their home which had a massive impact on the person's health and well-being as well as an emotional support. A second person, who would have been alone during the festive period, was visited by a member of the care staff in their own time in order to ensure that the person was not left lonely.
- There was a strong person-centred culture which was reflected in all aspects of the service. There was a focus on ensuring people were supported to live well, and this care and attention extended to those they lived with and to their family members too. A relative told us, "I think they [care staff] do go above and beyond." Another relative commented, "Yes, absolutely they go over and above, no question about that. They will take relative's dog for a walk, plant flowers for them. Having them go in has changed our situation from being incredibly difficult to being very manageable. It gives us something to talk about together when I phone up."
- It was clear in the way people who used the service and relatives spoke that the Right at Home Ipswich, Woodbridge and Felixstowe team delivered exceptionally high-quality care. People and their relatives told us how staff went above and beyond expectations, with acts of kindness that meant a lot to them.
- A healthcare professional's recent and positive feedback about the service was shared with us, "My experience with Right at Home was very positive. I have found them very professional and knowledgeable. [Person] has built a very good relationship with [care staff] and they enjoy the visits very much."

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

- Staff went the 'extra mile' to ensure people were listened to, treated with kindness and compassion and their personal relationships were also supported. A staff member told us, "I care for everyone how I would want a member of my family to be cared for. Other care staff members I have met have all said the same. It's not just going to work and doing a job; it's making sure a vulnerable person is happy and safe in their own home."
- The provider paid particular attention to ensuring the most suitable staff supported each person. They 'matched' people and staff on a range of criteria and provided staff with assistance to ensure staff knew what people wanted.

Respecting and promoting people's privacy, dignity and independence

- People were actively supported by staff to maintain and increase their independence wherever possible.
- People's relatives told us they were aware of the level of respect that their family member was treated with and were very complimentary about the care staff and the promotion of people's dignity and independence. One relative said, "[Person] tended to lie on their bed all day, but carers were very kind, very caring, got to know [person] and actively encouraged them to move around, become more mobile. The family had some real concerns before Right at Home became involved, it's taken a lot of the strain off of us." Another relative commented, "They [care staff] encourage relative to retain as much independence as possible."
- Respect for people's privacy and dignity was key to the way the service operated and reflected in the provider and care staffs' approach. People and their relatives commented very positively on how care staff were respectful of their privacy and dignity. One person's relative said, "Definitely, the care staff are 100% kind and caring and respect privacy. I wouldn't have them looking after my [family member] if this wasn't so."
- Managers and staff respected and promoted people's independence. Care plans were clear about what people could do for themselves. A member of staff told us how they were supporting a person to become increasingly independent with managing their own medicines, "As the carer, I'm there in case [person] needs me. I encourage [person] to get on and do what they can for themselves first."
- Confidential information was stored securely, and staff understood the importance of this. Access to the computerised record system was password-protected, each member of staff having their own log in and password via a secure app on their mobile phone.

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

- People and their relatives told us they received person-centred care and support that was responsive to their needs.
- Care plans were personalised and detailed the care people needed and how that care was to be provided.
- Care plans took account of people's likes, dislikes and preferences. Care records and people's support was bespoke and delivered according to people's preferences and their needs.

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 had been assessed and plans developed to support them, where required.
- The provider was aware of the AIS and had plans in place to adapt any documentation to meet individual's communication needs should this be required.

Improving care quality in response to complaints or concerns

- There were systems in place to deal with concerns and complaints should they have arisen. This included providing people with information about the complaints process and to escalate this if needed.
- People and their relatives told us they were confident any issues raised would be addressed if required, however everyone also told us they had no reason to complain. One relative said, "To be honest, hand on heart, I cannot complain about anything. They always introduce new care staff to my family member, so there's never any [stranger] turning up."

End of life care and support

- Staff had received training in supporting people at the end of their lives.
- The providers were supporting and caring for a person who was at the end of life care at the time of our inspection. Staff were being led by the person and their relatives about the level of support required and personal preferences. Where people had chosen not to discuss their preferences, staff had respected this.

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 Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that 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; 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

- People's relatives were complementary about the service and told us they felt it was well run. They spoke positively about the personalised care and support people received. One relative told us, "Yes, absolutely well led. [Provider] is very, very good."
- The provider and other managers were very hands on in the running of the service. People and relatives using the service knew who they were, and we received exceptionally positive feedback about them. Comments included, "I think they're the best. We used to have [another provider] and it was utterly shambolic. Never knew when they would arrive or who would come, nothing like Right at Home staff."
- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and ensuring that they had a personal introduction to any care staff who would be delivering their care, prior to this commencing. The provider told us, "We brief the [care staff] on a new [people's] needs and background; we introduce the [care staff], and there is excellent continuity of care thereafter due to our care staff retention and support."
- All staff spoke overwhelmingly highly of the provider and management team. For example, one member of care staff said, "I could not wish to work for a better company. They are so understanding, accommodating, flexible and reassuring... they are always helpful and make you feel at ease." Another care staff member commented, "I have been working for Right at Home Ipswich, Woodbridge and Felixstowe since [date], and I can honestly say it has been a pleasure. The support that is given by all of the management team and other care [staff] is excellent. If I have had a problem, they are so approachable." A third staff member told us, "I think the [care staff] are genuinely caring of [people] and do not see each person as a task to be completed. The team, including management and admin, are always striving to improve and maintain the service that is offered, and I am proud to be part of the team."
- It was clear throughout the inspection that the provider and care staff were passionate about delivering good quality care.
- Care staff understood their role and what was expected of them. They were happy in their work, were motivated and had confidence in the way the service was managed. Without exception, all the staff we spoke with described their enjoyment and passion of their job role.
- Care staff described an open and professional culture at the service. They told us they felt free to raise concerns should they have had any, and that the provider had an 'open-door' policy. A member of staff said, "[Provider] also looks after the staff and being happy at work makes a big difference to having a good work

life balance."

- Highly effective governance systems to scrutinise performance had been fully embedded into the service. The provider continued to assess the quality and safety of the service through a regular programme of audits.
- Considering the focus of people's individual support needs and meaningful engagement, the provider was motivated to reach out and offer support to people who use the service, their relatives and the wider community. There were plans in place to commence a support group for people living with dementia to commence in the summer of 2022 with the aim of bringing people together.
- People's views about the quality of the service they received were highly important to the provider. Frequent reviews were carried out with people and their feedback used to make any improvements needed to their service. We saw comments provided included, "No complaints, [care staff] is one of the family" and. "[Care staff] is brilliant, couldn't ask for better."
- The registered manager recognised their responsibility to be open and honest with people and their relatives if things went wrong. There had been, however, no circumstances since the service registered where they had needed to exercise the duty of candour.

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

- The providers had a passion for high quality care and an aspiration to continuously drive improvements in the service for the benefit of people.
- The provider had clear and effective oversight of the service. There were numerous quality audits to monitor and ensure the quality of care. The registered manager demonstrated clear, strong leadership and a detailed understanding of the importance of quality monitoring.
- There was a clear commitment by the provider to provide the best possible staff to people who were supported by regular and in-depth training. This ensured people received high quality and exceptional experience of care by staff who were up to date with best practice. Without exception, staff praised the training they received.