

Bournemouth Assistance Limited

# Right at Home (Bournemouth)

## Inspection report

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23 January 2017

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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 ●

# Summary of findings

## Overall summary

The inspection took place on 19 and 23 January 2017 was announced.

Right at Home ( Bournemouth) provides care to people in their own homes in the Bournemouth and Poole area. At the time of the inspection 135 people were receiving the regulated activity, personal care.

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.

Care Staff knew how to keep people safe. They had received training and understood the agency's policy on safeguarding. Staff were confident they knew what to do and who to contact if they were concerned about any information they were given that was an allegation of harm.

There were enough care staff deployed at the right times to meet people's assessed needs. Staff were given enough time to travel between appointments and their time was paid.

Risks to people and risks in the environment were identified and assessed enabling care staff to do their job safely.

Recruitment was robust and the provider used their knowledge of people using the service to match the right care staff with the right people needing support.

Medicines were managed safely. The systems in place ensured that care staff were trained and understood their responsibilities to support people with their medicines.

Induction, training and supervision ensured care staff had the right skills and knowledge to support people effectively. Developments in how training was delivered to care staff, listened to what care staff said they needed to be confident and comfortable in their caring role, and then provided the tools to support them.

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.

Where people were assessed as needing support to eat and drink this is carefully managed and people's choices were respected.

People's health care needs were monitored and action taken to ensure they saw a healthcare professional when necessary.

People we spoke with told us care staff were kind and compassionate and took time to listen to them. People told us they appreciate the care the agency took to match them with care staff that had similar interests. This made them feel valued and respected.

People's needs were assessed and care plans were centred on their needs, wishes and preferences. Care staff were given enough time to travel between appointments and there was flexibility to respond to people's sudden changes of need.

People told us that the agency listened and took action when necessary.

The provider's values and culture was at the heart of the services' development from the recruitment, training and support of care staff to how they listened to what people told them about the service.

The management of the service encouraged all staff to focus on the quality of the work and continually strive to improve.

There were systems in place to monitor the quality of the service provided to people and ensure their safety was never compromised.

## 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.

People were protected from harm by staff that had been trained in safeguarding and knew how to report concerns.

Risks were managed effectively both for the individual and the environment.

The provider had robust recruitment practice.

Staff were trained to manage medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet their role and responsibilities.

Staff were supported through training and supervision to do their job well.

Staff acted in accordance with the Mental Capacity Act 2005

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and listened to people.

People felt respected.

### Is the service responsive?

Good ●

The service was responsive.

People received care which was personalised and responsive to their assessed needs.

People know how to raise concerns and were confident action

would be taken.

**Is the service well-led?**

**Good** ●

The service was well led

There were values and a culture at the agency which put people at the heart of the service provided.

Management was visible and understood their responsibilities in delivering a quality service.

There were systems in place to continually monitor the quality of the service provided and drive improvement.

# Right at Home (Bournemouth)

## **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 19 January and 23 January 2017 and was announced. The inspection was carried out by one inspection manager.

The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in.

Before the inspection, the provider completed 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. We also reviewed information we held about the service and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider's website.

During the inspection we visited four people in their own homes. Following the inspection we contacted a further ten people, who were using the service by telephone, to discuss their experience of using the service and one social care professional who was involved in supporting people who used the service. We spoke with the registered manager, two staff, in the office, who were responsible for organising care and one member of staff who had developed the training to care staff and three members of care staff.

We looked at the care records of four people who used the service and recruitment records for three staff. We looked at records which related to people's individual care and the running of the service. Records seen

included four care and support plans, quality audits and action plans, and records of meetings and staff training. We also looked at the management and administration of people's medicines, health and safety, quality assurance, competency checks and policies.

# Is the service safe?

## Our findings

People told us; "I feel safe in their hands." "I am confident they will look after me". "I trust them in my home". A social care professional told us; "They work exceptionally well with clients that are more complex."

People were protected from avoidable harm and abuse. Staff received safeguarding training as part of their induction and could request updates at any time if they were unsure or had questions. All care staff were given a mini guide to policies and procedures which included what to do if they witnessed or suspected abuse. Staff told us that if they were unsure they would always contact a senior member of staff either in the office or whoever was on 'on call' out of office hours. Through comments we received and information from people using the service and staff themselves they were clear on their responsibilities to safeguarding people. The agency knew the local safeguarding arrangements and social care professionals told us they raised concerns appropriately.

Risks to people's personal safety were assessed. For example, if a person was at risk of falling or if they needed support and assistance to move safely. Any environmental risks were also identified before the service started and actions were taken to reduce these. This helped to ensure staff and people using the service were safely cared for. Risk assessments were reviewed quickly when people's circumstances changed to ensure staff were provided with consistent and accurate guidance about how to support people safely.

People were supported by sufficient numbers of staff to meet their needs and they were supported at the times they needed as far as possible. Visits were assigned in geographical areas to reduce travel and travel time was assigned between visits. Care staff were paid for their travel time ensuring they had enough time to get to people safely and within the agreed time. People told us that care staff usually arrived at the expected time and one person told us "there is flexibility around times but they always tell me if they are delayed."

There was a very efficient on call system which staff and people using the service could use when they had difficulties out of office hours. Care staff knew who was 'on call' out of hours. Senior staff who were acting in the on call role had access to shortened care plans; details of people's medical conditions and contact numbers of family and relevant health care professionals. People who had used the out of hours service said it had worked very well and appreciated how quickly and reliably staff responded to their queries or requests for help.

People's medicines were managed so they received them safely. Care staff told us that they knew how to give medicines safely and that training supported them. They also told us that if they were unsure or had made an error they would contact the office. When staff gave people their medicines this was recorded on medicine administration records. These had been completed to show staff had administered people's prescribed medicines appropriately. Completed medicine administration records were always reviewed when they were returned to the office to ensure staff were following safe procedures by giving people their medicines as prescribed.



Staff were recruited through a robust process. All the appropriate pre-employment checks were completed before staff commenced work at the service. The checks included checks with the Disclosure and Baring Service (DBS), a minimum of two written references, and proof of identity. In addition further psychometric testing was completed to explore potential staff's characteristics to help the provider with the selection process. This helped to ensure that people were supported by staff who were suited to work with people in their own homes. The registered manager told us selecting the right staff was key to the success of the agency.

## Is the service effective?

### Our findings

People told us, "they have matched me with someone who likes the same things I do". Another person said, "I would miss them if they were not here". Another person thought, "care staff go above and beyond what I need".

Staff had suitable training and development to ensure they could support people they cared for. The PIR said; additional training was encouraged and very popular. These covered many areas such as dementia, end of life and common health conditions. Staff were encouraged to undertake these courses to expand their knowledge enabling them to work effectively.

When people had particular health care needs staff were given specialist training to help them to understand the problems they were facing. The trainer had also set up a Tuesday workshop on the care certificate so support care staff who were taking longer to complete the work on line. The agency recognised that if care staff were not comfortable with computers this put them at a disadvantage in their training. The trainer had also considered care staff's training needs following comments. They had started to introduce practical training packs which showed staff visually exactly how common equipment should be used and what it looked like. For example, following a comment that a care worker did not know what a commode was the trainer devised a pack with pictures. This built up the care worker's confidence and gave them a better understanding of equipment they would regularly find in people's homes or that they used on a daily basis. They had packs with hearing aids commonly used other packs and packs that showed continence equipment. The trainer had also started to introduce different methods of learning such as flash cards which involved people in discussion rather than a lecture style of learning. Staff told us they valued the approach to training.

The registered manager and trainer had given a lot of thought about how training was delivered to ensure it was of good quality and to ensure staff gained as much learning as possible. For example, they had a training session designed to help staff to understand the importance of providing people with choices and what it would feel like to have decisions made by others. Recent training had included practical elements such as care staff taking it in turns to see how it felt to have care happen to them. One member of staff had never shaved a man, so the trainer arranged for this a whole training session to be devoted to this to give them confidence. Another training session focused on dressing and undressing someone. Staff did this to each other to understand how it makes people feel and give them a much better understanding of the person and how to ensure they are respected at all times..

Consent to care was sought from people in line with legislation and guidance. Staff showed a good understanding of the Mental Capacity Act 2005. Staff had clear guidance about how to support people to make decisions. For example, we visited one person who was being supported with their morning personal care. The care worker asked "Are you Ok for me to wash your legs now." We noted that people's consent was obtained before care or support was provided and consent was recorded in people's care plans. Throughout the visit the care worker checked the person was comfortable with the next steps in the care routine. Care staff followed their training and we saw this in practice consistently during our visits.

Staff ensured people were supported to have sufficient to eat and drink. Where people needed support with their nutritional needs there was a detailed assessment and instructions for staff about how to support them

effectively. For example staff noticed a person was not eating regularly and spoke with the person and their family. Together, they looked for other meal options for the person which suited them better. The agency was very attentive to people's changing dietary needs and liaised with health care professionals to ensure people continued to receive nutrition in a way which was appropriate. They also ensured people had meals they liked.

Staff were aware of people's health care needs and liaised with specialist health care professionals, such as district nurses and GPs when necessary. Information was recorded clearly in people's daily notes and care staff told us they would always ring the office when they had concerns.

## Is the service caring?

### Our findings

People told us; "They are all different but they all love their job". Another person said, "They are wonderful, discreet and respectful." "They are proactive and notice when something is not right and take action" "so professional". A relative said, "There are many instances of picking up small changes" Another relative told us, "They care about my wellbeing as much as my husbands".

People were involved in planning their care and support. The two staff in the office that organised all the care packages told us how they matched the care staff with the right skills and characteristics to new people to the service. They told us how they used the information from the assessment meetings to develop a picture of the person, their family and their needs and listened to their interests and what aspects of the care were important to them. For example, one person told us how the care worker was perfect for them because they had a number of things in common such as their love of animals.

People valued their relationships with the staff team. For example, one person told us that they felt their concerns were listened to; they wanted as small a care team as possible so their relative was not upset by too many different faces. They told us how the registered manager had explained it was not possible to only have one person as this did not take into account holidays or sickness. So through mutual agreement they settle on a small care team of three people. The relative told us this works very well. They also told us how much they valued the registered manager's honesty at the beginning so they had realistic expectations. This relative also told us that care staff gave them good advice which supported them in their caring role.

Care staff were thoughtful and caring. For example, we were told that one person told care staff they missed swimming because thought they were too old to do it. Care staff supported the person to go swimming which gave them such joy. We were also told that another person was taken to see the red arrows by staff because family did not live locally and seeing them was important to the person. Another person was taken to a care workers choir to hear the music because they had mentioned their love of choir music.

People's confidentiality was respected. Records in the office were stored securely and records in people's own homes were kept somewhere accessible but not on display.

## Is the service responsive?

### Our findings

People told us, "They (the care staff) are wonderful". A relative told us; "Staff in the office are lovely, they have arranged it so care staff come at the right time in the morning and they leave the room spotless".

The PIR said; "Prior to any care taking place, a full needs assessment is carried out with the clients and their family or representatives involvement to learn the maximum information and identify the areas requiring support to meet their needs and achieve their outcomes. Care plans are then written using this information showing their preferences, choices and any cultural requirements. Care plans were detailed about people's choices so for example, their personal care routines were clearly documents with how they liked things to be done, what needed to be in place and how the room should be left once care had been completed.

People's care and support was planned proactively in partnership with them. A social care professional told us; "I have found the approach the agency take extremely helpful when they consider if it is possible to take clients on and ensuring as much information is obtained from myself and completing initial assessment prior to commencing care."

The agency responded quickly and flexibly to people's changing needs. These changes often happened suddenly and so this meant the agency needed to respond quickly and without much notice to increase the support they provided. For example, one person's needs had changed several times and the agency had increased the number of hours and introduced a night service. The person told us; "They keep an eye on me when I am not well".

People understood how to use the complaints procedure and said they were confident any concern they had would be taken seriously and quickly addressed. One person told us, "If I have a problem it is resolved they are wonderful". A social care professional told us, "They are efficient with assisting and attending review meetings including listening to the clients views on their care and making changes to care provision or resolving any issues."

## Is the service well-led?

### Our findings

People told us, "The manager is very efficient and kind". People took time to tell the agency they thought it was well run including social care professionals. People's comments included how well run they thought the office was. One person said, "whenever I ring nothing is too much trouble". Office staff told us "there is always a solution to a problem, my job is to find that solution."

People were positive about the way the service was managed and operated. The registered manager led by example supported, mentored and guided staff to deliver personalised high quality care to people. The culture of the service was to provide excellent care and it was clear there was a clear vision for the development of the service. The registered manager told us that for the second consecutive year right at home had been awarded a 'Top 10 recommended Home Care Agency 2016' in south west England by an organisation. The registered manager had also received a registered manager of the year award from the company in 2015.

Morale within the staff team was good. The registered manager told us about a scheme they used to reward care staff when they did a good job. The scheme used an application on the phone which sent discounts to staff such as tickets for the cinema. Staff told us they appreciated this. Staff told us they enjoyed working for the company

Policies and procedures were regularly reviewed and updated where necessary and managers kept up to date with new initiatives. Care staff told us information they needed was accessible and where they thought it could be improved action had been taken so they all had mini fact sheets they could refer to when they needed support out of hours.

There were regular audits and spot checks in place to ensure good standards were maintained. The quality assurance system was effective in addressing issues as they arose. All care staff were monitored in the course of their day to day work. The provider had commissioned an external company to seek the views of people who used the service and seek the views of all staff. This review asked people to comment on the quality of the service from the staff in the office, to the information provided and asked for areas where they could improve. The survey also asked staff what they liked best about working for the agency and care staff gave a range of comments such as 'everybody is extremely supportive' to 'supportive management' and 'I feel appreciated'. Where questions had scored lowest the provider had an action plan to address this.