West Sussex Adult Homecare Ltd

Right at Home Worthing & Shoreham District, Brighton City Airport

Inspection report

Terminal Building, 14 Cecil Pashley Way
Shoreham Airport
Shoreham By Sea
West Sussex
BN43 5FF

Tel: 01273286172
Website: www.rightathomeuk.co.uk/worthingshoreham

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This comprehensive inspection took place on 5 and 6 November 2018 and was announced. This was the first inspection of Right at Home Worthing & Shoreham District since it was registered by the Care Quality Commission (CQC) on 4 May 2017. New services are assessed to check they are likely to be safe, effective, caring, responsive and well-led when registering.

Right at Home Worthing & Shoreham District is a domiciliary care agency (DCA) and it provides personal care to people living in their own homes. It provides a service to support people who require a range of personal and care support related to personal hygiene, mobility, nutrition and continence. Some people were living with early and advanced stages of a dementia type illness or other long-term health related condition. The DCA provides 'live-in' support for people who want care staff available throughout the day and night. At the time of this inspection the service provided personal care to 34 people.

'Right at Home' is a national franchise. A franchise is when a franchisee (the provider) has bought the right to sell a specific company's products in a particular area using the company's name.

A registered manager was 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.

The registered provider had a safe recruitment system to ensure suitable staff were selected to support vulnerable people. However, we found one employee record which did not contain a full employment history.

The provider did not always work within the principles of the Mental Capacity Act (MCA). Capacity assessments and best interest decisions were not always in place where required. Care records lacked detail on the specific decisions people who were assessed as lacking capacity would require support to make. Staff told us they sought people's verbal consent before they provided care and support and recognised this was an important part of their role in promoting choice and independence. We recommended the registered manager reviews their processes in line with the MCA 2005 Code of Practice, when establishing whether people are able to make decisions regarding their care planning and the delivery of care. We also recommended the registered provider review their processes for obtaining consent so this is completed before care and treatment is provided.

Care plans contained risk assessments which identified potential risks to people. However, care plans were not always person centred and did not always contain important information relating to people's specific needs, for staff to provide consistent care. Feedback obtained during the inspection showed people received appropriate care and treatment.

The provider's systems to monitor the quality of the service had not always been effective to identify shortfalls identified at this inspection. We recommended the provider review all records to ensure they were accurate and up to date in line with best practice.

People were protected from harm. Staff received training and understood how to recognise signs of abuse and who to report this to. Staffing levels were sufficient to provide safe care. When people were at risk, staff had access to assessments and understood the actions needed to minimise harm. The service was responsive when things went wrong, were open and reviewed practices and had a robust system in place to manage incidents. Medicines were administered and managed safely by trained and competent staff. The management team carried out weekly audits of Medicine Administration Records (MAR).

People and their relatives had been involved in assessments of care needs and had their choices and wishes respected, including access to healthcare when required. The service worked well with professionals such as nurses, doctors and social workers. The provider actively sought to work in partnership with other organisations to improve and nurture positive outcomes for people. Care and support was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. Staff felt supported by the registered manager.

People and their relatives described the staff as caring, kind, and compassionate. People could express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected and staff understood their responsibilities in relation to this.

The service had an effective complaints process and people were aware of it and knew how to make a complaint. People and their relatives told us they felt confident their concerns would be addressed. The service actively encouraged feedback from people. No one was receiving end of life care at the time of the inspection.

The service had an open and positive culture. Leadership was visible in the service and promoted inclusion. Staff spoke positively about the management team and felt supported by them.

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 and their relatives told us that they felt safe with the staff that supported them.

Staff undertook training and procedures were in place to protect people from abuse. Staff had a clear understanding of what to do if safeguarding concerns were identified.

There were enough staff working to meet the needs of people who used the service. Recruitment practice was mostly robust.

Medicines were managed safely.

People were protected by the prevention and control of infection and lessons had been learnt when things had gone wrong.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were trained on the Mental Capacity Act 2005 (MCA) and understood its principles. However, these principles had not always been applied.

New staff completed an induction programme and staff undertook essential training to support them to meet people's needs.

People's nutritional needs were reviewed and they were supported to have enough to eat and drink.

Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional.

Is the service caring?

Good

The service was caring.

Staff treated people and their relatives with kindness and compassion.

People were treated with dignity and respect by staff who took the time to support their independence.

Staff understood the importance of confidentiality, so that people's privacy was protected.

Is the service responsive?

Good

The service was responsive.

People's care plans were mostly personalised and contained information on the activities in which they preferred to engage.

People knew how to make a complaint and raised any concerns with the managers if they needed to.

People and relatives were involved in their care plan reviews and all were happy with this involvement.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had quality assurance system in place but these were not effective in highlighting shortfalls found during this inspection.

People's views were sought through regular reviews and annual questionnaires.

Staff told us the management and leadership of the service was supportive and approachable. They were readily available and responded to what staff told them.

There was a clear vision and values for the service, which staff promoted.

Right at Home Worthing & Shoreham District, Brighton City Airport

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 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.

This inspection took place on the 5 and 6 November 2018. One inspector carried out the inspection with the assistance of an expert by experience, who spoke with people that used the service or their relatives on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The first day was allocated to completing telephone interviews with people who use the service and relatives. The second day was based on site and consisted of looking at all paperwork for the service.

Before the inspection we reviewed all the information we held about the service. This included notifications they had sent us. A notification is how providers tell us important information that affects the running of the service and the care people receive. We used information the provider sent us in the Provider Information Return. This is information we require providers to 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.

Before our visit we sent out surveys to 12 people who use the service, 12 relatives, 10 care staff and five community professionals. Their feedback was used to inform the planning of our visit.

During the inspection we spoke with eight people who are supported by the DCA, 11 relatives and one carer by telephone. During our site visit, we spoke with one carer, one senior carer, the training and recruitment

manager, coordinator, the registered manager and the provider. We also spoke to the quality and compliance manager employed by the franchise 'Right at Home'.

We reviewed five people's care files, five medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at five staff files, the recruitment process, complaints, training and supervision records.

Good

Is the service safe?

Our findings

The service had policies and procedures that supported staff to respect people's rights and keep them safe from harm. Staff had undertaken training on safeguarding people and could discuss different types of abuse, and how they could identify the risk of abuse and what to do if they had any concerns. The procedure was available for staff to see within the office and discussed within supervisions and team meetings.

People told us they felt safe. One person said, "I need a lot of help with mobility, if the carers are here I feel totally safe with them. They help me out of bed on a slider and I feel safe. I look forward to them coming, it's not just to help me wash and dress it's a social thing for me too." Another person told us, "I am safe, they know what they are doing. They check on me to make sure I've taken my tablets." A relative told us, "I have no doubt in my mind that [person] is safe, the carers are smashing with [person]".

The registered provider had a recruitment system to ensure suitable staff were selected to support vulnerable people. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS check help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We spoke with staff who confirmed that checks were completed when they began working for the agency. We looked at five staff recruitment files and found they contained all the relevant checks. However, one record did not contain a full employment history. We spoke with the registered manager about this who addressed the issue at the time of our visit, with the employee. The audit tool used by the provider had not identified this missing information. We have addressed this in our key question, is the service well-led.

People were protected from risks where possible. The management team assessed and documented how to manage these within risk assessments and care plans. Risk assessments sought to minimise the risk whilst allowing people to maintain independence within their own homes. For example, if people were identified to be at risk of falls, the management team identified what may heighten the probability of the risk occurring, and suggested ways to reduce this. Staff were able to describe what action they would take if a risk occurred. For example, we asked staff what they would do if a person fell whilst they were visiting on a call. We were told they would ask the person if they had sustained any injuries, if they could see any visible injuries, and then contact the next of kin and seek medical assistance. Risks associated with fire were also assessed and the local fire and rescue service was used for advice when necessary. Incident and accidents were documented and monitored. Systems were in place for trends to be noted, which would then alert the manager to complete written guidance to prevent the likelihood of similar incidents.

There were enough staff to meet people's needs. People and their relatives told us staff were reliable and visits were always covered with staff attending at the expected time. People knew what staff member was coming and the time of the visit. This was recorded within schedules sent to people a week in advance. People and their relatives told us they always knew the staff member attending, as they were regular staff. Any new staff member was always introduced during a shadowing visit before they came alone. This ensured staff knew people well along with their individual needs and promoted continuity of care. People

recognised staff and felt safe with them as they had met them and knew they understood their care needs and had developed a trusting relationship with them.

Staff used handheld devices to log in and out at the beginning and end of their visits. The management team in the office could therefore monitor the visits being completed and be alerted if any visits were running late or had been missed. Staff also contacted them if they were running late or early. The managers had an oversight and could co-ordinate a response in an emergency and keep people updated if there were any changes to the time of their visits. The scheduling of calls by the provider meant that staff had sufficient travelling time and this helped to minimise late calls. People's varied needs were met by a staff team who had a mix of skills to meet those varied needs, were knowledgeable and able to deliver care safely.

There were safe systems for the management of medicines. People received support with their medicines from well trained and assessed staff. Medicine support was evidenced and signed off on an electronic MAR (medication administration record) sheet. Observations of staff administering medicines were completed annually to ensure staff remained competent to complete this task. Where people did not require support with their medicines, staff did not assist. However, if concerns were identified about people's ability to safely self-administer, this was then raised with the registered manager, and the relevant discussions were had to ensure people remained safe. The registered manager completed weekly audits on all medicines staff were involved in administering to ensure no errors had occurred.

There were good procedures to monitor infection control. Staff had access to and wore personal protective equipment (PPE) including gloves and aprons during their visits. Staff were up to date with infection control training and demonstrated a good understanding of how to prevent the spread of infection. For example, staff washed their hands before giving any medicines. Staff had also received training on basic food hygiene.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. In community settings restrictions placed upon people's liberties require authorisation by the Court of Protection (CoP).

We checked whether the service was working within the principles of the MCA. For three people how a decision about a person's capacity had been reached had not been recorded on their mental capacity assessment. The MCA states that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. We identified that for certain decisions this had not been considered or referred for a best interest meeting and best interest decisions were not consistently carried out or recorded.

For one person, their care plan indicated they had a relative acting as Lasting Power of Attorney (PoA) for property and financial affairs but the documentation indicated they and another relative were making the decisions concerns the persons care and treatment. The person had advanced dementia and the registered manager had not completed a mental capacity assessment for any of the decisions being made by the DCA and relatives. The registered manager had taken verbal consent to provide a service from a relative without proper assurances they had lawful authority to act on their family member's behalf. It is only appropriate for a registered provider to obtain consent from a relative or their representative when they have a legal authority to do so and the person has been assessed as lacking the mental capacity to make this decision themselves.

Two other people, had care plans that indicated the person's relative had PoA for property, financial affairs and welfare. The relatives had signed the consent forms for the person's care, and been consulted regarding the persons care, but we found they did not have a legal authority to do so. This meant we were not confident the service had followed the principles of the MCA and had obtained lawful consent before care and treatment was provided.

We recommend that the registered manager reviews their processes in line with the MCA 2005 Code of Practice, when establishing whether people are able to make decisions regarding their care planning and the delivery of care. We also recommend the registered provider review their processes for obtaining consent so this is completed before care and treatment is provided.

The provider had an MCA policy and procedure in place. We saw in the care files that people, who had capacity to do so, signed to agree to their care and support. The people we spoke with told us that before receiving any care, staff always asked them for their consent. The management team and staff were able to tell us the key principles and how this applied to their daily work with people.

Staff received the training and support they required to meet the needs of people who used the service. All staff went through an induction programme. This was comprehensive and included classroom and computer based e-learning along with shadowing training to develop competency in practice. A comprehensive training handbook was used and all staff completed the Care Certificate. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. It was important to the providers that all staff were inducted on the values and ethos of the service.

Training was ongoing and a system to ensure all staff completed essential training each year was in place. This included basic life support, dementia, mental capacity and moving and handling. Staff told us the training provided gave them the skills and knowledge to undertake their roles. People and their relatives complemented the skills staff demonstrated. One person said, "I have a bath chair and staff know how to use that." A relative said, "Staff are very well trained, they must be as they assist [person] greatly with physically moving around."

Staff skills and competencies were checked by the management team. A supervision programme was in place which included one to one supervision and spot checks. Spot checks were undertaken by a senior care staff member or one of the managers who observed staff when visiting people. These checks were unannounced and included a check on when the staff member attended, how they conducted themselves and an observation of their competencies in relation to the care and support provided. This included how staff moved people, medicine management and the correct use of infection control procedures such as using gloves and aprons appropriately.

When needed, staff supported people to maintain a healthy diet including adequate drinks. People and their relatives told us staff responded to their individual dietary needs and choices. One person said, "I am always offered a choice with my meals and they [staff] will pop to the shop for me if there is something I need. [Staff] always leave me with a cup of tea before they go." Another person said, "Staff always ask how I would like things done, they offer me meal choices." A third person said, "We do cooking together, they [staff] help me out if I need it." A relative told us they use a food company to deliver meals, and the staff will assist their loved one and encourage them to prepare their own food, commenting, "They've been so good at encouraging [person] without pressuring them. If [person] is having a bad day then they do not force them but the rest of the time they encourage [person] in a kind way."

Staff responded daily to people's needs and identified when people had changing needs. They were vigilant and ensured appropriate action was taken when things changed. For example, during one of the home visits the staff member identified a physical change that needed medical intervention. This was raised immediately with the relative and suitable medical intervention was arranged. A person told us, "On one occasion I had a fall, the carer arrived and sat with me until the Ambulance arrived, [carer] made me porridge and sat with me reading until the Ambulance arrived, it was way beyond the call of duty and I really appreciated that." A relative told us, "They've [staff] been great. The carer phoned me at work to say she'd called the GP out, then they called for the paramedics. By the time I got home it was all sorted." Another relative told us, "[Person] slipped in the shower once. The carer phoned me at my office and said she'd called for an ambulance. [Carer] had to wait for it to arrive and didn't rush out the door even though it was way over her allotted time by the time I got home."

Records demonstrated health and social care professionals were involved in the support of people. The registered manager contacted professionals involved to ensure they worked together to enable people to live at home safely. For example, specialist nurses including district nurses were contacted when people were found to have any skin injury.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the staff providing the service and the way they delivered care and support. Feedback indicated that staff were very friendly but maintained a professional approach. Staff addressed people and their relatives by their preferred names.

One person told us, "They [staff] are all very good to me; if I don't feel too good they will read to me or put some music on, we listen to Elvis and Tom Jones and it does really cheer me up you know." Another person told us, "They are very respectful and always prompt." A third person told us, "They are confident carers, they are polite and considerate. They will always do extra for me and check if I need anything else before they leave."

A relative told us, "I've met two staff and they are really lovely, they are very caring, and I have no worries at all". Another relative told us, "I cared for [person] for 30 years, so I have very high standards, I know I am not easy to please, but I've been very happy so far". A third relative told us, "I feel they treat [person] with respect, and they also respect me. They understand how much I worry about them. We have an app which they update as they have been to see [person] so that's really reassuring". Another relative told us, "Staff are very kind and supportive, they really focus on doing everything together."

People were involved with the development of their care plans. Where this was not possible the person would choose an appropriate person to support them, for example a family member. Information on how people wished to be supported, their likes, dislikes and information that could enable general communication was sought. One relative told us, "I am very much involved in [persons] care so am aware of any changes to anything." Another relative told us, "I am always invited along to meetings to discuss [persons] care, they're very good and always involve me."

People we spoke with reported that the staff were, "Very polite and respectful." The service ensured that people were visited by a consistent staff team, who had been selected based on their knowledge of the person's needs. In addition, as far as possible, staff were paired based on their general likes and dislikes. This would allow them to develop a relationship with people, and talk to them rather than being task focused. One person told us, "I have found the carers are more my friends than carers, they know I am independent and do not want to be treated like a client, they just act like my friends to help me from the car into work."

People told us that staff respected their privacy and dignity when they attended to them. Staff were able to clearly describe how they maintained this. They told us they addressed people how they wished and always took note of what people wanted. People told us that staff respected their privacy when they attended their homes.

People were encouraged to be independent and individuality respected. The registered manager told us it was important to help keep people in their own homes and to work with people rather than do everything for them. A person told us that they had been supported by staff to regain their abilities and as a result, had

been able to reduce their service and be more independent. A relative told us, "[Person] has grown in confidence with showering, they [staff] support them just the right amount to ensure they are safe in the shower but with promoting their independence."

Staff had a good understanding of equality and diversity. They discussed how they ensured people were not discriminated against and were treated equally. The service made certain people were cared for in line with the Equality Diversity and Human Rights Act (EDHR). People were provided care and support that ensured they were not discriminated against. For example, people with protected characteristics such as a physical disability had plans to ensure they were supported appropriately. This meant that equipment to maintain their safety and allow them to receive effective care was in place and used according to need. The service further ensured staff needs were met in line with EDHR.

Confidential information was handled appropriately by staff and this included the use of any electronic information. There was a policy and procedure on confidentiality and confidential records held in the office and were locked in cabinets. The staff training programme included handling information, and staff had a good understanding of how they maintained confidentiality.

Good

Is the service responsive?

Our findings

An assessment of people's needs was completed before a service was offered or agreed upon. One relative told us, that during the assessment, "They [provider] asked [persons] preferences and it was fully focused on them." This ensured people's needs could be met as suitable staff were available to provide the package of care and support required. Care plans were developed from the full assessment process. Care plans were recorded on a computer system which could be accessed by care staff with the most up to date information via a handheld device. People could also access all care records on their own computers. The registered manager told us people who were unable to access records on the computer were given a hard copy of their care records. Relatives were also able to access these records with the permission of the person.

Care plans contained details of the care to be completed during the visit. This included people's personal care routines and preferences, social inclusion, medicines, nutrition and hydration, levels of privacy and family support. The management team were able to monitor the care delivered closely as staff needed to complete care tasks sections on the portable computerised records which then stated the outcome had been achieved. If the section was not completed it generated an alert to the office this was followed up with the staff member concerned and share with people and their relatives if required.

We found some care plans were not always personalised as they were missing information about people's specific needs. We found this had not impacted people's quality of care, and therefore we have addressed this in our key question, is the service well-led. Examples of care plans that were personalised, one person had epilepsy, clear guidance was provided to staff about the types of seizure the person experienced and how to respond. For another person who had a medical condition that required carers to monitor and administer medication when required. The care plan was descriptive and included the persons preferences on how the person wanted to be supported with this condition. Care plans contained information such as the person's history, how they liked things done and how they communicated their everyday care needs. The care plans were written as simple step by step guidance, which allowed staff to do their job effectively. One relative told us, "[Person] feels that staff have made the effort to get to know her, to know her likes and dislikes."

People and their relatives also gave examples where they had received responsive care. One relative told us, "Staff are quite forward thinking. One carer suggested [person] might be better off with a different design of stand aid and she arranged for the Occupational Therapist (OT) to come in. It's really helped. I had to go into hospital suddenly myself so [another relative] called the DCA who immediately organised a carer to go in and give [person] their lunch, which I normally do. The flexibility is their great thing." Another relative told us, staff were very responsive "[Person] had a sore and they noticed this and advised me of what cream to purchase, they've treated it and the sore has now gone."

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. During the initial assessment stage and during all reviews, people were

asked if they needed information presented in a format. Where applicable, these needs were met. The care plans were presented to the people in the most appropriate format for them, to ensure the service was responsive to people's individual communication needs. For example, where required the font was made larger or offered in bold.

Creating and maintaining links with the community was important for the service. They had connected with local charities to raise awareness and fundraise money for others. Last Christmas the provider arranged to take people who wished to attend a concert at the local Church. It was a charitable event for the local school run by the children and parents committee. The provider arranged transport for eight people, their relatives and friends. The provider had created a photo collage of the event which demonstrated people enjoying themselves and talking to local community members.

The service had a complaints procedure which was presented in a user-friendly format and provided to people when they first started using the service. It was recognised that some people may need support to express a complaint or concern. Independent advocates or family members were suggested to act on behalf of people, and promoted by the service. We saw that any complaints received were appropriately logged and responded to in a professional and timely way.

The service did not currently provide support to anyone on end of life care. However, the registered manager was able to tell us which professionals they would work with to ensure the care provided was the most appropriate.

Requires Improvement

Is the service well-led?

Our findings

During the inspection the provider informed us that they felt the service offered and delivered met the CQCs characteristics of 'outstanding' in the key questions, is the service caring, responsive and well-led. The provider told us they had come to this judgement using the 'Outstanding Evidence Toolkit', put together by the franchise 'Right at Home'. This toolkit had our Key Lines of Enquiry (KLOE's) and characteristics as the criteria for the providers judgement. The toolkit included the sources of evidence and location of where we could find the evidence. Although this was a useful tool the provider's system to monitor the quality of the service, including the toolkit, had not always been effective to identify shortfalls we identified at this inspection.

The registered manager told us, care records were audited quarterly by selecting three people at a time. This meant a maximum of 12 people per year would have their records audited to ensure any shortfalls in recording or documentation were identified. At the time of this inspection the service provided personal care to 34 people. We asked the registered manager how they assured themselves that other people's records who had not been audited were to the standard expected by the provider. The registered manager told us, she did not know and relied on this information being gathered from staff, relatives or people informing the office of a discrepancy.

The registered manager told us they monitored people's care through carrying out a 'Service review and quality assurance record'. The registered manager told us, these were three monthly face to face, six monthly and nine monthly by telephone consultation and annually face to face with the person and/or their relative. We found that when issues had been noted on these records, there were no action plans in place. For example, one person's review for February and July 2018 demonstrated a relative had made a request for how their loved one could be better supported around hydration. We found on both occasions the persons care plan had not been updated to reflect what had been discussed and agreed by the employee carrying out the review. Therefore, we were not assured that care records were always amended or audited in a timely way in response to these meetings/telephone reviews and that care was adapted following feedback from people or relatives.

The franchise 'Right at Home' employed a quality and compliance manager who commenced their role in May 2018. They completed an audit of one person's file on 3 August 2018. They noted that the care plan stated there was a Lasting Power of Attorney (PoA) but that the provider did not have sufficient evidence to support this. The provider was advised of how they could obtain this. At the time of our visit, the registered manager thought this had been completed for all of the people being supported, however we found instances of records contradicting one another and care plans not displaying the correct information. Following the inspection, the provider emailed us an action plan of where they were with gathering this information to better inform peoples care plans. We will not be able to confirm if sufficient action has been taken until we next inspect the service.

Three of the five care plans we viewed were not always person centred as they did not contain important information relating to people's specific assessed needs. For example, one person's care plan stated the

person had an assessed mental health diagnosis and had difficulty in managing their emotions. The care plan did not fully explain how the mental health condition impacted the person, what the symptoms of the condition were for staff to monitor, or how to recognise if the person was deteriorating and at what point the person would require external professional support. It stated the person required emotional reassurance but did not explain how staff should do this. The registered manager explained that a small group of regular carers attended the person who had built a rapport with them, however this was also not included in the care plan. Another person's care plan indicated they had a medical condition that could impact their sugar levels. The care plan lacked guidance for staff on what this meant for the person, what symptoms to be mindful of and at what point to respond. A third persons care plan indicated they also had a medical condition that stated if the condition worsened to contact the GP for further advice. However, the care plan failed to inform staff what symptoms to look out for to initiate this advice.

The registered manager gave assurances that staff knew this information, but that it was not written down. The registered manager stated the care plans should include this information and agreed these care plans lacked personalisation and guidance for staff. The registered manager gave assurances that all the care plans would be reviewed by the end of December 2018 to ensure each person had a complete and contemporaneous record of their needs and were personal to the individual concerned. We will not be able to confirm if sufficient action has been taken until we next inspect the service.

The providers quality monitoring systems had failed to identify the lack of detailed information relating to people's personalised care. The providers care plan audits had not identified inconsistences in the recording of people's mental capacity. They had not identified that a best interest's decision document had not been completed for people who were assessed as having fluctuated mental capacity or no capacity to make particular decisions without support. Additionally, the audit had not been robust enough to identify that a relative with PoA for finance had given consent for an issue relating to health and welfare, without the appropriate authority. The audit of staff files had not identified that the previous employment history section had not been fully completed for one recruitment record we sampled. Therefore, audits were not always effective.

We recommend the provider review all records to ensure they were accurate and up to date in line with best practice.

We fedback to the registered manager, provider and quality and compliance manager our findings, who agreed that the auditing system needed to be more robust. The quality and compliance manager stated she had found similar areas of improvement and consequently had arranged a registered managers forum on 7 November 2018 for the franchise to discuss the thoroughness of auditing. We were provided with sufficient evidence that the forum was occurring on 7 November 2018 and that a representative from Right at Home Worthing & Shoreham District would be in attendance. We were given assurance a new audit tool which had already been created, would be replacing or working alongside the existing tools to ensure care plans for every person were reviewed at least annually. We will not be able to confirm if sufficient action has been taken until we next inspect the service.

There was a regular programme of other audits and quality monitoring systems. We saw spot checks took place. These were unannounced visits from a member of the management team, to people's homes to assess the quality of the support provided. They ensured the care worker had their identification badge with them. They also looked to see if the care worker was wearing personal protective equipment such as gloves and aprons. The checks also included looking at the persons care records to ensure they were fully completed and meeting people's current needs. The manager carrying out the visit also spoke with the person who used the service and their relatives to ensure staff were delivering care as they expected. Audits

included daily records and MAR charts. The information gathered from these audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

There was a clear management structure with identified roles and responsibilities within the DCA. The registered manager had extensive experience of working in adult social care and displayed a sound knowledge of the service's policies and procedures and the individual needs and preferences of people who used the service. A care coordinator worked alongside the registered manager and co-ordinated and monitored the work schedules. The provider was also based in the same office and maintained a management and operational oversight. The training and recruitment manager had been allocated responsibility for staff support, staff training and review of their practice.

The registered manager understood their requirements under duty of candour, to be honest, open and transparent. The management team were available outside office hours via contact on mobile telephones. People we spoke with and their relatives told us the management team were supportive. One relative felt that the service was run well, and they would feel comfortable recommending Right at Home to others because "they are a good team, they seem to be happy and have good support from [registered manager]." Another relative told us, "[registered manager] is very approachable." There was a whistle blowing policy in place and staff told us they would use it to raise any concern to the appropriate person as required. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

The service had a clear set of values and a vision that staff understood and followed in practice. The aim and focus of the service was to 'deliver outstanding services to our clients at all times.' To do this the provider recognised the importance of valuing staff and investing in their training and daily support. The service's values were explained during induction training and revisited at staff meetings, supervision and general contact with staff.

The culture of the service was open, transparent and supportive with an honest and enabling leadership in place. Staff told us they worked within a caring and supportive team where they were valued and trusted. One staff member said, "I am very happy with the company. The provider is great and he cares very much for his clients. It was a person's birthday last week and he turned up there with a large bunch of flowers and chocolates. He makes it personal. I have worked with a few care company's and this company is by far the best. They are so approachable. I do not always find it easy to discuss concerns. I can find it difficult to approach senior people. But they are so nice here." Another staff member said, "The management are absolutely brilliant. They are always on the end of the phone. Any time of day. What makes them brilliant – they really care and really appreciate us. They tell us that and it makes you want to do your role better." Staff morale and a team spirit throughout the work force was good, staff were committed to their work their colleagues.

Staff told us, that they were kept up to date with any changes that were occurring within the service. Emails and monthly team meetings were arranged for staff to provide information and to advise and celebrate good practice. The providers were committed to the provision of community care and service to support people in their own home and raising the profile of home care generally. They engaged with a number of local charities and organisations to understand the local needs to forge links and work in a collaborative way.

The provider had invested in technology which allowed the quality of the care to be monitored and audited quickly and effectively. Staff told us they could access guidance for delivering care and how to deal with

emergency situations on their smart phones. For example, safeguarding information was available to staff for support and information. The system informed staff on a real-time basis of any changes to peoples care needs. The software allowed requests made by a person or their relative to be communicated with staff instantly onto the electronic record. For example, if there was a medication change, or additional tasks that needed to be supported with. This gave assurances to people and their relatives that changes to support could be responded to without delay. This technology also allowed the management team to monitor care on a day to day basis to help improve quality standards.

The national head office maintained a supportive quality link with Right at Home Worthing & Shoreham District. They had facilitated support groups and training to maintain the quality of the service and compliance with relevant legislation. This had recently included guidance and training on the General Data Protection Regulation (GDPR). GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy.

The provider sought feedback from stakeholders, people, and staff. This information was then used to create an action plan. The action plan was completed with evidence of how the feedback had helped to effectively change the service. The service had received a number of compliments from people and families. One relative had written, 'We are extremely happy with our service and is really happy with everyone that works for right at home.'