

Indassist Ltd

Right at Home Hereford

Inspection report

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Hereford
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08 December 2016

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23 December 2016

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This was an announced inspection carried out on the 08 December 2016.

The provider is registered to provide personal care to people within their own homes in the Hereford area. Right at Home Hereford is a locally owned business, and also a part of the nationwide network of Right at Home offices.

There was a registered manager in place. 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.

This service was first registered with CQC in May 2016 and has not been previously inspected.

People told us they were supported by staff that were professional, reliable and caring.

People were safe as staff knew how to recognise different signs of abuse and what action to take if they had any concerns.

The provider ensured staff were safe to work with people who used the service. Suitable checks and references were obtained before staff started working for the provider.

The provider had suitable arrangements in place to ensure people's medicines were given safely.

There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The provider ensured staff had a full understanding of people's care needs and had the skills and knowledge to meet them.

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs.

People who used the service were treated with kindness and said their privacy and dignity was always respected.

People's care and support was planned in full consultation with them.

Staff were knowledgeable about the people they supported, which enabled them to provide a personalised and responsive service.

The provider had systems in place to routinely listen to people's experiences, concerns and complaints.

People told us the service was responsive and well managed.

Staff told us the service was well-led and that they felt valued by the provider, which had an open and transparent culture.

The provider undertook a range of checks to monitor the quality of service delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm and abuse.

The risks to individuals had been assessed, recorded and plans introduced to manage these.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge needed to meet people's individual needs.

Staff sought people's consent before providing any care and support.

Staff helped people to access healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff were caring and compassionate approach towards people.

Staff treated people in a dignified and respectful manner.

People were involved in deciding what care they received.

Is the service responsive?

Good ●

The service was responsive.

Care and support needs were planned and agreed in full consultation with people.

Support plans contained relevant and detailed information about the care people required.

People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The provider had clear vision and values that were person-centred and ensured people, including staff, were at the heart of the service.

Staff told us the service was well-led and they felt valued by the provider, who had an open and transparent culture

The provider used quality assurance systems to assess and monitor the quality of the service people received.

Right at Home Hereford

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 08 December 2016 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their office to facilitate our inspection. We also conducted telephone interviews with people who used the service, their relatives and staff on the 09 and 12 December 2016 to obtain their views of the services provided. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked the local authority and Healthwatch for any information they had, which would aid our inspection.

At the time of our inspection, the service was providing support for 17 people who lived in the Hereford City area. Eight people received personal care, while the remainder received other services involving social integration. We spent time visiting five people in their own homes and asked them what they thought about the care they received. We also spoke over the telephone with a further three people who used the service and five relatives.

We reviewed records about people's care and how the domiciliary care agency was managed. These included care records, medicine administration record (MAR) sheets, staff training, support and employment records, quality assurance audits and minutes from staff meetings.

The service employed a total of 12 staff, which included the registered manager and the nominated individual for the provider. As part of the inspection, we spoke with the registered manager, the nominated individual and six members of support staff.

Is the service safe?

Our findings

We asked people who used the service and their relatives if they felt safe with the staff who supported them. One person told us, "I really feel safe with them in my home. They are absolutely trustworthy." Another person said "I do feel safe with them and I can trust all of the staff when they visit me." One relative told us, "I feel one hundred percent sure in the knowledge that my relative is safe and secure with all the staff."

We spoke with staff about their knowledge of safeguarding procedures during the inspection. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. Staff were able to describe what action they would take if they had any concerns and confirmed they had received safeguarding training as part of their initial induction. They gave us examples of the kind of things that would give them cause for concern, such as changes in a people's personalities or unexplained marks and injuries. One member of staff told us, "With safeguarding concerns, my first port of call would be the manager, but if it was urgent then the Police or even social services. I would always document, what, when and why. I'm also aware about abuse within families. It is about ensuring people are safe." Another member of staff said "If I thought someone was being abused in any way, I would raise my concerns with my manager or the provider."

We spoke with staff and looked at a sample of recruitment records, which demonstrated that staff had been safely and effectively recruited. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before staff started working for the provider. This meant staff were safe to work with and provide care to vulnerable people who used the service.

The provider had assessed and kept under review, risks associated with people's individual support needs. Staff told us risks to people's safety and well-being were constantly being reviewed. Staff were aware of individual risks that people faced and what action to take to reduce such risks. One member of staff told us, "I'm very aware about making sure people are safe in their own homes. We have risk assessments in place and I'm always looking to make sure their home remains safe."

People and their relatives told us the provider encouraged them to be involved in decisions about the risks affecting them. One member of staff told us about how they identified one person who forgot to turn off the cooker. In consultation with the family, it was agreed that staff would ensure the cooker was always turned off at the mains before leaving. The provider had plans in place to manage these risks. We saw these plans covered important aspects of keeping people safe, such as monitoring their health and minimising the risks of falls. If people were involved in any accidents or incidents, staff explained the need to record and report these to the registered manager.

People and their relatives told us they were satisfied with the assistance and support staff gave them with their medicines. People told us they received their medicines on time when they required it. We looked at medication administration records (MAR) during our visits to people's homes. These had been completed accurately by staff with no omissions or errors. Staff told us they had received training on administering medication safely. Checks had been undertaken by the registered manager to ensure staff were competent

to administer medicines safely.

People told us there were sufficient numbers of staff to meet people's needs and keep them safe. One person said, "They are never late or any missed calls, in fact they are excellent." One relative told us, "My experience is that they are usually early and stay late for calls. They are never rushing and always have time for you." Staff told us that calls were scheduled well and that they were provided with plenty of travelling time between visits. Staff used a mobile phone app, that enabled them to scan an 'electronic bar code' in people's care files, immediately on their arrival and departure. The registered manager was able to electronically monitor scheduled visits. This enabled them to identify late calls and ring ahead to people to notify them of a late call if necessary.

Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. When people had accidents or incidents these were recorded and monitored by the provider. Appropriate action was taken in the event of any accidents or incidents to avoid reoccurrences. For example, we looked at the action taken to support a person who was burning their food. This involved consultation with the family and the agreed action that staff would be vigilant in ensuring the cooker was turned off when they left the home.

Is the service effective?

Our findings

People and their relatives felt that staff had the necessary skills and knowledge to meet people's individual needs. One person said, "I'm completely satisfied with what I get. The staff know their job and are very well trained in my opinion." Another person said "They are certainly well trained and professional in everything they do." One relative said "The management and staff are all very approachable. They appear well trained and always professional with people really at the centre of what they do."

Staff told us they had completed an initial induction that helped to provide them with the knowledge and skills required to support people in their own homes. This programme was individually tailored to meet their needs based on their previous experience of providing care. One member of staff told us "My induction was very intensive and consisted of training in First Aid, moving and handling and some on-line courses. I also completed a period of shadowing. The training really prepared me for my role and I was confident when I was able to work on my own." Another member of staff said "We get excellent training here as part of the induction. I was also introduced to each client and undertook a period of shadowing. I have since completed the care certificate and currently doing a diploma in adult social care."

Staff with no previous experience of care work were also required to complete and meet the required standards of the Care Certificate, before working independently. The Care Certificate is a nationally recognised award that provides staff with knowledge of the standards of care required of them in their role. Training was provided with in house training facilities by the registered manager, who was an accredited assessor in the care certificate, First Aid, moving and handling and medication awareness.

Staff told us they felt valued and supported by the registered manager and the provider. They received supervision, which involved one to one sessions with the manager. This enabled them to discuss any number of issues such as the needs of people who used the service, training and personal development. One member of staff said "They are very supportive as a management team, absolutely fantastic and professional. They are always available to advise and provide guidance." Another member of staff told us, "I have spot checks and supervision. The best company I have worked for with an excellent team. The managers are always there if you need advice, anytime of day."

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. Staff we spoke with were able to describe the basic principles of the MCA legislation and were able to confirm they had received on line training. Staff also told us that people who used the service had capacity to make and verbalise decisions.

People told us before any care or support was provided, staff would always seek their consent. One person told us, "They have never done anything I haven't wanted them to do. They will ask my permission first. I feel I'm lucky to have them." A relative said, "They always ask for consent first and whether my relative would like

anything. They are very respectful and kind like that." A member of staff told us, "I will always ask for consent and is it ok. I would always check they are happy to consent. I wouldn't do anything unless I was sure I had their consent."

People told us they were supported to access healthcare professionals to meet their specific health needs. One relative told us, "Compared to other services they are fantastic. Recently my relative had a urine infection. They contacted the GP and then collected the prescribed medication. They got the GP to attend the home, where the carer waited for the GP and went off to get the prescription." Another relative said "They keep me updated about my relative's health and are like a second pair of eyes monitoring his health needs. They let me know of the slightest concerns they may have."

People's dietary requirements were assessed and appropriate care plans and risk assessment were in place. Staff told us they had limited involvement with people's nutritional needs and that the most people could prepare their own meals without support. People who had meals prepared by care workers told us the meals were prepared well and that they were provided with a choice if available.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and compassionate. One person said "I'm really very happy, no concerns, they look after me so well." Another person said "They are marvellous, never late and have plenty of time to spend with me." A third person said "They are extremely nice and happy and never in a rush. I get excellent care." One relative said "I can't fault them, they are wonderful, kind and caring. We definitely have peace of mind with them." Another relative said "They are very flexible and helpful. They are professional and well trained and the two carers we have are absolutely brilliant." Other comments from relatives included, "The carers are like old friends. They talk about our history and family with our relative. They are wonderful, caring and so genuine. They have become members of our family."

People told us staff respected their privacy and dignity at all times. One person said "They manage my privacy and dignity very well and I'm never made to feel embarrassed or uncomfortable." Another relative said "They support my relative very well and are very much into respect. They preserve their dignity and are great." One member of staff told us, "I always respect people's privacy and dignity in everything I do. Today I have supported people showering and using the toilet. I make sure they are always covered up and when using the toilet wait outside. I never talk down to people, but always try to reassure them." Another member of staff said "Privacy and dignity is very important for people. I have one client who prefers female staff only. I treat people as I would expect to be treated with kindness and respect. I treat them as if I'm supporting my own family."

People told us they were encouraged by staff to live as independent lives as possible. We found that staff recognised the importance of promoting people's independence. One member of staff told us, "I see my role as to empower people and to encourage them to be independent, so that they can live at home." Another member of staff said "I do encourage people to do as much as they can themselves. I have one person who will always say 'I can't,' for simply things like washing. But I know they can, so I will always encourage and prompt them to do things."

People told us they were given the opportunity to make choices in respect of the care they received. They were also actively involved in determining the type of care and support they required. One relative said "I'm completely involved in my relative's care needs. We had a review meeting at home with my relative to discuss what was going well and how things could be improved. Another relative was also part of the process as they were able to phone in and listen and contribute." Another relative said "They provide a personal and person centred approach to care and really seem to care. I'm always consulted and they let me know how my relative is all the time." Other comments from relatives included, "I'm very involved in deciding what care my relative has. They never assume anything and will always contact me."

Is the service responsive?

Our findings

People told us the care and support they received was responsive to their individual needs. One person told us, "I'm very happy with the provider. I always have a good response from the office. They are great, professional and accommodating with any needs I have." Another person said "They are a service that do listen and are responsive if we have any issues." A third person said "Very responsive to any issues and always more than willing to help out and be flexible. I would recommend them." One relative told us, "I do feel they are doing what we have asked them to do in a professional and effective manner. Even if I pick up the phone on Sunday, there is always someone to speak to and are very responsive to any concerns I have."

People told us they had their needs assessed by the provider before receiving any support. This involved meeting with people and their families in their homes or hospital and liaising with other professionals. One relative told us, "I met with the agency beforehand to discuss the level of care my relative needed. They listened to every comment I made. We are very happy as things are going very well." Another relative said "They came initially to meet my relative and discussed our needs at our home. They listened to how we wanted things done." This enabled the provider to be fully aware of people needs and the skills required to support them.

People told us their care and support needs were planned and agreed in full consultation with them. We found each person had support plans in place, which provided guidance for staff about how best to meet each person's needs. Support plans included information on people's medication, personal care needs, dietary and mobility requirements. Support plans were located at each person's home with duplicates held at the office. This enabled staff to have relevant information available to them about what people wanted, what their choices were and how best to support their needs.

Staff told us people were at the heart of everything they did. They were able to describe in detail the support each person required. One member of staff said "People are at the heart of what we do here. Any issues or concerns, such as health issues, I will contact the GP directly or speak to the registered manager who will sort things." Staff explained how they supported people and were able to spend time talking to people and getting to know them well. One member of staff explained how one person was becoming very forgetful. They had suggested and encouraged the person to get into the habit of writing everything down so they wouldn't forget. This enabled the person to be more independent in their home.

We found the service had systems in place to routinely listen to people's experience, concerns and complaints. People told us they knew who to contact if they had any concerns or complaints. However, people told us they had never had cause to make a formal complaint. The service had a complaints policy and procedure in place. This provided information about how people could inform staff if they were unhappy about any aspects of the service they received.

At the time of the inspection the service had been operating for seven months. The registered manager told us that surveys had been sent to people to obtain feed-back on service delivery. We looked at the overall evaluation of returns, where people indicated they were very satisfied with the quality of care provided. The

registered manager told us they maintained regular telephone contact with people and their families. During 'spot checks' on staff they also sought feed-back from people regarding the quality of care they received.

Is the service well-led?

Our findings

People told us the service was well managed and professional. The management team, consisting of the registered manager and provider were approachable and always willing to help. One person said "They are an excellent team. They have always communicated well and I have absolutely no complaints. They couldn't be better in my view." A relative told us, "We are absolutely over the moon with the agency. The manager and the owner are fantastic."

Staff told us the agency was managed very well and there was an open and inclusive culture where people were at the centre of everything they did. People were actively consulted and involved in how they received their care and support. Staff told us they felt valued and appreciated and were encouraged to speak out if they had any concerns. Comments from staff included, "I really feel we are open and honest and we are all working towards a common goal, which is for the best interest of our clients." "The management team are excellent. They have helped me with personal issues and are very flexible. You can discuss anything with them." "I'm not frightened to speak my mind. The provider has everyone's interests, including staff, at heart."

Staff told us management were always open to suggestions, which meant people received an improved service. For example, one member of staff explained how they had suggested ways by which female staff could learn to shave male clients more effectively. Another member of staff explained how they had suggested colour coding on medication administration records, which had been adopted by the provider.

We found that the provider undertook regular reviews of care plans and risk assessments. We found the service undertook a range of checks to monitor the quality of service delivery, such as care file and medication audits. The provider undertook unannounced 'spots checks' and 'observations' of staff to ensure staff maintained high standards of service delivery.

We looked at minutes from staff meetings. This provided staff with the opportunity to discuss concerns or talk about areas, which could be improved within the service. We saw that topics of discussion included issues such as equality and diversity, medication, new clients and their needs.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.