

Home Care 365 Limited

Right at Home (Swindon)

Inspection report

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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

Right at Home - Swindon is a small domiciliary care agency which provides support to people in their own homes. At the time of our inspection Right at Home was providing support to 13 people.

This inspection took place on 3 March 2016. This was the first inspection of this service.

There was a registered manager in post at the time of our inspection. 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 were kept safe by appropriately trained and competent staff. Sufficient numbers of staff were involved in delivering care packages to individual people. Staff were matched with people in accordance with their needs, knowledge, ages, hobbies and personalities.

People and their relatives told us the service was reliable and they had never experienced a missed visit. We found the service had an electronic system in place to alert them if staff were late for a visit. Visits were planned and staff were given enough time to provide people with all the support they required.

There was a safe system of recruitment in place which helped protect people who use the service from unsuitable staff. Staff received the induction, training, support and supervision required to ensure they had the skills and knowledge needed to carry out their roles effectively.

Person-centred risk assessments were in place and gave staff precise guidance on how to minimise and manage identified risks. Detailed care plans described how people wished to be supported. People were involved in making decisions about their support. They participated in a range of activities, both in their own home and in the community, and staff assisted and supported them to do this.

People told us they received reliable care from a team of staff who understood their likes, dislikes and preferences regarding care and support. People were kept informed of any changes affecting care delivery.

There was a robust system of quality assurance in place. Monthly checks and audits were used to assess, monitor and review the functioning of the service. The registered manager regularly worked together with staff to assess the quality of the service provided.

The provider encouraged people and staff to share their opinions about the quality of the service through reviews and weekly quality assurance calls. Staff knew they could always contact the registered manager for support when needed. They confirmed they were also provided with relevant information or advice if required.

People who use the service, relatives and staff we spoke with were very complimentary about the registered manager. Staff were glad to work for the service and felt very supported in their roles.

We found the evidence of compliments and complaints that highlighted the fact that the management worked effectively and transparently.

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.

There were systems in place to ensure staff were recruited safely.

Staff understood and recognised the forms of abuse and ensured people were treated with dignity and respect.

Assessments of risks and needs were prepared to ensure people were protected.

There were enough staff to provide care and support to people.

Is the service effective?

Good ●

The service was effective.

People were actively involved in making decisions about their care and ways of spending their free time as well as in assessing their support needs. Staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA).

Staff had received the induction, training, supervision and support they required to be able to carry out their roles effectively.

People were supported to access relevant health and social care professionals to ensure they received comprehensive care, support and treatment.

Is the service caring?

Good ●

The service was caring.

People who used the service stated that staff were caring. They were very complimentary about the service they received and the attitude of the registered manager and staff.

Staff remained with people as long as needed when a risk to their health was noted, and reported any changes to their health needs.

People's independence was encouraged by involving them in making decisions concerning their care.

Equality and diversity were promoted as people were paired with staff who understood their particular needs.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place, and they were personalised to meet the needs of individuals. Staff had a good understanding of the needs of each person they supported. Care plans were reviewed regularly to ensure they were reflective of people's needs.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to timely and appropriately.

Is the service well-led?

Good ●

The service was well-led.

There was a positive culture within the staff team in which providing a good quality service to people was emphasised.

People said the registered manager and staff were approachable and always strove to make sure people were satisfied with their care and support.

The provider ensured regular checks were completed to monitor the quality of care that people received and identify areas for possible improvements.

Right at Home (Swindon)

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 3 March 2016 and was announced. The provider was given 48 hours' notice before we visited the office. As the service provides care to people in their own homes and is operated from a central office, we needed to be sure that staff and management would be on the premises during the inspection.

The inspection was completed by one inspector. Prior to the inspection, relevant information was gathered. We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who monitor the care and support of people living in their own homes.

We spoke with the registered manager, four members of staff, two people who use the service and two relatives as part of the inspection process.

Care plans, records related to health and risk assessments for four people were viewed. In addition, we looked at records relating to the management of the service. This included staff files, a training matrix, recruitment documents and staff supervision records for four members of the staff team. We also saw records of complaints, quality assurance assessments, development plans and audits plans.

Is the service safe?

Our findings

People who use the service of Right at Home and their relatives felt safe. One person told us, "I feel very safe with them". A relative of a person using the service said, "[name] is very safe with their carers".

Staff knew how to protect people from the risk of abuse and told us they received regular training on safeguarding, which was confirmed by training records. Staff members understood the different types of abuse that could occur and how to report any concerns. Any issues identified by staff had been reported and investigated appropriately. We were satisfied the provider had taken the necessary steps to protect people against the risk of abuse.

The service had a whistleblowing policy in place. As a result, staff were assured they would be supported if they reported abuse or other issues of concern. Staff were given contact details of other organisations they could refer to if the way the service had dealt with their concern was not satisfactory to them. The contact details included, for example, Care Quality Commission (CQC) and local authorities. Staff we spoke with were aware of the company's policy.

The provider had a robust recruitment process in place which ensured people's safety. This included obtaining references for staff in relation to their character and behaviour in previous employment. The provider took an extra step to detect whether prospective staff members were of good character by using the 'Simplified Talent Management' computer program at the pre-interview stage. The programme assessed such character traits of candidates as aggression, conscientiousness and integrity. Their ability to acknowledge the imperfections in their character was taken into consideration as well. Candidates' capability to answer the questions in a frank and candid manner was also analysed. It was only if the attitude report was positive that prospective staff members were invited for an interview. A Disclosure and Barring Service check (DBS) was also obtained. A DBS allows employers to establish if an applicant has any criminal convictions that will potentially prevent them from working with vulnerable people. A checklist system was implemented by management to ensure staff recruited were safe to work with people. Competency assessments were completed and spot checks were carried out by the deputy manager. These spot checks aimed to monitor staff performing their duties with regard to safety and effectiveness. In addition, declaration of health and fitness, interview notes, application forms and character checks were kept in all staff files.

People we spoke with told us that there were sufficient numbers of staff available. Staff also commented that there were enough staff members to meet people's needs. Staff told us and records confirmed there was 24 hours on-call system to cover shifts in case of an emergency.

Care records we looked at contained detailed risk assessments. We found they were person-centred and gave staff guidance about how to manage and minimise identified risks in order to promote people's safety and independence. These included any environmental risks in people's homes and any risks in relation to the health and support needs of the person. People's individual care records explicitly indicated what actions staff should take to minimise the chance of harm occurring to people or staff.

People's medicines were safely managed. We observed that medicines were stored securely and that medication administration record (MAR) sheets had been correctly completed. Staff had received relevant training before taking on the responsibility to administer medicines and their competencies had been assessed. The registered manager planned to complete yearly observational competence reviews which were to be recorded in staff training records. As the service had been registered in March 2015 no competencies had been observed.

We looked at medicines administration records for one person covering the period of two months. We found that all records had been completed to confirm the person had received their medicines as prescribed. We saw that medicines records were audited monthly by the registered manager and the area manager within the service to ensure these were accurate and up to date. Records showed any reported issues were highlighted and actions taken had been documented.

The service had a business continuity plan. This informed managers and staff about what to do if there was an incident or emergency that could disrupt or endanger people using the service. The plan included such incidents as staff illness, loss of the office building, loss of gas or electricity, breakdown of essential equipment, damage to the building and severe weather. The business continuity plan provided detailed guidance on how to provide services in case of an emergency. People's needs were taken into consideration in the plan. For example, people who required complex personal care, medication-reliant people and people who require vital shopping visits.

The provider had a robust disciplinary policy. Records showed the service had dealt appropriately with matters following the provider's policies and using a wide range of disciplinary actions, including a disciplinary dismissal.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills needed to carry out their roles and responsibilities. Staff completed the company induction and a local induction to familiarise themselves with the location. New staff also shadowed their more experienced colleagues until they were assessed as competent. Recently employed staff's performance was monitored in the following areas: personal care, knowledge of care plans and risk assessments and completing communication sheets. Staff were given supervision and, where necessary, their probationary period of working would be extended.

Staff had completed training in a number of areas including safeguarding from abuse, moving and handling, infection prevention and control, medication awareness, and basic life support. Their training included additional specific subjects depending on the individual needs of people. For example, if support was going to be offered to a person who had dementia, relevant training was provided in that area prior to the person being supported. As a result, staff had an understanding of the needs of each person, and were able to adjust their support in line with the individual requirements. Records showed that the training of all staff was up-to-date. One of the people's relatives commented on staff's knowledge and skills, "All the carers provided have carried out the tasks asked of them with total professionalism".

Regular supervision was provided to staff on a three monthly basis. This gave staff members and their line manager the opportunity to discuss any issues that may have arisen, as well as areas where the member of staff had excelled. Appraisals took place annually. Both were perceived as useful processes by management and staff.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The service worked within the principles of MCA. Care records contained evidence that the service had identified whether a person could consent to their care. All these records had been signed by the person to indicate people and their representatives agreed to the planned care. Staff understood the principles of the MCA. They told us they had received training in the MCA and understood the need to assess people's capacity to make decisions. Members of staff we spoke with were able to give examples of how they asked for permission before doing anything for or with a person when they provided care. Staff told us how they supported people to make decisions. For example, people were shown a choice of clothes to wear or food to eat. Staff were aware that any decisions made for people who lacked that capacity had to be in their best interests.

People we spoke with told us staff were reliable and they had not experienced any missed visits. The registered manager told us the service used an electronic system to monitor if care workers arrived at people's houses on time, and if a visit was late, the office was alerted. Having received such an alert, the office staff would immediately contact the staff member, the person using the service and arrange that

another staff member to visit if needed. This system allowed the provider to ensure all people were guaranteed the time commissioned.

People were supported with their meals and drinks when necessary. The level of support they needed was specified in the support plans. For example, it was highlighted in the plans that one person liked their vegetables steamed, not boiled. Another person liked their food provided in small size portions. There were daily communication logs for each person which included information about what they ate and drank each day. If staff had any concerns about people's nutritional intake, they reported these back to the manager and the relevant health professionals were contacted.

People were supported to maintain good health and have access to healthcare professionals. These included their GP, dentist and optician. People were helped by staff to attend hospital appointments where necessary. Care records demonstrated that staff, having obtained people's consent, shared information with professionals effectively, confidentially and securely. The external healthcare professionals were involved appropriately.

Is the service caring?

Our findings

People told us staff were caring. They were very complimentary about the service they received and the attitude of staff. They told us, "They are very caring", and "They genuinely care about me." One person's relatives remarked, "My aunt is extremely happy with all the good care and thoughtfulness given by them". Another person's relative stated, "I have found Right at Home to be efficient, helpful and caring. I would have no problems recommending them to anyone else".

The registered manager and staff all spoke in a caring and compassionate way about people who use the service. Their knowledge of people was thorough and they were able to explain to us what was important to people, what their likes and dislikes were. The registered manager and staff also told us how the support delivered to people met these needs. For example, they helped one person to gain confidence to walk after the person had fallen over.

The care records we looked at described people in positive terms. They contained information on how to promote people's independence, emphasising the things each person liked and could do for themselves. Care plans included people's preferences and choices about how they wanted their support to be given. Staff were able to describe people's interests and preferences. For example, one person enjoyed knitting while another person was keen on cricket and Asian movies. Some people with professional healthcare experience had wished to create their own plans and these were included in their folders together with the care plans created by the provider.

All the care plans were outcome-focused and showed that the care and support were oriented towards recognizing people's choices and independence. People could choose what should be the outcome of the care provided by Right at home. For example, improved health and well-being, increased choice and control or improved quality of life. This was achieved with the assistance and supervision of staff.

People told us that they and, where appropriate, their relatives were involved in making decisions about their care. They also stated that they felt listened to and that their decisions were respected at all times. It was reflected in the care records, when people had started using the service, they had been involved in the initial assessment of the care they required.

People informed us they were treated with dignity and consideration. One of the relatives told us that staff were always respectful of their relative's privacy and maintained their dignity during personal care. Staff were able to describe how they ensured this in their practice. We were told that people were addressed in their preferred manner, and supported as they had chosen to be cared for.

The registered manager said they sought to meet people's diverse needs by matching them with staff that understood their cultural, ethnic and religious needs. Additionally, all members of staff were required to undertake equality and diversity training.

Staff were aware of their responsibilities in confidentiality and preserving information security. They knew

they were bound by a legal duty of confidence to protect personal information they may encounter during the course of their work. The registered manager had high regard for confidentiality and said they were always trying to ensure that staff knew how to access and how to share any personal information safely.

The service had received 12 compliments from people and their relatives since its registration in March 2015. One person had written, "[name] and I would like to put on record our grateful appreciation of [staff name] quick response to what could have had a very bad outcome if [staff] had not acted so sensibly and correctly". One of the relatives expressed their gratitude, "Thank you for working so hard and so pleasantly to offer a programme of care to my mother".

Is the service responsive?

Our findings

Prior to any support being offered, each person had their needs assessed. If the service felt able to successfully offer support, a further meeting was arranged. Where appropriate the care plan and risk assessments were developed with people and their families. The registered manager met with the person and their relatives to carry out an assessment that covered all aspects of the person's health and social care requirements. We also saw that the assessments were used to develop support plans and risk assessments.

All the assessments contained in the care records were detailed and showed what support each person required and how and when the service planned to provide it. This included a timetable and an individual service delivery plan which informed people about the days and times at which staff would visit them. The service delivery plans also specified what staff would exactly do providing care and support to people.

The care records were detailed and person-centred. They informed care staff about the things that were important to people, including their routines, likes and dislikes, nutritional preferences, most efficient ways to communicate, health conditions and medicines needed. They also contained description of how people wanted to be supported with their personal care, and detailed the equipment staff needed to use. Records we saw guided staff on how to provide the support people required.

Detailed records were also made in the daily communication logs by staff after each visit. Staff told us that if people's needs changed, they recorded it in these logs and reported these changes to the managers who updated the care records. The care records including the care plans and risk assessments had been reviewed regularly to ensure they accurately reflected people's needs. The records confirmed that people and their relatives had been involved in the reviews.

The service was flexible and responded to people's needs. Staff provided a wide range of support, such as assistance in going to church or meeting people's relatives. Staff members told us this helped minimise the risk of social isolation of people and enabled people to pursue their hobbies or interests. When a person provided with care became distressed and anxious due to their condition, staff knew how to help. One person's relative told us, "They try to get him to talk (which helps with his speech) but also helps to bring him out of his shell. It was one such carer that my father felt comfortable enough with to open up about the problems he had at [previous care provider]".

People and their relatives told us that due to the high turnover of staff in the recent months they are not always able to build a rapport with them. One person's relative told us, "The only one negative is they do seem to be providing a number of new carers at the moment. I know they wish to make sure that there is always cover, but my father likes to see the same faces coming out to him". People and their relatives admitted that even though new member of staff were well-trained and responsive, they would need the staff deployment to be more consistent in order to avoid unnecessary confusion and anxiety of their loved ones. Another relative commented, "There is a lack of consistency in who attends my father. He can have seven different people turning up to check on him in one week which means some lack of consistency and confusing for someone with dementia". The registered manager told us that the problematic situation

resulted from the recruitment issue and high staff turnover at that time. This has been addressed by the registered manager who has recently recruited a number of staff members who are going to stay with the provider for a longer period of time.

People's views of the service were sought on a monthly basis during quality assurance calls. People expressed their opinions both on positive aspects of the provided care and possible improvements to be made. The results of a recent survey showed that people were happy with the care received from the service. However, if any areas for improvement were highlighted by people, the manager would act on it. For example, when a person had requested to be provided with support by a different member of staff, appropriate action was taken and rotas changed.

People told us that the service had a complex but detailed complaint policy. They were informed of how they could make a complaint, what the service would do about it and how long this process would take. It also advised which managers and other organisations people could contact if their complaint had been dealt with unsatisfactorily. The service had a system for recording complaints; however, the registered manager told us they had not received any complaints since the service had been registered. They explained to us that if something was wrong or did not satisfy any of the people provided with care, they met that person immediately. They together reviewed the way the care was being provided to enable concerns to be addressed before following the complaint route. People and their relatives knew how to complain and were confident the managers of the service would properly deal with any issues they raised.

Is the service well-led?

Our findings

There was a clear management structure, and staff understood the lines of accountability. Every staff member felt supported in their role and did not have any concerns with their responsibilities. They said the registered manager was accessible and approachable.

People and staff were actively involved in the constant process of developing and enhancing the service. Both people and their relatives were asked for feedback, listened to, and their suggestions acted upon by the registered manager.

We found there was a robust system of quality assurance. The registered manager completed regular audits of the service. All the care plans, complaints, training, risk assessments and daily notes were reviewed. The audits were used to address any shortfalls and plan improvements to the service. Audit results were used as a basis for amending the service's policies and arranging relevant training where needed. Results of the audits, information about achieved daily outcomes and meal logs were incorporated into communication logs.

Innovation was recognised, encouraged and implemented in order to drive a high quality service. The service used a computer program to monitor attending calls by staff but also to facilitate the planning of their training and communication with them. Staff were able to access the program using an application on their smartphones.

People using the service and their relatives told us the registered manager was very "Kind and polite" while dealing with their problems.

Staff also spoke positively about the managers of the service. A member of staff stated, "The management have been very good towards me, helping me to gain knowledge about care, training and they support me. If I have any problems, 'on-call' is a phone call away and they have really helped me in situations. They have really supported my development as I'm currently doing my NVQ3 (nationally recognised qualification in care)."

The service had an on-call system for staff to facilitate contact when the office was closed. The registered manager told us that one member of the management team was always available on the telephone during these times.

The service worked closely with health and social care professionals to achieve the best care for people they supported. People's needs were accurately reflected in detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.

The registered manager and provider informed us that they kept their skills and knowledge up-to-date and benefited from guidance provided by external bodies and organisations. They developed their expertise, for

example, by accessing on-line information and attending multidisciplinary team meetings. We found that the registered manager had contacted other care providers for the benefit of people if the service had been unable to provide the care package.

When concerns about the performance of staff had arisen, these had been appropriately addressed in line with the provider's policies, including supervisions and disciplinary procedures.