

JM Homecare Ltd

Right at Home Portsmouth

Inspection report

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Tel: 02393233186

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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

This inspection took place on 30 May 2017. The inspection was announced.

Right at Home Portsmouth provides personal care services to people in their own homes. At the time of our inspection there were 14 people receiving care and support from the service. They were supported by 10 care staff, a manager and the nominated individual.

The service did not have a registered manager at the time of the inspection. However the manager has applied to the Commission to become the registered manager and their application was being processed. 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.

People received care that was personalised and caring from a service which promoted the importance of personalised care and followed their caring values. Staff were kind and caring. The service had received compliments from people and their relatives which demonstrated caring values were embedded within service delivery. People were involved in making decisions about their care.

People were supported to maintain their independence, privacy and dignity and preferences were included in their care plans and when people received their support with personal care.

Staff and management knew how to keep people safe from harm. Risk assessments were in place which identified risks to the environment and the level of support people required. There were enough staff to meet people's needs and keep them safe. Safe recruitment and medicine practices were in place and followed.

People received care from regular staff who had the skills and knowledge to carry out their roles. Staff received supervision, field observations, training and an induction programme in line with approved standards of care. Staff, the manager and nominated individual, who was also the provider, demonstrated a good understanding of the legislation designed to protect people's rights. People were supported to eat and drink well when required and external professionals were involved when deemed necessary.

People's needs were assessed and reviewed. People received a punctual and flexible service and received care in line with their care plan and identified needs. Complaints had not been received into the service; however people were aware of how to complain and who to complain to.

People and their relatives were positive about the service and core values were embedded within the service delivery. Staff felt the manager and provider were supportive and felt confident to question practice. Audits to monitor the safety and quality of the service were being completed and questionnaires to gather

people's feedback were in the process of being introduced. The manager and provider knew when the Commission should be notified about significant events.

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 kept safe from harm and potential abuse. Risks to them and to others were assessed and managed effectively.

There were enough staff to meet people's needs.

Recruitment and medicines practices were safe.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to support people effectively and meet their needs.

Staff demonstrated a good understanding of the legislation designed to protect people's rights.

People were supported with sufficient food and fluids and to access health care services when necessary.

Is the service caring?

Good ●

The service was caring.

Caring and personalised values were at the forefront of service delivery and were embedded into care practice. Staff were kind, caring and respected people's privacy, dignity and promoted people's independence. Care plans were written in a caring way and followed.

People were involved in decisions about their care, expressed compliments about their care and made choices and decisions about their care requirements.

Is the service responsive?

Good ●

The service was responsive.

People received support which was flexible, personalised and met their needs.

Complaints had not been received by the service. People knew how and who to complain to.

Is the service well-led?

Good ●

The service was well-led

Staff were supported by the manager and provider and were confident to question practice.

Positive feedback was received about the management of the service

Audits were in place and were being reviewed to analyse and assess the overall quality and safety of the service.

Right at Home Portsmouth

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 30 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed previous inspection reports, safeguarding records and other information received about the service. We reviewed notifications which had been sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with two people who used the service, five relatives and one external professional. We also spoke with eight care staff, the manager who was applying to become the registered manager and the provider.

We reviewed a range of records about people's care and how the service was managed. We looked at plans of care for five people which included specific records relating to people's capacity to make decisions, health, choices, medicines and risk assessments. We looked at daily reports of care, incident and safeguarding logs, compliments, complaints and service quality audits. We looked at the training plan for 10 members of staff and recruitment, supervision and training records for five staff members.

We asked the provider to send us further information after the visit. This information was sent.

Is the service safe?

Our findings

People told us they felt safe and knew what to do and who to go to if they had any concerns. Relatives confirmed this. One relative said, "I have direct contact with the manager who runs the service. If I had any concerns or queries I would go straight to them."

Staff knew how to keep people safe from harm and could recognise signs and symptoms of potential abuse which included recognising unexplained bruising and marks or a change in behaviour. Staff said they would report any concerns to the manager or provider and were confident to inform other appropriate professionals if needed.

Safeguarding concerns had not been received into the service; the manager, provider and records confirmed this. Records showed a safeguarding concern had been raised to the local authority by the service regarding concerns about another professional's conduct and performance whilst supporting a person who was in receipt of personal care from the provider. This confirmed that staff were alert to concerns and followed correct reporting procedures.

Risk assessments were completed for people which identified risks to their environment, if they were at risk of falls, poor nutrition, dehydration, pressure areas and highlighted if manual handling equipment was required. Risk management plans were implemented for people who required support with manual handling equipment and staff were supported to stay safe when supporting people with the equipment. Staff received practical manual handling training which was specific to people's needs and were confident with identifying risks associated with their roles and responsibilities. People and their relatives confirmed risks to them or their relatives were managed well. One relative said, "They (staff) use a stand aid and use slide sheets; I have no concerns."

There were enough staff to meet people's needs and keep them safe. Staff confirmed they felt there were enough staff available to meet people's needs. The manager and provider informed us that one missed visit had recently occurred due to unforeseen circumstances when a care worker had not turned up for work. They told us that once they became aware of this situation they contacted the person to speak with them and checked they were safe and if they required support to be provided. Records demonstrated that this missed call had been documented as an incident and actions had been taken to minimise reoccurrence. People and their relatives did not express any concerns with missed visits.

Informal processes were in place to ensure the service had sufficient staffing levels. Applicants were required to specify their availability for work when completing an application to apply for the care workers role. Care package referrals were only accepted if the service had availability to provide care to people in line with staff availability. Records viewed and staff confirmed this practice. One staff member told us they were "impressed" that new referrals were not taken on unless the company were sure they could meet the care package and "staff it." They said "They're trying to do it properly."

Safe recruitment practices were followed. We looked at five staff members' recruitment files and saw the

appropriate steps had been taken to help ensure staff were suitable to work with people. All necessary checks, such as Disclosure and Barring Service checks (DBS), work references and fitness to work had been undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Systems were in place to discuss concerns with applicants and risk assess the applicant's suitability for the care worker role prior to starting employment.

There were clear procedures for supporting people with their medicines. Medicine assessment records clearly demonstrated whether people required support with their medicines. Where support was required; the level of support people needed with their medicines was documented. People and their relatives did not express any concerns with the management of their medicines.

Medicine errors had not occurred within the service since their registration in June 2016. However the manager and provider confirmed that Medication Administration Records (MAR) had not always been signed. This concern had been identified following the introduction of an audit process which reviewed MAR charts. The manager and documents demonstrated that immediate action had been taken to rectify this concern. The manager confirmed people had received support with their medicines; however staff had not always recorded that this support had been given. Records demonstrated improvements had been made with the recording of medicines support.

Is the service effective?

Our findings

People and their relatives said they received care from regular staff, felt they were well matched with care staff and they had the skills and knowledge to carry out their roles effectively. One relative said, "I can't think of a time when they weren't (skilled and knowledgeable)."

Staff received an induction programme in line with The Care Certificate. The Care Certificate is an identified set of standards that health and social care staff 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 manager confirmed staff would receive a two day classroom based induction in which new staff would complete an induction workbook which included the 15 standards of the care certificate. Records confirmed this. The manager stated that following the two day classroom based induction programme staff would shadow experienced care workers and their competencies would be reviewed by the manager. Records and staff confirmed this practice. One staff member said, "They're (provider and manager) not happy sending anyone out if they're not competent."

Following the induction programme staff were required to complete on line training in required subjects such as safeguarding, medicines, moving and handling, food safety and the Mental Capacity Act 2005. The training plan demonstrated that staff had completed this training and records confirmed that staff's knowledge and competencies had been checked. One staff member said the provider was "a big support" with training.

Staff received regular supervision and field observations. A field observation is an unannounced observation made without warning on a randomly selected staff member. Probationary meetings were also completed each month for new staff to assess their competencies and readiness to become a permanent staff member. Staff had not been working for the service long enough to receive an appraisal but arrangements were in place for these to be completed when needed. Staff confirmed they felt well supported.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and how to put this into practice. One staff member said, "We can't do anything without our clients' consent. We have to give them choices and act in a person's best interest if they did not have capacity."

The Act provides a legal framework for acting on behalf of people who lack capacity to make decisions. For example, the manager and staff confirmed that people could consent to decisions concerning their day to day support. People were helped to make decisions by care staff who used different methods of communication. Consent forms agreeing with care plans had been signed by people and when people were unable to sign; reasons for this were provided.

People and their relatives did not express any concerns about nutrition or hydration. Those that required support with eating and drinking were supported by care staff to have sufficient food and fluids. One person told us how care staff would always keep their kettle filled up and ask if they wanted a drink. Risk

assessments were in place for those people who were at risk of dehydration and poor nutrition.

The service regularly contacted external health and social care professionals, such as Occupational Therapist's (OT), Physiotherapist's, District Nurses', Older Persons Mental Health services and GP's. Records kept and observations made during the inspection demonstrated this. One relative told us that an OT had visited their relative to see whether staff had been using a piece of equipment correctly. They said, "The OT was pleased [staff] were using the right colour on the stand aid. [OT] was pleased with them."

Is the service caring?

Our findings

People and their relatives were positive about the care and support received from staff. People confirmed care workers were understanding around confidentiality, were kind, respectful, polite and observed their rights and dignity. We received comments such as, "They are nice and friendly." "They have a kind and caring approach." "My [relative] is more than happy with them. [They are] always saying they have a good laugh." "Definitely kind and caring." "They are very good with my [relative]."

Care plans were written in a caring way and regularly included words such as, "gently", "taking care", "comfortable" and "communicate." The service had a set of 10 core values, which included "A Caring Approach." One relative told us how a staff member had sung hymns with their relative and said they "loved it." They told us how singing had helped their relative to remember the words of the song and this had made the relative and the person "happy."

Compliments had been received by people and their relatives in the form of handwritten notes, testimonials and complimentary emails. One testimonial received from a relative stated, "A very professional, friendly and caring management and staff. They are very interactive with my [relative] on all visits. Their actions when carrying out their duties are excellent. They always communicate with [relative] when carrying out their duties." An email received from a relative stated that care given to their relative was 10/10. One person had written a note to thank a care worker for the "excellent" meal they had cooked for them.

People felt involved in making decisions about their care. People and their relatives told us they or their relatives were able to make their own decisions and that their preferences were always taken into consideration. One relative said, "They do what [the relative] wants them to do." One person said, "I ask for anything and they willingly do it." One care plan described how staff were required to give one person "time" to process information so they were able to consent to their care and make decisions. Another person's care plan stated, "Communicate every step of the way with consent." This person was unable to communicate verbally and details were provided in the care plan of how the person would communicate using body language and eye contact.

Care plans demonstrated people's preferences were taken into consideration when the care plan was written and people's care plans were written in a way which promoted people's independence. For example, one person's care plan stated, "Encourage [person] to walk to their arm chair in the lounge." Another person's care plan stated. "[Person's name] is able to wash their face, hands and upper front part of their body and would like care staff to pass the wet flannel and towels to dry [themselves]."

Staff confirmed people's care plans were personalised and that personalisation was at the forefront of what the organisation promoted. One staff member said about the care, "It's more personal." They told us that care plans included what people liked to talk about and what the person liked to be called and why. Staff confirmed they received a lot of training on personalised care which included activities to show how everyone was different regarding what they liked or disliked. One staff member said, "It's not about getting the job done. It must be led by the person." Another staff member told us how a personalised approach had

been emphasized at their interview.

People and their relatives confirmed staff promoted people's independence. One person said, "I tell them if I need help or if I can do a thing for myself, I do it. They don't keep following me about they are both very good." Care staff described how they promoted people's independence by encouraging and supporting them to complete some personal care tasks they were able to do.

People's privacy and dignity was respected and promoted. People confirmed this. One person said, "Very, very much so. Even though it's a very small bathroom, they [care workers] understand the need to close the door." One relative said, "They respect [relatives] privacy and dignity first and foremost. They take them to the toilet and [relative] calls when ready. If they have to do something there's always a towel over [relatives] legs. Always." When people required support to use the bathroom; care plans included the words "private time" and "check if person is ready to proceed." Staff provided good examples of how they supported people to maintain their privacy and dignity.

Is the service responsive?

Our findings

People's needs had been assessed and recently reviewed by the manager. Relatives were only involved in the assessment of people's needs if the person requested their involvement and this information was detailed on people's assessment record.

People confirmed staff were punctual and would stay for the allotted time or occasionally longer to ensure their needs were met. One relative said, "I would give them top marks on punctuality. They are the most punctual company we've ever had." Another relative said, "Sometimes they go slightly over if [relative] has [their] hair done, this takes time in the morning." People said they had good continuity of care staff and saw the same care staff regularly. One person said, "I've had one [carer] who's come the whole time." They described how the staff member knew them well and knew what they required support with.

People had individual care folders which contained a care needs assessment, care plan, risk assessments and completed daily logs. People's care plans were very detailed and included their likes and dislikes, personal histories, such as medical conditions, cultural needs and how they would like to be supported. For example, people's care plans detailed how the person liked to have their support at each visit and detailed what the person liked to do for themselves and what support they required from the care staff.

People were involved in their care planning, they confirmed they had a care plan and had choice and control over their care planning. People living with dementia were involved in their care planning as the manager and provider confirmed they were able to understand the care planning process when given time to process the information. Care staff confirmed there was always a care plan available in the person's home which was up to date and detailed.

Care plans had recently been reviewed by the manager and a system was in place to ensure reviews took place on time. We observed a white board was in use in the office which identified when care plans were due to be reviewed. Staff confirmed people received the care described in their care plan and that people's care plans were up to date and contained all the information required to support people. One said, "You can find out pretty much everything about the client – what to talk about, what's wrong with them."

Staff were kept up to date with information about people and staff felt the communication between them and the office about people's care needs was effective. One staff member said, "[The manager] is really good if I wanted to suggest something, such as going in earlier to someone. [They] want everybody's ideas." They gave us an example where the time of a visit was not appropriate to provide a person with their support and the staff member spoke with the person and the manager and an earlier visit time was arranged as agreed with the person, so that their support was at a more appropriate time of day.

Complaints had not been received into the service. People, staff and records confirmed this. One person said they had never had a reason to complain. One relative said they had, "No complaints at all." People were provided with information on how to complain and knew how to make a complaint if they needed to and who they could complain to. Staff demonstrated how they would support people to make a complaint

or raise concerns if they had any. One said, "I would support them to ring the office and speak with the manager." Staff confirmed they carried complaint forms and were aware of the number to ring if they needed to support people to make a complaint.

Is the service well-led?

Our findings

People and their relatives were positive about the service. One relative told us, "I like the carers, they are vastly superior to the carers we had before. The managers are exceptional. They put their heart and soul into it."

Core values were embedded within the service. The service had a set of 10 core values which were displayed in the office. These were, "Respect", "Reliable and Punctual", "Honesty", "A Caring Approach", "Take Responsibility", "Loyalty", "Dedication", "Flexible", "Be Professional" and "Inform". Records demonstrated staff received training on the core values of the service during their induction programme and people confirmed that staff put these values into practice. People told us how staff had a caring approach and would respect them when supporting them with personal care. People confirmed staff were reliable and punctual and would be flexible with the duration of their care call to meet their needs. Relatives confirmed how professional the staff and managers were and records evidenced staff and managers would inform appropriate professionals when a concern had been identified. Staff members confirmed the service was professional. One staff member stated they would recommend the service to people looking for a care service because, "they try to be professional and better than anyone else, but in a friendly way."

There had not been a registered manager at the service for 10 days. The current manager had applied to become the registered manager and their application was being processed. The manager said they liked to be approachable to staff and had an open door policy. Staff confirmed the manager and nominated individual, who was the provider, were supportive and communicative. Team meetings occurred regularly and a team meeting had been scheduled for the week commencing 5 June 2017. One staff member said, "We are all good at communicating with each other."

Staff were supported to question practice and were confident that if they raised any concerns they would be dealt with by management. Staff demonstrated an understanding of what they would need to do if they felt their concerns were not being listened to by management.

The service had been registered with the Commission for 11 months. Systems and audits were being developed to review the quality and safety of the service. There were systems in place for the checking and auditing of Medicine Administration Records (MARs). Records demonstrated the effectiveness of this system as audits had identified gaps which were present on people's MARs where staff had not signed to say they had given these medicines. An investigation was completed by the manager which identified the staff members responsible and confirmed that people had received their medicines. Supervision records demonstrated that appropriate action had been taken with these staff.

A training spreadsheet was in place and used by the manager as a tool to audit staff training and identify when staff had completed the required training. A database was also in place to support the manager to monitor when staff training was due to be refreshed. The database would prompt the manager with an amber or red signal to indicate when training was due to be refreshed or was overdue. This was monitored by the provider.

Incidents and accidents had been reported. Records demonstrated that the incidents and accidents had been dealt with and actions had been identified to mitigate the risk to people. An incident log was in place which the manager was updating to assist them in reviewing the number and details of incidents and accidents that had occurred and support them to minimise or prevent future risks.

Systems were being reviewed on how to gather people's feedback about the service. The manager said they were looking at introducing questionnaires to help assess the overall quality of the service. The service had been registered for 11 months and the manager and provider confirmed that questionnaires would be sent out annually.

Notifications had not been required to be sent to the Commission. However, the manager and provider knew when the Commission should be notified. A notification is information about important events which the provider is required to tell us about by law.