

L & K Care Limited

# Right at Home Billericay, Brentwood & Havering

## Inspection report

Suite 3 & 4, Churchill House  
Station Road, Horndon Industrial Park  
West Horndon  
CM13 3XL

Tel: 01277630545

Date of inspection visit:  
02 May 2019

Date of publication:  
13 May 2019

## 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 – Brentwood, Billericay and Havering is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service to older adults. The service also provides 24-hour care within people's homes. Right at Home – Brentwood, Billericay and Havering serve the people within and around Brentwood, Billericay and Havering. At the time of our inspection, the service was supporting 37 people and employed 25 members of staff.

People's experience of using this service:

Staff had a good knowledge of how to keep people safe from avoidable harm.

People were supported to take their medicines in a safe way.

Staff were recruited safely, and appropriate checks were carried out before they started work at the service.

Where lessons were learned, feedback was provided to staff to ensure continuous improvement took place throughout the service.

Quality assurance processes were in place to ensure the safety of the service and these supported the safe running of the service.

The manager ensured that staff received specialist training based on people's individual needs.

People received care and support based on their individual assessment, needs and preferences.

Staff continued to have a good understanding of key pieces of legislation and when they should be applied.

People were supported by staff who understood the need to ensure person centred care and to respect and listen to people.

People told us they felt well cared for by staff who treated them with respect and dignity.

Systems were in place for people to raise complaints and concerns.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff spoke positively about working for the provider. They felt well supported and could talk to management at any time, feeling confident any concerns would be acted on promptly.

Rating at last inspection: Good (report published 2 November 2016.)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any information of concern, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained good

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained good

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained good

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained good

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained good

Details are in our Well led findings below.

# Right at Home Billericay, Brentwood & Havering

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One assistant inspector supported the inspection on day one by making telephone calls to people who receive the service and staff. One inspector and an assistant inspector visited the domiciliary care service on day two of the inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people.

The service did not have a manager registered with the Care Quality Commission (CQC). Registered manager's and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of inspection, the manager had applied to the commission to be registered.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 1 May 2019 and ended on 2 May 2019. It included telephone calls to people using the service. We visited the office location on 1 May 2019 to meet with the registered provider, manager and office staff and to review care records, policies and procedures.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the registered provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. We assessed the information that registered providers send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection visit, we spoke with 13 people using the service, and six staff including the registered provider, manager, care co-ordinator, recruitment and training manager and care staff. We observed the support provided throughout the service. We looked at records in relation to people who used the service including three care plans and three medication records. We looked at records relating to recruitment, training and systems for monitoring quality.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of harm and abuse. The registered provider had reported abuse to the local authority and Care Quality Commission when it was identified.
- People were supported to keep safe and to raise concerns when abuse occurred.
- Staff told us they had not raised a safeguard but knew how to raise concerns. One staff member told us, "If I had a concern to report I would phone the office and report it to them and make notes regarding what I have found, missuses of drugs bruising or anything different about the person."
- Staff told us they had received safeguarding training and had a good understanding of what to do to make sure people were safe. One member of staff told us, "If I felt there was an issue with someone's safety I would report to the line manager, I would report to local authority and Care Quality Commission. It could be anything from their equipment to their safety."

Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us, "I absolutely feel safe. I have not had a bad member of staff come to see me. They are all lovely and could not ask for more." Another person told us, "I feel really safe with all of the people that come into our home." A third person told us, "Staff are all respectful to me when they help me get dressed. They make me feel safe."
- Risk assessments covered all areas of identified and known risk. Risks which affected people's daily lives, such as infection control, food safety and moving and handling were completed. Action to reduce the risk clearly documented. Staff understood people's risks and where they accessed this information. One member of staff told us, "Risk assessments are in the care plan in their home. They tell us everything we need to know. They are for everything like the shower, key safe, bed safe. They cover everything."

Staffing and recruitment

- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed. The manager told us, "We have such a robust recruitment process that if at any time new staff are not right, we will find this out. Recently someone came in, we offered them a job, but their views changed about what they we and couldn't do - their attitude changed. So, we told them we wouldn't be able to continue with the recruitment process because of this." The registered provider told us, "We recruit only high-quality carers. We are very fussy over who we employ and will spend hours with them to make sure they are right."
- Rota's were in place and staff allocation was based on people's needs. Staffing levels were appropriate to meet the needs of the people using the service. Staff felt there were enough staff on duty to support people effectively. One staff member told us, "There are always enough staff. I support people who require two staff and I have never been in a situation where I am on my own."
- There were suitable arrangements in place to ensure there were enough staff One staff member told us,

"Last year, a carer I was working with became ill and could not go to their next call. I rang the office and offered to do it for them as it needed two carers to support the person." The registered provider told us, "We have a good ratio of staff to people. As soon as I sense staff are stretched, we reduce the number of packages we are supporting. I don't like doing this, but I will do it to keep the service safe. Safety is everything to us."

#### Using medicines safely

- Medicines systems were organised, and people received their medicines when they should.
- Where errors were found, they were investigated, and action was taken where needed. One incident had been reported by staff from an error they had made. A full investigation took place and the staff member received additional training. The recruitment and training manager told us, "We have senior carers in place who do checks on the medication. Any issues or errors and staff are retrained."
- Staff told us they had received training and received spot checks on their practice and had their competency assessed to ensure they could administer medicines safely. One staff member told us, "I am level 2 trained in medication. We are spot checked and the Medication Administration Records (MAR) sheets go off to the office every month for review." Another member of staff told us, "The training is really good they are strict. If there are any issues, we are told we have to report it to the office straight away."
- People received support to manage their 'as required' medicines. Where people exhibited behaviours that may challenge others and put people at risk of harm 'as required' medication was in place. Staff told us they knew how to respond to people and administer their medicines appropriately.

#### Preventing and controlling infection

- People told us staff understood and followed infection control procedures when supporting them. One person told us, "Staff have lots of stuff they use such as gloves, aprons, shoes for in the shower and they wash their hands." Another person told us, "Yes they are good at following this. They bring all the stuff with them and they are clean and wash their hands all the time. I have no issue with staff cleanliness."
- Staff told us they received appropriate training in infection control and knew how to prevent the spread of healthcare related infections. One staff member told us, "I had training and it was really good. The service provides aprons, gloves, shoe covers and face masks."

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. The manager told us, "We had a safeguard where someone missed a call and as a result, their medication because of human error on the rota had cancelled the call. The lesson learnt for me was I needed to check the rotas weekly to make sure there were no errors, or calls had been cancelled. If any calls had been cancelled, I am now checking to make sure there is a valid reason for this and not an error."
- Where there had been errors made with medicines, measures been put in place to reduce any re-occurrence.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were comprehensive, expected outcomes were identified, and care and support regularly reviewed. Staff told us they were aware of people's expected outcomes.
- Staff applied learning which led to good outcomes for people and supported a good quality of life.
- People's preferences, likes and dislikes were recorded. Information included meal choices and personal care routines. One person told us, "Oh yes, staff are good at getting to know me. They know I like marmalade on my toast and bits like that. "

Staff support: induction, training, skills and experience

- People told us they felt staff were trained and knew what they were doing. One person told us, "Yes they are competent, and I feel they know what they are doing." Another person told us, "Yes they are good they know what they are doing, and they know me well."
- Staff had a clear understanding of their role and what was expected of them. Training was provided between face-to-face and e-learning. Staff told us they had the training they needed to support people's individual needs. One staff member told us, "The training support is fantastic. If you have a problem and do not understand something, they will help you. You can request training at any time. We have had catheter care and attended dementia social club we run, and we get lots of training from that." Another staff member told us, "The training is good. If we need more support, we ask for it!"
- The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff told us they had completed a comprehensive induction. One staff member told us, "I had a good induction. I had my interview, and this covered everything in it I needed. I didn't feel ready, but I spoke to the office and offered constant support. Within the first week, I had feedback from clients which was shared with me and it made me feel so good!" Another staff member told us, "The induction was very good, and I have had lots of training every few months."

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

- Some people required support with their meals. One person told us how staff supported them, "Staff support me and get my meals ready in the microwave. I chose what I want to eat, and they get it ready for me." Another told us, "They help me with my breakfast and they are good at knowing what I like."

Staff working with other agencies to provide consistent, effective, timely care

- People told us they received consistent care from staff and felt safe because of this. Procedures and systems were in place to check care staff arrived at calls.

- Staff shared information between themselves regarding people where changes or concerns were identified. The registered provider told us, "Every Sunday evening or Monday morning, I get a list of any missed or late calls which I check. The management team and I will then sit down, and we will talk about it." A member of staff told us, "The office will email and text you any changes for people and we will look at the daily notes, like if someone is on antibiotics." Another staff member told us, "Any handover would get an email or text to let us know any other information and the care plan will be updated with information, so we can read it."

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare. A member of staff told us, "Last year, I saw a person at lunch and they were covered in blood. I called the office and they told me to call an ambulance which I did. I stayed with the person for about three hours until it arrived and then. I filled out an accident and incident report and body map and we got this over to the office."
- Staff understood how and when to request healthcare professional support for someone. The manager told us, "I am working with a community physio to support a person to get new equipment. This is so they don't have to sleep on a recliner chair. One this is in place, I will need to do a new manual handling assessment with the extra equipment"

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Related assessments and decisions had been properly taken and recorded.
- Staff told us they were trained and understood the requirements of the Mental Capacity Act. One staff member told us, "Yes I have had training in MCA. For me, it's about giving people choice and making sure they are safe. You can work in best interests if their health is at risk." Another staff member told us, "I ensure people have the freedom to do what they like and make choices . Even when someone lacks some capacity they should still have choice, but we have to support them." Staff understood the importance of gaining consent before providing support.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The service continued to involve people and treated people with compassion, kindness, dignity and respect. People received a good level of care. People were positive about staff's caring attitude. One person told us, "The staff are amazing people and they all have a kind heart." Another person told us, "All the staff are polite, and I cannot say a bad thing about them." A third person told us, "Staff have an extremely caring attitude. they are very kind and respectful, I could not ask for more."
- People had personal profiles recorded giving a life history to staff. Staff knew people well and used this information to support people. One person told us, "Staff know me well. They are kind people and when I get someone new to support me, they are good at learning what I like. I feel well supported by them." One staff member told us, "We get to know people well as we tend to see the same people. There is one person I go to who loves knitting and she knits scarfs for the local church for people in need."

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

- People told us they were involved in their care. One person told us, "I have been involved in my care planning since they started my care. I had someone out the other week checking on my care." Another person told us, "I am involved in my care. The staff ask me if I have everything I need and if I would like anything more before they go."

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their dignity and independence. One person told us, "They are wonderful Staff cannot be kinder, they talk to me with respect and in a kind manner. Staff are very respectful when I am in the shower, I am shy, but I feel settled with the staff." Another person told, "Staff make me feel comfortable and they talk to me with respect."
- Staff told us how they promoted people's dignity and independence. One staff member told us, "For example, for personal care I would ensure the person is covered or the toilet door was shut if they wanted me to wait outside, which I will. It is all about what they want." Another member of staff told us, "If you are showering someone, you ask them what they want. If you are helping them get undressed I make sure they are covered and comfortable. I treat people as I want to be treated."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs had been assessed before they used the service and these assessments were detailed.
- People's care plans were detailed and had clear information about their specific needs, personal preferences, routines and how staff should best support them.
- Care plans had been regularly reviewed or updated to reflect people's changing needs. People had regular reviews of their care. One person told us, "Staff do come and ask if anything needs to be changed with my care and I can always phone if there are any problems." Another person told us, "They have reviews to make sure we are happy."
- The service was a key part of the community. The service had developed links with local charities in the area. The registered provider told us, "We are working with other services and people to make Billericay a dementia friendly town. We are also doing other community-based projects and want to raise money for the Alzheimer's society. We plan to make the manager and recruitment manager dementia friends who will then be making existing and new staff into dementia friends."

Improving care quality in response to complaints or concerns

- Systems and procedures were in place for people to raise complaints and concerns. People gave examples of past issues they had raised and told us they were satisfied with the outcome and response to them. One person told us, "Right at the beginning of the care, staff were coming too late in the morning, (person) sometimes has to be ready for 9am for appointments. I called the office and they dealt with it well and quickly." Another person told us, "The only issue I have had was that staff left before their call was meant to have ended. I rang the office and they sorted it out."
- Complaints were logged and taken seriously to improve the service where possible and actions to reduce re-occurrence were in place. People were informed of the outcome of any investigation.
- People said they felt able to speak to the service at any time. One person told us, "If I was unhappy, I would go to the office." Another person told us, "I would call the office and I feel they would deal with any issue we have."
- Compliments had been received by the service, through cards and testimonials on their website. One said, "Our (person) allocated staff member is excellent. They meet (person's) needs, show interest in all they do, encourages them and they feel very comfortable with them." Another said, "Right at Home have cared for my (person) for about two years and we have found all the carers to be lovely and very capable. I feel very supported by the office team and know I can call anytime if I have a problem."

End of life care and support

- At the time of inspection, no-one was receiving end of life care. One staff member told us, "A (person) died who we supported, and the company gave me time to go to the funeral. The office is very supportive around this."

- Documents to record the arrangements, choice and wishes people may have for their end of life care were in place. Where people did not want to discuss this, the service had recorded this.

# Is the service well-led?

## Our findings

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

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

- The manager and registered provider had a good oversight of what was happening in the service and demonstrated an in-depth knowledge of all areas.
- Staff told us they thought highly of the manager. One staff member told us, "Due to not being in work for some time I have not met the new manager, but I have heard good reports about them." Another member of staff told us, "I feel I could take anything to the new manager."
- The ratings from the previous inspection were on display on the day of inspection. We checked the providers website and their rating was available for people to see.
- The manager conveyed the registered provider's commitment to providing person-centred care in discussions with us, and it was evident from documentation and systems in place that people using the service were at the centre of the work the service provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service did not have a manager registered with the Care Quality Commission (CQC). A person was in the process of making an application with CQC to become the registered manager.
- People and staff told us the service was well run. One person told us, "The service is well run. It is a good company and they have good staff working for them. All the staff are really kind to me." Another person told us, "I think it is really well run and they have a good standard of people that work for them. The bit I like is they do not have a uniform as I feel it makes it homelier as I get intimidated by uniform."
- There is a strong emphasis on continually striving to improve and be innovative. The service was continuing to look at new ways of working to improve the quality of care. The registered provider told us, "We are looking to go paperless so that everything we do, including quality assurance, is done in real time. We are looking to reduce human error but even where there is an error, pick it up even earlier."
- The registered provider was visible to staff and people and acted as an excellent role model to staff and managers. The registered provider told us, "I am very hands on and I am here every day of the week. I am more of an operations manager." A member of staff told us, "I feel I could take anything to the owner if I needed to."
- Audits were completed on a wide range of areas of service provision including medication and care planning. Information gathered from audits and from the review of incidents and accidents was used to develop the service and there was a strong focus on continuous improvement.

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

- People and staff had completed a survey of their views. At a recent team meeting, staff were given feedback from a recent survey. This included any actions being taken by the service to address any points raised.
- Staff told us they received supervision of their performance and regular team meetings. They were also provided an opportunity to feedback their views and suggestions for improvements. One member of staff told us, "We do make suggestions in the team meetings." Another member of staff told us, "We always bring things up at carers meeting and the management implements it. They always give us feedback on what we have suggested."

Working in partnership with others

- The manager and staff team worked closely with health professionals and others.
- The management team attended networking meetings within the franchise to keep themselves up to date and to share best practice.