

Red Rose Homecare Ltd

Right At Home (East Lancashire & Ribble Valley)

Inspection report

15 Whalley Road
Wilpshire
Lancashire
BB1 9LQ
Tel: 01254658899
Website: www.example.com

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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?

Outstanding 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 1 and 5 October 2015 at the agency office and was completed by contacting people using the service and staff with telephone interviews by the 6 October 2015. The first day was unannounced.

Right at Home (East Lancashire & Ribble Valley) is part of franchise network under the provider Red Rose Homecare Ltd. They agency offers a flexible 24 hour

personalised care and support service for people who require additional support to live independently within the community. The agency provides support to people who live in the Ribble Valley District and surrounding areas. Additional services are offered such as domestic support and carer support. At the time of the inspection approximately 40 adults were using the service for personal care and support.

Summary of findings

At the time of the inspection there was a registered manager at the service. 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 2008 and associated Regulations about how the service is run.

Throughout this inspection we received very positive feedback from people who used the service, their main carers and a community professional. People expressed satisfaction with the service provided and spoke very highly of the staff who supported them. Their comments included, "Absolutely wonderful. She's always on time and I trust her with everything. She knows exactly what she is doing. She knows her job." "They are very kind." "They are very nice girls." "They are lovely."

Relatives told us, "They are exceptional carers who help my husband. He likes to be independent when he can and they support him with this." And, "Mum is very resistive to help and they have worked very hard. The way they have managed her needs daily is exemplary." "They certainly tick all the boxes and the standards are high." "He gets on with them all and looks forward to them coming. I can hear them laughing when I'm doing my own little jobs. Although he is living with dementia, he seems to know them and is happy. So am I." "I can't fault them. He (relative) has loads of laughs with them about different things. I have never regretted using this agency." One relative told us, "I feel cared for too."

People told us they felt safe in their homes when staff visited. They usually had the same carers who visited and considered this was important to them. Arrangements were in place for staff to gain entry to their home without placing them at risk. People told us staff were respectful towards them and their property. The agency had a code of conduct and practice which staff were familiar with and were expected to follow. This was monitored closely.

Good recruitment procedures were followed to make sure staff were of good character and were suitable for the job. There were processes in place to ensure staff were aware of any risks to people's safety and wellbeing and the registered manager ensured staff had the

knowledge and skills to support people in a safe manner. The agency had processes in place to match staff with people to ensure positive relationships could be developed.

We found the arrangements for managing people's medicines were safe. Staff had been trained to provide this support. Records and appropriate policies and procedures were in place for the safe administration of medicines.

Care staff we spoke with told us they had training in safeguarding people and had an awareness of the Mental Capacity Act 2005.

People commented on how they 'valued' the service. "It's nice for people to be in their own home. That's where you want to be. I enjoy their visits." "I get all the help I need and want and they will always do that little extra. I usually get the same group of carers visiting." People told us staff treated them with respect and kindness. Staff worked to care plans that were person centred and sufficiently detailed on how best to meet individual needs.

People told us they felt safe when receiving care and that their care was provided with kindness and consideration. People felt their views and opinions were taken into account and that their care was based on their personal needs and wishes. They were actively involved in the development and review of their care plans.

Staff knew the people they were supporting. Care plans were well written and provided staff with enough information to care for people as they wished. Changes to people's needs and requirements were communicated well which meant staff were kept up to date with these changes. People told us the service was flexible and that any changes needed in their care or times of visits was managed well.

The service had teamed up with a Hospice homecare partnership and also provided a free carer support service for people who care for people with an illness or disability.

The service had developed good links with the community and supported people to take an active part in local events such as a luncheon club at a local church. Coffee mornings and afternoon teas were organised free of charge and people were supported to attend. The agency enlisted the skills of people using the service to

Summary of findings

help knit sensory bands for people living with dementia. This meant people were supported to be a valued member of a community that showed consideration for others.

People with relatives that lived some distance away or in another country were supported to keep in contact with them. This was by using electronic equipment at the agency to skype their relative or send emails.

People using the service, their relatives and staff spoken with had confidence in the registered manager and felt the agency had clear leadership. There was an open culture within the service that supported people have the confidence to raise any concerns and to be confident any issues they raised would be dealt promptly.

The registered manager had effective systems in place to monitor safety and quality across all aspects of the service which included feedback from people using the service.

The agency was registered with professional bodies such as National Institution for Health and Care Excellence (NICE), Social Care Institute for Excellence(SCIE), Skills for Care, United Kingdom Homecare Association (UKHCA) which is a professional association of home care providers and as a result of this they kept up to date with best practice issues which they cascaded to their staff. Staff performance was monitored well and good practice was acknowledged and rewarded.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People told us they felt safe. They were cared for by staff who had been carefully recruited and were considered to be of good character.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and there was good guidance in place for staff in how to support people in a safe manner.

Good



Is the service effective?

The service was effective

People received care and support that was tailored to meet their needs.

People were supported by staff who were well trained and supervised in their work. Staff and management had an understanding of best interest decisions and the MCA 2005 legislation

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

Visits were arranged to ensure people were supported when required, to eat and drink.

Good



Is the service caring?

The service was caring

People who used the service were treated with kindness and their privacy and dignity was respected by staff they described as being respectful and who understood their needs.

People's care and support was provided according to their wishes and preferences.

The agency teamed up with a Hospice homecare partnership to provide extra support for people with life threatening illness. A free carer service to support to 'unpaid' family members was provided.

Good



Is the service responsive?

The service was responsive

People's care plans were centred on their wishes and needs and kept under review. Staff were knowledgeable about people's needs and preferences and the agency offered a flexible service that responded to any changes in people's requirements including emergencies.

The agency supported people to take an active part in community events and reduced the risk of people being socially isolated.

People were supported to keep in contact with distant relatives by the use of technology.

Outstanding



Summary of findings

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

Is the service well-led?

The service was well led

There were effective systems in place to regularly assess and monitor the quality of the service that people received. .

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

Good



Right At Home (East Lancashire & Ribble Valley)

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 was planned to check 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 inspection took place on 1 and 5 October 2015 and was followed by telephone interviews on the 6 and 7 October 2015. The first day was unannounced.

The inspection team consisted of a lead Adult Social Care inspector.

Prior to our visit, we reviewed all the information we held about the service such as notifications, complaints and safeguarding information. The provider sent us 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.

During the inspection we spoke with eight people who used the service or their main carers. We spoke with seven staff members, the registered manager, the managing director and a member of the clergy. We contacted local authority commissioners and three community professionals who supported people who used the service.

We looked at the care records of three people who used the service and other associated documents such as policies and procedures, safety and quality audits, quality assurance surveys, three staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, the agency newsletter, complaints records and comments and compliments records.

Is the service safe?

Our findings

People we spoke with told us the service they received from the agency was what they wanted. They felt safe in their home and they considered they were in “good hands”. We discussed what ‘being safe’ meant for them. One person told us, “I trust all my carers. They are lovely and know what they are doing. I get the same carers visiting and I have never been let down once since I’ve been getting help.” Another person told us, “I have never been let down. They do a fantastic job. That helps me feel secure. I can always ring the agency if I have a problem. I know they would help me.” A relative told us, “They have never missed a visit yet. They are respectful. I think they do a wonderful job when picking their staff because there is not one of them I could find fault with. They are clean and tidy. The training must be good too because they are confident in their work, respectful of my home and they make sure we are both all right before they leave.” Another relative told us, “I open the door to let them in. They look after my husband. He is happy with the carers. They understand him. When we started using the service we were introduced to the carer first. I think this is important. (Registered manager) and (managing director) ring us regularly to see if we are all right. A fantastic service all round. I’d recommend them to anyone.”

The registered manager told us they had enough staff employed at the service to meet people’s needs safely. People’s care needs and the number of hours of support they required were calculated to determine the necessary staffing levels across the agency. As people’s needs changed or as new people started to use the service, the staffing levels were reviewed. This helped to ensure there were enough staff to provide a reliable and consistent service.

Care staff we spoke with told they were never expected to slot another visit in that would impinge on people’s allocated time. Additional visits required were managed by the office. Staff told us if they had an available time slot they would do an extra visit. This was rare and was usually to cover for sickness or annual leave. Staff told us rotas were managed well. Staff also told us if they were dealing with an emergency during their visit, or were concerned about someone, this was also managed well. A ‘team approach’ was taken to deal with the situation. This meant people were not left at risk in emergency situations or of

not getting the help when they should at the right time. One staff member told us, “We never leave people if they are not well or needed extra help. We can ring the office and help is provided. Everyone rallies around including the manager and (managing director).”

We looked at the recruitment records of three members of staff. We found a safe and fair recruitment process had been followed and checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This helped protect the safety of people who used the service as it reduced the possibility of them receiving their care from people of unsuitable character. A face to face interview was held at the agency and we saw detailed interview notes had been recorded. The managing director told us they had recently introduced psychometric testing as part of their recruitment process. This helped to identify certain characteristics people had and which areas to explore further during the interview stage. This also helped to establish a potential employee’s suitability for the carer role. The managing director told us it was important they employed people with the right values and personality to meet people’s needs.

Three of the people we spoke with had assistance from care workers to take their medicines. They all felt the care workers who supported them with their medicines were competent to do so. Their visits were arranged so that they had their medication when they needed it. We looked at how the service managed people’s medicines. The registered manager told us they supported people to receive their medication in a monitored dosage system (MDS). This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Records showed that training in the safe management of medicines was provided to all staff as part of their induction. Newly trained staff were ‘competency’ checked during their shadowing training and as part of their supervision. Spot checks were also carried out and records returned to the office were audited by the registered manager. We looked at a sample of returned Medication Administration Records (MARs) and found they were

Is the service safe?

completed with no unexplained gaps in recording. A care worker we spoke with told us, “The training for medication is very good. We have this before we are allowed to support people this way.”

There were safeguarding vulnerable adults procedures and ‘whistle blowing’ (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult’s procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We saw this information included clear reporting procedures and information such as how to recognise signs of abuse to help ensure staff were able to identify concerns and take the correct action. All staff had training on this topic.

All the staff we spoke with were fully aware of the service’s safeguarding procedures and their responsibility in ensuring any concerns were reported immediately. We were told they were actively encouraged to raise any concerns they had regarding people’s health, welfare and safety as part of day to day practice. One staff member commented, “When we had our training in safeguarding, we were told we must report anything like that straight away.” Staff were also aware of the service’s whistleblowing policy and all those we spoke with expressed confidence in the registered manager to deal appropriately with any concerns they raised. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies.

We looked at other protection measures taken by the agency to ensure people using the service and staff employed were supported to keep safe. The provider informed us in the information they sent us in the provider information return (PIR), risk assessments were in place to ensure the safety of both staff and people using the service. People were encouraged to live their lives the way they choose, but they recognised this should be done in a safe way. Care workers we spoke with had a good understanding of risk assessment processes and were able to speak confidently about the measures they took to promote the safety and wellbeing of the people they supported. Staff knew for example what to do if they were unable to gain access to people’s homes or were concerned about people’s health and welfare.

We found the assessment process was designed to consider all aspects of people’s needs, individual circumstances and potential risks. These assessments were central to the support people received. The scope of assessment was wide ranging and covered for example mobility, medication, bathing, showering, dressing and toileting needs. In addition to these, assessments were also carried out on the environment and equipment people used, to make sure they were safe. Where needed, advice was given to people regarding other service sector professional’s support they could access, such as Occupational Therapist (OT) for aids and the fire authority who offered a free fire risk home assessment.

Management of identified risks was very well documented and provided staff with detailed guidance on how to keep people safe. We saw evidence service level risks had also been assessed, for instance, lone working, infection control and hazardous substances. Security of people’s homes was taken into account. Some people used key safes to allow staff access to their home. In the event of a key safe being used, we saw evidence staff were reminded to make sure the numbers were ‘scrambled’ and the ‘key secure’ when leaving a person’s home. We saw documentary evidence to demonstrate all risk assessments were updated on a regular basis.

All staff were provided with an identity card that remained the property of the company. These were required to be returned when staff left. Staff were provided with disposable gloves and aprons and hand cleansing gels to minimise the risk of cross infection. Care plans included details for staff to follow best practice for the safe disposal of continence products.

We noted a Business Continuity Plan had been developed. This set out emergency plans for the continuity of the service in the event of adverse weather, civil disruption, loss of staff, loss of critical business information, damage to offices, accidental death or injury through criminal actions or negligence. Staff had been trained in first aid and health and safety.

Is the service effective?

Our findings

We asked people who used the service if they felt staff had the right skills and knowledge to support them. People spoke very highly of their care workers. Their comments included, “Absolutely wonderful. She’s always on time and I trust her with everything. She knows exactly what she is doing. She knows her job.” “Yes, they are excellent. I haven’t had anyone visit me that didn’t know their job, they are all very competent.” “They do check the carers from time to time. If a new carer starts they are checked more often and they usually work with one of the regulars. They certainly know what they are doing.” Relatives we spoke with told us, “They are exceptional carers who help my husband. He likes to be independent when he can and they support him with this.” And, “Mum is very resistive to help and they have worked very hard. The way they have managed her needs daily is exemplary.”

We looked at how the provider trained and supported their staff. We found good evidence that staff were trained to help them meet people’s needs effectively. All staff had completed induction training when they started work with the agency. This included an introduction to the agency’s policies and essential training such as safeguarding vulnerable adults, moving and handling, fire safety, infection control, first aid, food safety, medication and health and safety. Records showed that staff were required to demonstrate their competence throughout their induction by either completing written tests or by being observed carrying out tasks.

The registered manager told us they had worked alongside City and Guilds to accredit a new training programme, ‘Right at Home Care Certificate’ based on national standards and principles of good care. This meant that all new staff would be supported within their first 12 weeks of employment to be assessed as being competent in a range of standards relating to their work. In addition to this E learning had been introduced for some mandatory courses to assist staff to develop further in their role and encourage a different way of learning.

Care staff we spoke with told us they had found their inductions to be very thorough. One staff member told us, “I found the induction really good. It covered everything I needed and I felt quite confident in my work.” Another staff member told us, “Training is excellent and very detailed.” Staff also told us they would never be expected to do

anything they were not trained for. One staff member told us, “If we need more training we get it. When we had someone needing stoma care it was arranged straight away.” And, “The training we get is of a very good standard and well thought out.” We saw that all staff received refresher courses at regular intervals.

Care staff told us they received regular supervision and appraisal of their work. They said, “We do have supervisions and spot checks carried out. We can speak to the manager in private anytime about any concerns we have and we are always made to feel welcome.” We saw that staff training records were completed and copies of training certificates filed appropriately.

Communication was seen to be very good. Staff told us they were kept up to date about people’s changing needs and the support they needed. When staff received their rota they were given an update on any changes that had been reported. One staff member told us, “Care plans are always up to date. If there any immediate changes we get a letter or text to tell us.” Relatives commented on the standard of information sharing. One relative told us, “Written reports are very clear in how mum is in herself and any difficulties she has. I live so far away but I know she is getting all the help she needs. The records are very supportive to me. They show they are always trying to get the very best they can for her. When I visit mum and read them, I can see the little extras they do to keep her mind occupied. I read about her ‘peeling potatoes’. That made me smile.”

We spoke with people who used the service about how the service supported them to maintain good health. People told us they were happy to discuss their health care needs with their care workers and any concerns they may have about their health. People told us they felt supported if they were not well. They could always ring the office and ask for support or advice and it was given. One relative told us, “They got the GP straight away for her. They then got the prescription made up at the chemist and started the medication straight away. That’s the key in all this, seeing the job through, it really helped.” Another relative told us, “When I started using the agency I was really worried about my husband who is living with dementia. (Managing director) came and talked to me all about it. She told me I was welcome at the talk she was giving at the GP’s surgery. They put me in contact with the Alzheimer’s society as well. They (agency) go above and beyond to help me and I’m really grateful.”

Is the service effective?

People's care plans contained important information about their medical histories and any health care needs they had. This meant that care workers were aware of any risks to people's wellbeing and what action they should take if they identified any concerns. We saw some good examples of the service working in partnership with community health care professionals to ensure people received the care they required.

The service's standard assessment process included a nutritional risk assessment. This helped to make sure any risks relating to poor nutrition or hydration was identified and addressed. Any support people required with their nutrition as part of their commissioned care was managed well. Visits were arranged to coincide with their preferred meal times and where relevant, their food preferences and any specialist dietary needs were provided. Records returned to the office showed how staff provided this support and consulted people on their requirements. Staff shopped for food if people needed this support. Financial

management of this service was good. Food hygiene was part of the service's training programme, which helped to ensure staff had the knowledge and skills to prepare food safely.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We found the service had systems in place to protect people's rights under the Mental Capacity Act 2005. The registered manager and staff demonstrated good understanding of the Mental Capacity Act and arrangements required to deprive people of their liberty when this is in a person's best interests. At the time of our inspection there were no concerns about the capacity of any person who used the service to consent to their care. The registered manager was able to describe action she would take to ensure the best interests of any person who used the service were protected if any such concerns were identified in the future.

Is the service caring?

Our findings

During discussions we had with people who used the service we received some excellent comments about the approach of care workers. People described staff with words such as ‘marvellous’, ‘outstanding’ ‘the best’ ‘very kind’ ‘caring’ and ‘wonderful people’. People’s comments included, “They get me up and help me to the bathroom and get dressed. They do everything I ask of them and they are such good company.” “They are very kind.” “They are very nice girls.” “They are lovely.” “They are very respectful. I never feel uncomfortable with them. They are easy to get on with and nothing is too much trouble to them. In fact they go above and beyond in the service I get. I did have the services from another agency but I wasn’t pleased with the standards. I’m glad I chose this agency. After the other place, well let’s say, I’ve chosen very well and I’m delighted.”

All the people we spoke with and relatives’ told us the staff respected their rights to privacy and dignity. One person told us, “They always treat me and my home with respect. They tidy up after themselves. They don’t take liberties and will always ask ‘is it alright?’. I feel it’s still my home even though they are there.” People told us staff entered their home in the agreed way and they were respectful of their belongings. The agency had a code of conduct and practice staff were expected to follow. Spot checks were carried out on staff to make sure they were following best practice. We looked at records of these spot checks and noted comments on how well staff conducted themselves and interacted with people was recorded.

Everyone we spoke with felt their carers listened to them and explained things in a way they could understand. People told us they more than often got the same carers visiting them. People understood that when regular carers were absent such as when on holiday, this meant a different carer might visit. This was not an issue for them as most of the time it was the same carer. If a new staff member started work they were usually accompanied by a regular staff member.

Relatives we spoke with expressed very positive comments about the standard of care and support that was provided. Comments included, “They certainly tick all the boxes and the standards are high.” “Caring is at the heart of everything they do. I feel mum is very important to them. I know they treat everyone the same, but it makes it personal for you

knowing she is so well cared for.” “He gets on with them all and looks forward to them coming. I can hear them laughing when I’m doing my own little jobs. Although he is living with dementia, he seems to know them and is happy. So am I.” “I can’t fault them. He (relative) has loads of laughs with them about different things. I have never regretted using this agency.” One relative told us, “I feel cared for too.”

A vicar we spoke with told us, “I visit people using this service. I saw your poster in the window and I wanted to say how highly thought of this service is. People tell me how good the staff are and they are a lifeline to them. They tell me the standards are very high. (Managing Director) is very involved in the community and she supports people to use the resources we provide such as our luncheon club. It’s going very well. Relatives will often comment on how well their mother or father are doing because of the care they receive. People will ask me sometimes to call in to the office and let them know if they need anything and vice versa people ask the carers to contact me if they want me to visit. It works very well and people are happy.”

We looked at comments people had made in a recent survey carried out. People had been asked if they were treated with respect. One person commented, ‘Very much so, very polite. At the beginning I was quite apprehensive but as soon as (carer) walked through my door, I knew it was going to be ok’. General comments included, ‘I like the regular girls coming to see me. I have a good relationship with them, like seeing a friend’. And, ‘Have made some lovely friends.

Care staff we spoke with told us they usually kept the same people on their rota. One staff member told us, “They always try and keep us with the same people. I think they do try to avoid changes as people are more comfortable with the same carers visiting. You get to know people and their ways.” Another staff member told us, “They do try to keep your visits the same. Some people have hearing or visual impairment. It’s the little things that are important to them such as recognising your voice or colours you wear. We sometimes get extra shifts but we are briefed well and more often than not we have been to these people before.”

Care staff we spoke with talked respectfully about the people they supported. They had a good understanding of their role in providing people with person centred care and support. They gave examples of how they provided support and promoted people’s independence and choices.

Is the service caring?

Relatives we spoke with told us, “He likes to be as independent as possible. They recognise this and let him do what he can for himself. They have a lot of patience.” “Living with dementia is hard but they involve her in what they do as much as they can. I saw that at one time she was peeling the potatoes. That made me smile.”

We looked at care plans. These were well written and included the views and wishes of people. We saw that what people wanted from the service, their hopes and goals was documented such as ‘to keep safe when showering’, ‘have company and give my daughter peace of mind knowing this’. Care plans we looked at were very well written placing people at the centre of their care. Personal profiling was used that provided staff with a good insight into people’s values. We saw that the views and wishes of the people were recorded in detail. It was clear people were involved and able to make decisions about their care.

The registered manager advised us in the PIR that improvements were planned to further promote person centred care across the service. These improvements included, introducing and developing a key worker scheme that would involve existing staff being allocated a number of clients with specific care needs.

The registered manager and the managing director told us they accept referrals from the Continuing Health Care for people receiving end of life care. They had teamed up with a Hospice homecare partnership. We noted the service also provided a free carer service to support ‘unpaid’ family members or friends who supported people with an illness or disability.



Is the service responsive?

Our findings

People we spoke with felt they received effective care that was based on their individual needs and wishes. One person commented, "I think it's wonderful. Since I have used them I feel more confident. If I did deteriorate they would be there. I have never regretted using this agency. They are marvelous." Relatives we spoke with told us, "They always let me know how she is or if there any changes in her care. If I am worried I can contact them at any time and they will check things out and make sure she is all right. We discuss her care regularly and of course I can read her notes. They are really well written."

We asked people if they were involved in deciding how they wanted their carers to support them. They told us before they had any service provided, they had been able to discuss what they wanted and expected from their carers. Someone from the agency had visited them and had asked questions, such as what time they needed a visit and what was important to them when carers were in their home. We asked people, if they wanted to make any changes was this easy and accommodated by the agency. We were told, "I can ring the office any time. I had to increase my visits and they dealt with it straight away. Nothing is ever too much trouble. I daresay when I'm better I can reduce the visits if I want." "I do find there is some flexibility. My visits are what was agreed and I have no complaints." People felt the agency operated a flexible service and would always try to accommodate their needs.

The registered manager told us that when they had a referral for the service they visited the person to discuss their requirements with them and carry out an assessment of their needs. We looked at three assessment and care plans at the office and samples of daily records staff had maintained that were returned to the office. The assessments identified the level of support people required and any associated risks to their health or wellbeing. Information about the person was gathered from a variety of sources such as health and social care professionals, relatives and the person themselves.

Care planning was based on activities required at specific times and were risk based. For example support to get up, washed and dressed, bathing, meal preparation, medication support and social care. The plans were very clear what carers needed to do when supporting people and what they should be mindful of when supporting them.

We found care plans had been signed and agreed with people or their relatives. People's capacity to make decisions for themselves had been assessed. We saw that people who may not fully understand their options or lacked capacity to make the best choices had their interests protected, for example, by a family member.

Where people had health care needs, this had been recorded in their assessment and care plan. Essential contact details were recorded as routine such as GP and next of kin. The service had good links with healthcare professionals such as GP's and district nurses.

We asked people using the service if the care plans in their homes were current and up to date. One person told us, "I have my care plan here and it tells the girls what help I need. They write down everything they have done, when they arrive and when they leave. I don't always bother to read it but now and again I have a look. I usually get the same carers so all in all they know me. I think that helps because they notice changes quicker." All the people we spoke with were familiar with their care plan and told us they had discussed and agreed their plan with a member of the management team. There were processes in place to review people's care plans. This was to help ensure the service was meeting the needs and expectations of the individual and discuss any changes that may be required. People told us they were regularly asked how they were and if there were any changes to their support the agency needed to make. Records held at the office showed the plans were reviewed and changes made when required.

A record of the care provided was completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being. We looked at some of these records that had been returned to the office for confidential storage. They were well written and very clear as to the level of support people had received. The reports were written respectfully and with sensitivity to people's circumstances. The registered manager told us these records were audited to ensure staff followed procedures for maintaining records. There were policies and procedures and contractual agreements for staff regarding confidentiality of information.

Staff we spoke with told us they were well trained and were given enough information to know what people required. We were told specific training was sourced to meet individual needs of any person. Care plans were in people's homes and these had good information about people's



Is the service responsive?

needs. Staff told us they were always given updates on people's needs if they had changed. Comments included, "I love my work. People are relying on us to turn up. There is some flexibility but it depends on how people are when you arrive. We know if we need any help or we are worried about someone we can just ring the office for advice. There is always someone to speak to even when the office shuts." "We have been told to ring the office straight away if we are worried about someone. We have to report any changes straight away. The fact we usually visit the same people helps us to spot any problems such as if someone wasn't well." "It's a very responsive service in how we respond to people's needs. We go straight away to people in emergency situations and stay as long as we are needed. All the staff rally round and will help until the crisis is over."

The registered manager and managing director told us they supported people to get involved in community activities such as events that were taking place and to join various clubs such as the luncheon club. Coffee mornings and afternoon teas were free and transport provided from the agency if needed. A newsletter was published quarterly that included details of up and coming events people might like to attend. We also noted the agency enlisted the skills of people using the service to help knit sensory bands for people living with dementia. Events and schemes such as these supported people to be actively involved in their community and to be part of a community network that considers others. This greatly reduced the risk of social isolation and promoted people's health and well-being. In addition to this the service took a pro-active approach in enabling people to keep in contact with relatives who lived away by electronic means. For example one person visited the office to skype their family member in Australia.

We had received some information from a local councillor who commented, 'I would say that Right at Home is regarded as a social asset to the area and the standards and professionalism of the services offered are appreciated and valued by local residents. I would have no hesitation in recommending them to anyone seeking appropriate care services in the locality'.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or they wished to raise a complaint. One person told us, "I've never had to make a complaint but I know I can ring them day or night if I had a concern. To be honest I am in contact with regular carers and (registered manager) is always available to talk." Carers we spoke with told us they would be happy to approach the registered manager if they had any concerns at all."

There was a complaints policy in place which set out how complaints would be managed and investigated. The complaints procedure was included in the service user guide and provided people with an overview of the processes the agency would take to deal with their complaint. We looked at the complaints record and noted the registered manager had received one complaint in the last 12 months. We found the service had systems in place for the recording, investigating and taking action in response to complaints. Records seen indicated the matter that had been raised had been investigated and resolved to the satisfaction of the complainant. This meant people could be confident in raising concerns and know these would be acknowledged and addressed.

The registered manager and managing director worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service. For example the service linked with the Alzheimer's Society and the managing director told us they were intending to organise events such as Singing for the brain being organised alongside the Alzheimer's Society. There was also good links with local GP's and health care services. In the event of a medical emergency whilst providing care, the registered manager told us staff would stay and support people until they were confident the person was safe under the care of relevant professionals such as a GP or hospital admission.

Is the service well-led?

Our findings

We asked people if they felt able to contact the registered manager and if they felt confident she would address any concerns they raised. People expressed confidence and their comments included, “Absolutely. They ask me anyway if I am alright, they have always been very good that way.” “I wouldn’t have any reason to make a complaint but if I wanted a change in my time for a visit or extra visits I’m sure they would arrange that. I am very happy with the service. A relative told us, “I can ring any time I want, I have never felt I am wasting their time. They listen and give me reassurance.”

There was a manager in post who had been registered with the commission since March 2015. The registered manager had responsibility for the day to day operation of the agency. She was supported in her role by the managing director, care co-ordinator, team leader and a lead carer. Throughout all our discussions it was evident the management team had a thorough knowledge of people’s current needs and circumstances and was committed to the principles of person centred care.

The registered manager and managing director told us they had registered with various agencies to ensure best practice such as National Institution for Health and Care Excellence(NICE), Social Care Institute for Excellence(SCIE), Skills for Care, United Kingdom Homecare Association (UKHCA) a professional association of home care providers. In keeping up to date with current guidance they were further supported by the organisation head office and their compliance manager. They told us they had an ‘open door’ policy encouraging communication, transparency, and a positive working culture between everyone. They had regular discussions with care staff about people they supported and frequently covered visits themselves. This was seen as an opportunity for people to raise any concerns or make comments in an informal way. They also had regular contact with people’s relatives and all activity and telephone calls were documented to make sure any information received was not overlooked.

A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary

changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

The company used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives in quality assurance questionnaires. We looked at the results of the latest survey. This showed 100% satisfaction of the service. 83% rated the service as ‘excellent’ and 17% rated the service as ‘good. The result of this survey was published in the service newsletter. We also looked at comments people had made such as, ‘The main thing is that they are there and talk to mother. I read the communication notes and the girls always carry out things correctly’. ‘Always do as expected’. ‘Always do what I want, always say ‘is there anything else you want doing before they leave?’, ‘Couldn’t ask for anything better’. ‘I am delighted with the care I receive, no complaints’. A relative commented, ‘The most impressive thing about ‘Right at Home’ is their approach to finding solutions to what is often a constantly changing and worsening problem. I came to this agency having being let down by a previous firm and from the offset was impressed with their professionalism. They proactively evaluate situations and employ their experience to find answers that is out of my experience. They really understood her needs and condition and have encouraged her to eat and bathe and were very kind, even though my mother was less than receptive’. Staff were regularly supervised and had spot checks carried out.

We found staff we spoke with were enthusiastic and positive about their work. They were well informed and had a good working knowledge of their role and responsibilities and duty of care. Staff were very complimentary about the management of the service. They told us they had received the training they needed and were well supported by the management team. The registered manager and managing director were approachable and they considered the agency was well led. One staff member commented, “The manager has always got time for us. I can call in any time and have a cup of tea and I can discuss anything with them.” Other comments included, “The manager is very good and supportive.” And, “They understand us and what we need. If I had a problem I could tell them and they would help me sort it out. We are definitely valued and our hard work is acknowledged. We are a good team.” “If they get any feedback on our practice from people using the

Is the service well-led?

service they always let us know. We are rewarded with gestures such as getting a thank you card for our hard work. It's good to know you are valued." And, "There is a good ethos for staff welfare and safety."

Staff we spoke with had a good understanding of the expectations of the registered manager and had clear defined roles and responsibilities to people using the service, themselves and the agency. They were well informed and had a good working knowledge of the people they supported. We saw that the management team constantly monitored care workers reports of visits when these were returned to the office or during a spot check. This helped the registered manager to make sure staff provided the care and support they should. Staff were required to record when they arrived at people's homes and when they left and to give an accurate account of the support they had provided. Information provided in the PIR informed us the agency intend to introduce tele-monitoring to support them monitor more effectively that staff were meeting their obligations in attending to people as and when required.

Staff meetings were held at regular intervals. Staff we spoke with told us these were useful and they discussed people's needs during these meetings. The meetings also included updated information on the latest guidance for best practice in care delivery. Staff felt they could have an open discussion and give their opinions during the meetings. If the meetings were held when they were working they received a copy of the minutes to look at.

There was also a process in place to monitor any incidents such as accidents or complaints. This meant there was constant oversight of the service and this provided an opportunity for everyone to reflect and improve the service where needed. Formal audits in areas such as staff records and training, health and safety, care planning, and medication were carried out which meant all aspects of the service would be checked at regular intervals throughout the year.

The registered manager and managing director expressed commitment to the ongoing improvement of the service and explained their plans in place to develop the service. Information provided to us by the registered manager prior to the inspection included a number of planned improvements and ongoing development of the service. This included for example, they would attend regular planned forums and webinars on best practice. They intended to maintain their regular attendance at the Registered Managers forums held by head office, allowing best practice and new ideas to be shared. As the company grows and progresses, another senior member of staff would be employed to work under the Registered Manager and also in the field. They also told us they would encourage client involvement in suggestions for improvement and expand their staff recognition scheme.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.