

Nullarbor Limited

# Right at Home South Trafford

## Inspection report

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Date of inspection visit:

05 July 2018

06 July 2018

09 July 2018

Date of publication:

11 September 2018

## 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

We inspected Right at Home South Trafford on the 05 06 and 09 of July 2018. We gave the provider 24 hours' notice we would be visiting to make sure the appropriate people would be there to assist us with our inspection. Right at Home South Trafford is a domiciliary care agency providing personal care and companionship in the Trafford Area of Greater Manchester. Care workers support people with a wide variety of needs including assistance with washing and dressing, domestic tasks, shopping and making meals. At the time of the inspection the service was providing personal care for five people.

At our last inspection we rated the service overall as good with requires improvement in the safe domain. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service to be good in all areas

Systems remained in place to help safeguard people from abuse. Staff had a good understanding of safeguarding matters, how to identify signs of abuse and what action to take to protect people in their care. Risk assessments had been completed to show how people should be supported with everyday risks. We saw that there was now weekly auditing of medication administration records (MARs) which ensured that the staff knew how to safely administer medication to people.

Recruitment checks had been carried out to ensure staff were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond promptly to people's needs. A system called 'People Planner' was in place to monitor that staff attended calls on time and stayed for the allocated amount of time.

Staff had undergone training to ensure they had the knowledge and skills to support people safely. All staff received an induction and regular supervision. This ensured the standard of their work was monitored and gave them the opportunity to raise any concerns.

The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff worked closely with health and social care professionals to ensure people were supported to maintain good health.

People's care plans contained detailed information about their preferred routines, likes and dislikes and how they wished to be supported. We saw evidence that people were actively supported and encouraged to maintain links and interests within the community. One person told us "They take me out to the café or

shops each week."

The service had a formal process for handling complaints and concerns. We saw that complaints had been dealt with appropriately.

From our interactions with the manager and along with feedback provided we noted there was good leadership of the service. The manager was committed to maintaining and improving standards. Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions.

## 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 satisfied that the care and support received was safe and consistent staff group.

Improved audits were in place for the monitoring of medication administration records.

Recruitment processes were robust and staffing levels were sufficient to support people appropriately.

### Is the service effective?

Good ●

The service remained Good

### Is the service caring?

Good ●

The service remained Good

### Is the service responsive?

Good ●

The service remained Good

### Is the service well-led?

Good ●

The service remained Good

# Right at Home South Trafford

## **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.

Our inspection took place on the 5, 6 and 8 June 2018. The inspection was carried out by an adult social care inspector. The provider was given 24 hours' notice, because the location provides a domiciliary care service and we needed to be sure someone would be available at the office to facilitate the inspection. Before the inspection we reviewed information, we held about the service. This included the statutory notifications the CQC had received from the provider and the

Provider Information Return (PIR). Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. A PIR 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.

Prior to the inspection we contacted the local authority and Healthwatch Trafford to ask if they held any information about the service. Healthwatch is the national independent champion for consumers and users of health and social care in England. There was no information held on the service..

During our visit we spoke with the registered manager the senior field supervisor, the quality compliance manager, four care workers , one person who used the service and four relatives.

As part of the inspection we looked in detail at three people's care records. These included care plans, risk assessments, medication administration chart (MAR) and daily notes. We reviewed other information about the service, including training and supervision records, three staff personnel files, policies and procedures, audits and survey results.

# Is the service safe?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for deciding 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We saw in the care files that issues around mental capacity were explored and capacity assessments completed where needed. Each person's file contained a consent form for receiving care. The service also noted if people had Lasting Power of Attorneys for Health and Welfare or Lasting Power of Attorney for Finances. It is important that services understand the implications of these legal powers and who they can consult with about which decision should a person lose the capacity to do so. We noted in two people's file (who had capacity) that they had not signed their consent form or care plan. Upon discussion with the manager a valid explanation was provided for these cases and an additional written explanation was provided and put into their files during the inspection. Staff we spoke to demonstrated a good understanding of mental capacity issues, one staff member told us "You should never assume that a person doesn't have mental capacity". We saw from staff records that all staff had completed training on the Mental Capacity Act. This meant that the service understood its responsibility to comply with the Mental Capacity Act and the need to seek appropriate consent at all times.

The service completed a thorough pre- assessment or 'initial consultation' with people prior to using the service, and where the levels of support could be agreed. This was to ensure that they could be sure they could meet the needs and expectations of the individual effectively and safely.

We looked at three staff files which included information on their induction and ongoing training. We saw that staff completed a two-day induction course which included a mixture of online and practical training. Practical training included medication administration, moving and handling and basic life support. Staff shadowed other experienced carers and were then observed by a manager before being signed off as competent at a six-week review. Staff were also asked to complete the Care Certificate if they had not already undertaken care work before and the service would also support staff to undertake NVQ training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

The service began using a new training framework called 'Grey Matters'. This is an online resource where staff are required to update their knowledge in areas such as mental capacity, dementia awareness, infection control, accidents and incidents, health and safety, first aid, food hygiene, safeguarding and whistleblowing and person-centred care. This meant that staff were properly trained and supported to carry out their role. This system highlighted when staff was next due to undertake refresher training so that

training records remained up to date. The service also arranged for 'guest speakers' to attend their team meetings and had recent visits from the Parkinson's society and a representative from Wilshire Farm Foods company.

In addition, we saw evidence in staff files that they received three supervisions per year, an annual appraisal, random spot checks and medication competency assessments throughout the year.

We saw that staff recorded what people had had to eat and drink at each visit. When we visited one person in their own home, we saw that a large jug of water had been left next to them to ensure they kept well hydrated in the hot weather and this allowed carers to monitor and record how much the person was drinking when they were not present. Meal and drink preferences were recorded for meals for example one person's care plan stated '[Person's name] usually has tea, cereal and toast with jam for breakfast but sometimes enjoys bacon and eggs.' One person who had lost weight was being weighed each Saturday and due to being encouraged with their dietary intake had regained weight.

The service ensured that each person had their own hospital passport which ensured essential information was readily available should they need to be admitted to hospital at short notice. One relative we spoke to told us "My mother is often in and out of hospital due to her health conditions, they always keep her space open for when she returns which is vital as she needs consistent carers." The service was currently supporting a person with communication difficulties who was about to move into long term residential care by supporting them to visit the service and to share information with the new provider to help ensure a smooth transition.

We asked people if staff helped them book appointments to see other healthcare professionals such as GPs or district nurses. Most people were assisted by family members but one person's relative told us how one carer regularly liaised with a healthcare professional on at least a weekly basis to ensure her mother stayed well and to prevent any unnecessary hospital admissions. Staff we spoke to were confident in seeking advice if they felt professional input was required and would also contact the office with their concerns where required. This meant the service supported people to maintain their holistic healthcare needs when they needed to.

## Is the service effective?

### Our findings

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## Is the service caring?

### Our findings

We were told by the registered manager that people who used the service were matched with staff based on their preferences and common interests. This helped to ensure staff got to know the people they cared for well and that they could form good trusting relationships with them. One relative told us "[carers name] knows my mum so well and is very quick to pick up on changes in her health. This means I have peace at mind knowing she is well cared for as I don't live locally." Another relative also told us of how a carer had contacted the ambulance after her mother had a fall and stayed with her until the ambulance arrived. Other feedback included "They are all very kind and helpful, nothing is too much trouble."

We saw that the service sent birthday cards to each of the people they supported to ensure people felt appreciated by the service.

Staff we spoke with could explain how they maintained people's privacy and dignity when they were supporting people with personal care tasks. One staff said, "I make sure I explain what I'm about to do and ensure they are happy with it" and "I make sure curtains are closed and I cover people with a towel and their dressing gown when assisting them with personal care."

It was also clear from our conversations with staff that they knew the people they supported well and enjoyed their work. One carer told us "[Person's name] is very particular about food being in date so I always double check and re-assure her to put her mind at rest". There was also a strong emphasis in care plans and from the carers spoken to about the importance of maintaining independence where ever possible. One carer said "It's important not to take away people's skills and independence. I let people do as much for themselves as possible."

While nobody using the service was at the time in receipt of advocacy we saw that in each person's care file there was a list of available advocacy services along with their contact numbers should anyone wish to in the future. Right at Home South Trafford provided this information when a person was new to the service and was kept in their individual files.

We saw people kept their care records at their own homes which meant they could check what was written in it. A duplicate file was also kept securely at the services office, along with other records relating to the running of the service, for example staff records. This protected the confidentiality of both the people who used the service and the staff. One carer we spoke with told us "I understand the confidentiality policy and would never discuss anything about the people I work with outside of work."

## Is the service responsive?

### Our findings

People we spoke to who used the service and their relatives were very complimentary about the standard of care they and/or their relatives received. One relative told us "I have tried hard to find something to complain about, I like to complain but I really can't find anything which is most unusual. I think they employ the right kind of people and that's key." Another person who used the service told us "They always introduce anyone new so I know who to expect, they make me feel at ease as I've got to know them all so well."

We looked at the thank you cards from over the last twelve months. One said, "Please convey a big thank you for all the invaluable help when I needed it" another wrote "My mum has become very fond of the carers over the last 18 months or so and it has given the family peace of mind that they were going in twice per day'.

During a routine review of one person's care we saw that they had requested that a particular carer was removed from their visits, we saw that action had been taken to ensure this happened in keeping with their expressed wishes.

The service produced a one page profile on each person they supported which documented people's like and dislikes in terms of how they like to receive their support along with preferences for meals and drinks. We saw that people's care plans and other documentation was written in a person-centred way which aimed to increase and maintain people's independence where possible. For example [person name] likes to choose her own jewellery and clothes". Care plans also noted people's hobbies and interests and things that are important to them including any religious or special dietary requirements.

As part of the care planning process people identified goals which they could work towards with the support of their carers. One person wanted to be able to get out into the community and we could see that over time they had been supported to access the local café and shops on a regular weekly basis. A further goal had been set to try and support this person to attend the local church which had always been an important part of their life.

All carers received training on equality and diversity and the one's we spoke to were aware of the importance of respecting people's differences. One carer told us "I respect everyone I support, I support them in their wishes and appreciate any religious or political views they may hold."

We saw that the service had information available in easy read format for those who may require it. One person who required support with communication had specific communication cards. Staff we spoke with were aware of the cards and how to use it to enhance the person's ability to communicate. This person also required the use of some specialist technology to ensure they were safe through the night as they were unable to summon help. The person's care plan detailed how to use the equipment which the carers set up each evening.

At the time of our visit to Right at Home no one was receiving end of life care however we noted that carers

had undertaken training in this area and during the initial assessment process information was gathered and recorded by the service regarding people's future wishes and made notes regarding these, for example if some had a do not attempt to resuscitation (DNAR) or Advanced Statement in place.

We saw that people had copies of the services complaints procedure in their files. We looked at the complaints file which showed that the service had received three formal written complaints over the past twelve months. We looked at each individual complaint and could see these had all been responded to in a timely way and in one case an apology letter had been sent where the service felt it had been at fault.

## Is the service well-led?

### Our findings

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.' The service had a registered manager who had been in post since February 2018.

We checked our records before the inspection and saw that notifications, such as accidents and incidents has been sent to CQC which is required by law. This meant the service was being open and transparent about events that may affect people or the running of the service

People using the service and staff received an annual questionnaire to ask for their feedback. We saw that from the January 2018 the results were overwhelmingly positive from people using the service however some staff members had stated that they didn't feel well engaged with the company .

We spoke with the registered manager about the staff feedback who told us that since starting in post they had tried hard to engage with staff to ensure that they felt valued. Staff members also told us that the registered manager had made a lot effort to make sure they felt involved and part of the company. The registered manager had taken several steps to ensure staff felt more informed. This involved the sending of a weekly newsletter, more regular supervisions and team meetings, additional training opportunities and a 'carer of the quarter award' when a carer would be formally acknowledged with a small gift for their efforts and their picture was displayed in the office. There was also an anonymous suggestions box where staff could leave feedback if they wished. We received positive comments from staff in relation to the management such as "[Name] is great, she really makes me feel valued by letting me know what I have done well by giving me positive feedback."

The Registered manager and Field Supervisor carried out weekly audits of care records including daily notes from peoples files and their MAR charts. Other audits completed by the service included audits on care plans, risk assessments as well as audits on staff recruitment and training files. Any issues identified by the audits were addressed in a timely way either through further staff training and supervision where required.

The service had team meetings during which staff told us they felt free to contribute and raise suggestions and ideas. During the meetings discussion were focused on the 'topic of the month' and the service also invited guest speakers to enhance carers knowledge on specific subjects for example Parkinson's disease and autism. One carer told us "I feel like we are now part of a good team" another said, "The managers are good, I feel listened to and like I can have an input".

The registered manager informed us that she had a good support network which meant she could meet with other registered managers within the region twice per year to discuss best practise and that the organisation also holds an annual conference for all owners and managers to attend. If she has any concerns she was able to contact her local quality assurance manager and the owner of the organisation who she described as 'very approachable'. The manager stated that "I have not been put under any pressure

to expand the service since starting – we know that the right way is to recruit more staff before we consider taking on more people, this way we do not compromise the quality of care we are providing."

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We found that the rating from the last CQC inspection was displayed prominently in the entrance hall and on the provider's website.