

## Hillingdon And Uxbridge Homecare Limited

# Right at Home (Hillingdon & Uxbridge)

### Inspection report

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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?

Good 

Is the service well-led?

Good 

### Overall summary

Right at Home (Hillingdon and Uxbridge) is a domiciliary care agency providing a range of services including personal care for people in their own homes. The people using the service were either privately funding the service and/or used direct payments. Therefore the local authorities did not at present commission services.

This inspection took place on 8 and 9 June 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

# Summary of findings

There were eight people using the service at the time of the inspection however, two people were not currently receiving the service. The provider registered the service with the Care Quality Commission in 2013 and therefore this was their first inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Feedback from people using the service, relatives and care workers was positive. People confirmed they were introduced to new care workers prior to them providing care and support to them. Comments from people included, "Staff are caring" and "I have a care plan and staff read it before helping me." Relative's comments were favourable and included, "The service is of a very high standard from carers to management." Two relatives told us they would recommend the service. Care workers told us they were supported well by the provider and the registered manager. Some of their comments included, "I feel proud to work for a company that actually can look after carers and clients [people using the service]" and "We are never sent to a new client [person using the service] on our own even if we are not new staff."

There were procedures for safeguarding adults and the care workers were aware of these. The risks to people's wellbeing and safety had been assessed. Care workers knew how to respond to any medical emergencies or significant changes in a person's well-being.

There were systems in place to ensure people safely received their medicines.

The service employed enough staff to meet people's needs safely. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

People's capacity to make decisions about their care and support had been considered and assessed. Care workers worked with people in supporting them to carry out as many tasks as they could do for themselves. The provider and registered manager were aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005.

People's needs were assessed prior to receiving a service and person centred care plans were developed from the assessment. People's health and nutrition needs had also been assessed, recorded and were monitored. These informed care workers about how to support the person safely and in a dignified way.

Care workers had the training and support they needed to care for people.

There was an appropriate complaints procedure which the provider followed. People and relatives felt confident they could raise a complaint if they had one and that their concerns would be listened to and dealt with.

There were arrangements in place to assess and monitor the quality and effectiveness of the service and use these findings to make ongoing improvements.

# 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. There were procedures for safeguarding adults and the staff were aware of these.

The risks to people's wellbeing and safety had been assessed and were reviewed on a regular basis.

The service employed enough staff to meet people's needs safely. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

People were given the support they needed with medicines.

Good



### Is the service effective?

The service was effective. Staff had the training and support they needed to care for people.

People had consented to their care and support. Where people had been assessed as lacking capacity, decisions were made in their best interest by people who were important to them.

People were supported to make choices about the food they wished to eat and staff had completed training in food hygiene and preparation.

Good



### Is the service caring?

The service was caring. Feedback from people and their relatives was positive on both the management team and care workers.

People and relatives said staff were kind and caring. People had support from regular care workers so they could develop a trusting relationship.

People were involved in decisions about their care and the support provided.

The service conducted satisfaction questionnaires of people using the service and their relatives in order to find out their views about the quality of care and support provided.

Good



### Is the service responsive?

The service was responsive. People's individual needs had been assessed and recorded in care plans. People's needs were regularly reviewed and they contributed to these reviews.

People knew how to make a complaint and complaints were responded to appropriately.

Good



### Is the service well-led?

The service was well led. At the time of our inspection the service had a registered manager who had been in post since December 2014.

People and their relatives felt the provider and registered manager were hands on, available to talk with and approachable.

Care workers were complimentary about the support they received and all were happy working in the service.

There were systems to assess and monitor the quality of the service.

Good



# Right at Home (Hillingdon & Uxbridge)

## 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 8 and 9 June 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was carried out by a single inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

At the inspection we looked at three care plans, three staff records, quality assurance records, accident and incident records, correspondence with people who used services, and policies and procedures.

During the inspection we met with the provider, the registered manager and one care worker. We telephoned three people receiving support from the service and two relatives and spoke with them about their experiences of using the service. Following the inspection we also obtained feedback from a third relative and another four care workers.

# Is the service safe?

## Our findings

People told us they felt safe with the care workers who visited their homes. One person told us, “I feel completely confident with the staff who come to me.” One relative confirmed that they felt their family member was safe and that if they had any issues they would talk with the provider or registered manager. Another relative commented, “We feel X [family member] is cared for.”

Staff received training in safeguarding adults. They told us they had received safeguarding training and the training records confirmed this. The service had a safeguarding policy and procedure in place, and there had not been any concerns since the service had registered with the Care Quality Commission (CQC). Staff were able to tell us what they would do if they suspected someone was being abused. They told us they would speak with the registered manager and if necessary contact the local authority safeguarding team and/or the Police. One care worker told us, “If I am in doubt I would inform them [the provider or registered manager] so they can do the right thing to protect people from abuse.”

Where there were risks to people’s safety and wellbeing, these had been assessed. These included general risk assessments, which looked at the person’s home environment to identify if there would be any problems in providing a service and carrying out falls risk assessments. There was guidance for staff on how to safely support people and if people required specialist equipment such as a walking frame to assist them with their mobility. Risks were assessed during the initial assessment period and were subsequently reviewed and updated where necessary.

There had been one incident in 2015 which was fully recorded and included the action taken by the registered manager. They, along with the provider, confirmed that if there were several incidents or accidents then these would be analysed to check and respond to any patterns and trends.

The provider employed sufficient staff to meet people’s needs. There were systems in place to ensure that staff absences were appropriately covered and people received their care as planned. People and their relatives confirmed that if their regular care worker was not available, such as on holiday or sick leave, then they would be notified so that

they never had an unfamiliar care worker coming to support them. One relative told us, “Another one [care worker] came with the manager then we had the same [care worker] for that week.”

There were appropriate procedures for recruiting staff. These included checks on people’s suitability and character, including reference checks, a criminal record check, such as a Disclosure and Barring Service check and proof of identity. New care staff also attended a formal interview. Care staff confirmed they had all gone through various recruitment checks prior to starting working for the service. The registered manager also confirmed that she assessed new care workers suitability when taking them out to meet people using the service. This was to make sure they were appropriate and had the necessary skills to support people in their own homes.

Care workers were aware of the protocols in place to respond to any medical emergencies or significant changes in a person’s well-being. They confirmed that any concerns would be reported to the office and where necessary the emergency services, so that action could be taken. The provider confirmed that all care workers had the provider’s and registered manager’s mobile telephone numbers and people and their family members had the service’s contact details in cases of emergency. The provider and registered manager were clear that if care workers were delayed due to bad weather then they would drive them to people’s homes to ensure they were not without help and support during adverse weather conditions. The provider informed us that the service might get its own vehicle so that care workers could have access to it if they needed this form of transport to get to people in the community.

Care workers supported some people with either prompting or administering their prescribed medicines. A care worker was clear that they only administered medicines that were recorded on the medicine administration records. Care workers completed records when they prompted or supported people with their medicines. Medicine risk assessments were also in place and were reviewed to ensure they were accurate. Medicines training was covered during the induction period for new care workers and care workers confirmed they received training before carrying out this task. The provider and/or registered manager monitored how care workers

## Is the service safe?

supported people with their medicines through spot checks in people's homes, and reviewing their records. This meant people were protected from the risk of not receiving their medicines as prescribed.

# Is the service effective?

## Our findings

People and their relatives spoke positively about the care workers and the provider and registered manager. One person said their care worker was “very nice” and “they know what I need.” A relative told us that they believed their family member was receiving “good quality care.” Where possible the service matched care workers to people using the service so that their needs could be fully met. This was confirmed by people using the service, relatives and care workers. One relative said the care workers who visited their family member spoke to them in their preferred first language which was helpful so that they could explain to the care workers how they wanted to be supported.

Care workers were supported through one to one supervision and spot checks. One care worker said the service “supports us.” A second care worker said the management team “do not let us compromise on care or duty.” We saw on a sample of care workers files that spot checks took place which enabled the registered manager to see the care worker engage with the person using the service and observe how they worked with them. It also gave them the chance to ask the person and/or their relatives for their views about the service provision. Records showed that new care workers had been through an induction to the service and the provider would be using a new induction that incorporated the new Care Certificate which was more in depth and covered various areas of working in social care.

Care workers confirmed they received training when they first started working for the service. They explained the training consisted of different subjects for example, moving and handling and first aid. The provider informed us that once the care workers had worked for a year in the service they would receive an annual appraisal of their work. Team meetings had taken place. The last recorded one was for earlier in 2015. As the team was small often the provider and registered manager had held informal meetings to ensure care workers were supported and could share any problems they might have been having. The provider told us they would in future record the meetings so that there was a record of the topics discussed. Care workers said they felt supported and that there was regular good

communication between them, the provider and the registered manager. One care worker confirmed, “When we hand in timesheets we always spend more time as we are chatting about things.”

People said the care workers gave them the chance to make daily choices. Care workers also told us they helped people be as independent as possible. Care workers had received awareness training in the Mental Capacity Act (MCA) 2005. The provider considered people’s mental health and whether they were able to understand decisions related to their care during their initial assessment visit. Records were clear about what people’s choices and preferences were with regard to their care provision and care workers we spoke with understood the importance of gaining people’s consent. We saw evidence in the care records that people had signed, if they understood their care plan, indicating their consent to the care being provided.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The provider and registered manager were aware of the legal requirements relating to this and knew they would need to identify if people had any restrictions so they could take appropriate action to make sure these were in the person’s best interest and were authorised through the Court of Protection.

People’s nutritional needs were recorded in their care plans. Some people were assisted at meal times. They told us the care workers supported them to heat up and prepare the food of their choice. Where people needed encouragement to eat or drink this was recorded in their care plans. One care worker commented that, “I always leave a drink for the person before I leave them.”

Care plans contained information and guidance for staff on how best to monitor people’s health and promote their independence. We noted records included contact details for people’s GPs and where referrals had been made to professionals involved in people’s care. We saw evidence where the registered manager had concerns about a person’s well-being and had liaised with the relevant healthcare professionals to ensure the person was assessed by a suitably qualified person.

# Is the service caring?

## Our findings

People and relatives were complimentary about the care workers, the provider and registered manager. One person using the service told us, the care workers were, “kind and patient.” Another person said the care workers were “regular” and “know my needs.” A relative spoke positively about the care workers visiting their family member saying, they were “excellent” and “the best we have had.” A second relative confirmed that the care workers engaged positively with their family member. A third relative said, “We feel X [family member] is cared for and X [family member] feels important.”

People told us that they had the same care workers for each visit and had been able to specify whether they preferred a male or female member of staff supporting them. Care workers talked about valuing people, respecting their rights to make decisions about the care they received and respecting people’s diverse needs. Care workers understood the importance of respecting people’s cultural values and personal preferences and had built good relationships with people and their relatives.

The care workers confirmed the care plans contained relevant and sufficient information to know what the care

needs were for each person and how to meet them. One care worker said they visited the office to read the care plan and to ask the registered manager any questions before they visited and supported the person. This gave them the opportunity to obtain as much information as possible about the person’s individual needs and expectations. If there were any changes in a person’s needs care workers told us they would inform the provider or registered manager immediately so that their needs could be re-assessed or the person would be referred to the appropriate professional.

The service’s record of quality monitoring visits, telephone calls and reviews indicated people and their relatives were happy with the care they received and the care workers who supported them. One relative confirmed that there was “good communication” between them and the care workers and management. The service had record sheets where care workers and relatives could leave messages if they did not see each other and this enabled clear communication between everyone concerned with people’s welfare. A relative confirmed this gave them the chance to leave a message if they did not see the care worker and needed to relay something of importance.



# Is the service responsive?

## Our findings

A person using the service commented favourably on the service they received. They said, “they [care workers] know what I need.” One relative said the care workers were “pro-active” and that they knew and understood their family member’s particular needs.

People, their relatives and the provider confirmed that people were assessed and the support and care being provided was all agreed prior to care being provided. The assessment was carried out to gather more information about people’s support needs and to ensure these could be met by the service. Information related to medicines, mobility and personal preferences was recorded so that comprehensive information was available.

Care plans were developed from the information gathered from the general needs assessments and were based around identified needs, the support that was required from the care workers and the outcomes that were expected. Care plans were person centred and recorded what tasks the care workers needed to complete and what areas of care the person could do for themselves. For example one care plan noted, “Give me the comb so that I can comb my hair.” It was clear if people required support from one or two care workers and if they needed support with receiving their medicines. People, relatives and care workers confirmed that the care plans were read by care workers before they supported people so that they had up to date information about the person’s needs.

The provider explained that care workers all received a copy of the rota so that they could see where and when they were working. The provider was aware of care workers availability in case they needed to arrange for a care worker to support a person if their regular care worker was on holiday or on sick leave.

We looked at a sample of daily records of support and found that these had been completed with a summary of tasks undertaken including information regarding people’s

wellbeing and where appropriate, details relating to meal preparation and medicines prompting. People and their relatives told us that care workers always completed and signed the daily records at the end of each visit.

People and their relatives were encouraged and supported to make their views known about the care provided by the service. We saw in a letter from earlier in 2015 that a family had been happy with the care provided to their relative and that they had appreciated having consistent care workers. They were also positive that their relative had not been rushed when they had been visited by the care workers. The provider confirmed that relatives would be sent satisfaction questionnaires approximately twice a year and results would be analysed to ensure any points raised that needed attention were addressed. One relative said they had completed a questionnaire and that they had been happy with the service. The five recent returned questionnaires from people using the service and relatives were all positive and therefore an action plan did not need to be completed.

People were given information on how to raise concerns and complaints when they first started to use the service. People told us they were aware of this and knew how to make a complaint. Everyone we spoke with or received feedback from confirmed they would talk with the provider or registered manager if they had a complaint. One person said they would talk with their family or contact the office if they were unhappy, whilst a relative said “I would be confident to make a complaint.” A second relative commented that they would, “feel comfortable to tell my complaint as we have a good relationship with them (management).” Regular reviews were carried out and feedback with people using the service, either over the phone or in person took place. No-one said they had any cause for complaint, but that they would feel able to ring the office if an issue arose. We saw a record of a complaint which was dealt with quickly and addressed as soon as the management team were aware of it.

# Is the service well-led?

## Our findings

Feedback on the care workers, provider and registered manager were very positive. One relative told us, “The management are hands on.” Another relative said they were often asked for their views about the service they were receiving. People and relatives all confirmed that the registered manager had regular contact with them and that they or the provider would visit to check that they had no issues or concerns. A relative confirmed that the provider, “has also spoken to us and X [family member] in our language to see if there is anything more they can do.”

The registered manager had been in post for six months and had made further improvements to the service, such as she had introduced communication forms and had been looking at the training care workers received to ensure it sufficiently met their needs and the people they were supporting. A checklist of tasks was also now in place which prompted care workers at a glance to see what work they needed to do when visiting each person. The provider worked alongside the registered manager and they complimented each other through their different experiences and skills. The provider was a trainer in moving and handling and the registered manager was a trainer in dementia. They received support from each other and attended a manager’s forum which took place approximately twice a year. Both the provider and registered manager kept up to date through various ways. This included attending groups for staff working in domiciliary care agencies as the service was a member of the UK Homecare Association (UKHCA) and the registered manager was part of a dementia group. The provider and registered manager would also be attending a workshop on the new Care Act 2014 and overall were keen to be involved in local support networks as well as accessing any other groups and training that developed their awareness in social care.

There were various quality checks undertaken by the provider and registered manager. We saw the registered manager checked records coming back from people’s home’s, such as medicine administration records and daily record sheets. This was to ensure care workers were completing the relevant paperwork whilst supporting people and that the language and information they were using was professional and appropriate. The provider was aware that as the service developed more systems for auditing records needed to be introduced to ensure people received a good service.

An external audit had also been carried out in May 2015 by a person who the provider had arranged to check on the service. This identified some areas that could be improved and there was an action plan in place so that the provider and registered manager were clear who had the responsibility to address these areas and a date for completion. The provider informed us that many of the areas had already been addressed, which we could confirm due the findings of this inspection.

Care workers said the contact with the management team was frequent and helpful. One care worker stated the management team were “caring but firm.” Another care worker told us, “I really look forward to coming into the office.” The provider kept care workers informed of any updates or news through the regular discussions they had when care workers visited the office. Also through giving care workers care notices which reminded them of good practice guidelines, for example, when carrying out medicine tasks. The provider confirmed they would be introducing newsletters in 2015 to care workers and a separate one for people using the service. This would provide care workers and people with useful information about the service and give the provider the opportunity to make sure there continued to be good communication between all those involved in either working or receiving a service.