

Oakfield Quality Homecare Limited

# Right at Home Colchester and District

## Inspection report

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Date of inspection visit:  
03 February 2020

Date of publication:  
19 March 2020

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Right at Home is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of the inspection 30 people were being supported with a regulated activity of personal care.

People's experience of using this service:

People told us the care and support they received was good. They told us the staff provided care that was safe. Staff received training in safeguarding and knew how to report their concerns correctly.

People were supported by consistent staff, that came at the agreed times and stayed for the duration of the visit. The registered manager allocated travel time to ensure care staff had adequate time to travel to their next visit.

Staff received regular training, relevant to their roles. The registered manager observed their practice to help ensure staff provided care that was in line with the company's core values. People were involved in the development and ongoing review of their care and support plans. Risks were assessed, and measures put in place to help minimise or reduce the risk of harm.

People and relatives told us they were happy with the care provided by Right at Home. People said staff were kind and caring. People's dignity and privacy were promoted and respected.

People and their relatives told us the provider and registered manager were supportive and listened to any feedback or concerns. Complaints were fully investigated and resolved to the satisfaction of the complainant. The service had received many compliments and positive feedback.

People told us the service was responsive to their needs and were very inclusive, making sure people received their care in a personalised way.

The provider and registered manager ensured they were up to date with any changes in legislation and that these were implemented into everyday good practice. Staff received regular updates and information through regular meetings.

The provider and registered manager had robust quality monitoring systems and processes in place. Feedback was regularly sought to drive continuous improvement. The management team were well supported by the regional office staff.

Rating at last inspection: The service was last inspected 10 March 2017 and was rated good.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Right at Home Colchester and District

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one Inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We 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 of this information to plan our inspection.

During the inspection

We spoke with four people and one relative about their experience of the care provided. We also spoke with eight members of staff, including the registered manager.

# Is the service safe?

## Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question remains the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Detailed risk assessments were in place which helped people to live full and meaningful lives, while supporting people to stay safe. Information clearly specified where people were susceptible to harm or exhibited behaviours which could place themselves or others at risk.
- The registered manager had completed a range of risk assessments that were individually tailored to meet people's specific needs.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person said, "They are very good I don't know what I would do without them."
- Staff were trained in safeguarding people and were able to recognise when people may have been at risk of abuse or felt unsafe.
- Staff knew how to raise concerns correctly and had a clear understanding of what was needed to ensure people's safety, whilst promoting their independence.

### Staffing and recruitment

- The registered manager had a strong emphasis on drawing out the personal qualities of the potential employee, as part of the recruitment process.
- Robust recruitment processes continued to be in place, with relevant checks being completed. A one-page profile was used to match staff to people's skills and hobbies. Interviews were skills based.

### Using medicines safely

- People received their medicines on time and in the right way.
- Medicines administration records (MARs) were accurate and contained no gaps or errors.
- Guidance was available, so staff knew how people should be given medicine and the reasons why they should have it.
- Staff had been trained in how to administer people's medicine and observations of their competence were carried out regularly.

### Preventing and controlling infection

- Staff promoted personal awareness of infection and hygiene to people.
- Audits relating to the prevention and control of infection were carried out by the registered manager.
- People told us staff used personal protective equipment (PPE) correctly to reduce the risk of infection.

### Learning lessons when things go wrong

- Staff knew how to record and report an accident or incident if this had occurred.
- The registered manager kept a detailed audit and analysis when incidents had occurred.
- Meetings were held which looked at the support provided and considered how practice could be improved. The registered manager said, "We want to get staff involved so quality assurance is more of a team approach. We have been discussing this in team meetings. We gave the staff a copy of MARs with errors on and asked them to identify the areas which need to be improved. We then discuss this to look at how we can all improve together."



# Is the service effective?

## Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Right at Home Colchester and District employed a qualified social worker to carry out our MCA/Best Decision assessments as they had a wealth of experience in conducting high profile safeguarding investigations and specialised in MCA. This significantly improved the effectiveness of the service in the effective domain both in execution of the task and improvement in development of the Management Team in this area by conducting joint client reviews and assessments.
- Practices regarding consent and records were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment. For example, the registered provider had recruited a registered social worker to assist them when assessing mental capacity. They said, "We want to map a different role in relation to MCA. We are aware of the changes coming and plan be fully ready for these changes."
- Best interest decisions had been made and records were retained. Decisions had been made in accordance with legislation and people's wishes.
- Steps had been taken to protect people and safeguard their rights through applications to the court of protection where appropriate.
- Practices regarding consent and records were actively monitored. The registered manager had carefully considered how to involve people in making decisions about their care.
- Assessments were decision specific and exceptionally detailed. One staff member said, "I love the MCA which is about enabling choice an independence. We take the reviews very seriously here, I look at it from

local authority perspective, and see what the provider are having to do on the ground. I think more social worker's need to work at service such as this, so they can gain a really good understanding of what they do."

- The registered provider made sure staff were fully trained and had a comprehensive understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

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

- Detailed assessments were carried out. The registered manager said that they had considered how staff could support people who were experiencing cognitive decline or memory loss. Staff supported people to do more for themselves."

- The assessment process was tailored around these principles. One staff member said, "You have to make the training practical and gather people's individual experiences along the way."

- Records showed us care followed evidence-based practice. For example, the 'Herbert Protocol' is a national scheme. It encourages services to gather useful information which could be used in the event of a vulnerable person going missing. The service had followed this by gathering clear information on people's appearance and areas where they may be likely to visit. This promoted an effective response to missing people.

- Care plans were detailed, robustly reviewed, and effectively guided care.

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

- Right at Home provided effective support, at short notice. One relative said, "You are so lucky to have such a good care company that is able to look after you like this at such short notice."

- Hospital passports were in place, and people told us communication was good.

- A detailed assessment was carried out, to help staff support people to maintain their oral health. This considered the person's lips, dental pain, teeth, dentures, saliva, tongue, gums, and tissues.

- A recent focus had been around promoting sepsis awareness. Training was booked for later in the year and posters were on display. Staff told us they had been given a card to help remind them of the signs to look out for.

- Staff were trained as a dementia friend as part of the induction. Dementia Friends is an Alzheimer's Society initiative that aims to give people a better understanding of dementia.

Staff support: induction, training, skills, and experience

- People told us staff were extremely well trained and competent. One person said, "They reacted immediately if I need something. They are very well trained. No problems at all."

- Staff were given a comprehensive induction which provided essential training, based on the care certificate. The induction provided the opportunity for new staff to shadow more experienced workers so that staff could get to know people and so that people could get to know new staff before they worked unsupervised.

- Staff training was developed around individual needs. One staff member said, "They are giving us the Gert suit for three months, so we can role this experiential training to our staff. Staff need to experience degeneration. This will give staff the idea of what it is like. Everyone needs to understand what it is like to be in other's shoes, to have compassion."

- Competency checks not only focused on the tasks the employee was required to do, but also the skills which needed to be displayed within the care role. For example, the registered manager assessed how staff interacted and spoke with people, and how they used their empathic and emotional aspects of their personality to bring the best out in people and provide the best possible care.

- Mixed feedback was received from staff when we asked them about supervision. Some told us they were well supported, however the service had recently been restructured, and some were negative about some of

the recent changes.

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

- People were supported to eat and drink in line with their assessed need.
- Staff knew people's individual preferences and patterns of eating and drinking and there was flexibility if this was needed. People's cultural dietary preferences were respected.
- At the time of the inspection, no one had support from speech and language professionals.
- Care plans considered the effect that certain medicines may have had on appetite.

# Is the service caring?

## Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

People were supported and treated with dignity and respect; and involved as partners in their care; Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they, were very compassionate and kind. Without exception, people told us that individual and personalised care was provided in a way that they were satisfied with.
- The registered manager was very skilled and could anticipate people's needs. They made sure support networks were in place to deal with people's distress and discomfort.
- People told us they enjoyed the company of the staff and were relaxed around them. One staff member explained, "I got to know [Name] we have both lived in Germany. We went through and looked at the pictures of the German town they were from. The pictures prompted their memories of the city. We all sat together looking at the books. The time was good to help her reflect on their German heritage and culture which is an intrinsic part of their background."

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

- People and their families told us staff interacted with them in a positive and meaningful way.
- Each staff member completed a 'one-page profile'. This explained things that were important to them. The registered manager matched staff with people's interests and personalities. Staff did not support people until they had been slowly introduced and people agreed to it.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was embedded as part of the values staff displayed. It was embedded in every aspect of the service. For example, staff understood how to promote and respect people's privacy and dignity, because they had such a thorough knowledge of the person's background and needs.
- People were encouraged to be independent and access the local community and encouraged and supported to live their lives in line with their assessed needs.

# Is the service responsive?

## Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff worked with people to look for opportunities within the local community. Reasonable adjustments were made to encourage independence. For example, the registered provider took on a key role in working with the local community to build links, so that people could be engaged to undertake activities that were meaningful to them.
- People were supported to lead a full and active life. They engaged in a wide range of activities, as part of their assessed needs.
- People were supported and encouraged to develop relationships with others.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place which staff and relatives were aware of but never had to use. One person said, "We have never needed to complain about anything. Quite the opposite. Any concerns are sorted out straight away with no fuss." Another said, "I can't imagine ever having to complain about anything."
- Numerous compliments about the service had been received. One person had said, "Every day I am thankful for the care that they receive. [Name] is amazing, and the continuity of care has been brilliant." Another said, "The professional cheerful dedication displayed by you and your team, gave me piece of mind. It was invaluable."
- Staff were pro-active in reminding people about the complaints process and checking whether they had any concerns within any meetings held.

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

- People's rights, choices and involvement were put at the core of the service. People were involved in planning and reviewing their care.
- The registered manager had gone the extra mile to find out what people had done in the past. They used this information to support people in a more personalised way.
- People and their family members told us they were involved in people's care plans.
- The registered manager had an exceptionally detailed understanding of the needs of different people and had considered how to deliver support in a way that met those needs. For example, people were supported to access community activities that were culturally relevant to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- The registered manager told us they were planning to train key people in the organisation and review the way the accessible information standard was used.
- The service identified people's information and communication needs, when additional needs had been identified, this had been recorded and highlighted in people's care plans.
- Assessment, care plans and information relating to the service, was available in different formats, to make sure that people could understand the information being shared with them.

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their life. Some staff had been trained in end of life care, whilst others were still completing this training.

# Is the service well-led?

## Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff and people were matched together, if they shared a similar interest. People fed-back positively about the matching process and quality of person-centred care.
- Staff fed-back about the manager's involvement to promote good quality care. For example, a wishing well scheme had been put in place. A letter was sent out to everyone asking them their wish list. The registered manager looked for opportunities for people to get the opportunity to create a specific memory. For example, one person's wish was to go ball room dancing, for another an afternoon tea dance was being planned with a local care home.

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

- The registered provider considered how they would prepare staff to be involved in an inspection. They said, "We try to reassure them that the inspection process is a positive experience. We highlight what you do, and you inspect."
- The service's vision and values was personalised and put people at the core.
- Staff understood their roles and responsibilities and were confident in the registered manager.
- There was a clear emphasis on how to describe people in caring ways, for example 'a person living with dementia' rather than putting the emphasis on a diagnosis. The service's values were evident throughout discussions with the service, staff, and people. People told us that they felt respected and valued.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The service used a psychometric profiling tool during the recruitment process. Staff were asked to complete this tool, for example, rating themselves in terms of independence or preferring to work in a team.
- Regular meetings were held with staff including team building events.
- The service completed their own internal satisfaction surveys with staff. There were high levels of satisfaction reported.

Working in partnership with others:

- The registered manager had considered how they could work in partnership with the local authority to look at ways staff well-being could be improved. Wellbeing training had been given to each member of staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Right at Home had a number of recognition mechanisms in place for staff, which was effectively used to support staff retention. These included monthly, and annual awards, and award for those staff who had gone above and beyond. One staff member said, "Being a caregiver is not only singing songs with the clients its helping them get through a day and prove to them they are still worth attention and deserve to be treated with respect of the highest standard."
- The registered manager routinely worked with external agencies and had continued to be proactive in seeking guidance and involvement from relevant health and social care professionals within the community.
- Annual satisfaction surveys continued to obtain feedback from people, relatives, staff, and professionals. This information had been analysed by the registered manager and used to drive improvements within the service.

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

- The registered manager understood the legal requirements, which included the conditions of their registration.
- Staff were encouraged to consider their continuous professional development.
- The registered manager continued to support staff to provide consistently high-quality care and support. This was confirmed through the feedback we received.

Continuous learning and improving care

- The service had clear and effective governance processes in place. Audits were in place which monitored the quality of the service. When improvements were needed appropriate action had been taken. One person said, "It is really nice that you have phoned to follow up as not a lot of companies would do that."
- Robust audit systems identified and managed risks to the quality of the service. The registered manager used this information to drive improvement. The registered manager said, "We are never going to be perfect we will always need to get a bit better every day. We are here to uplift people and reduce social isolation."
- At the time of the inspection, Right at Home had been rated by an online website as a top 20 care provider in the East of England.