

Isle of Wight Quality Care Limited Right at Home Isle of Wight

Inspection report

7 High Street Bembridge PO35 5SD

Tel: 01983218318 Website: www.rightathome.co.uk/isleofwight Date of inspection visit: 05 October 2022

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Ratings

Overall rating for this service

Outstanding 🕁

Is the service safe?	Good 🔍
Is the service effective?	Good 🔍
Is the service caring?	Outstanding 🛱
Is the service responsive?	Outstanding 🗘
Is the service well-led?	Outstanding 🛱

Summary of findings

Overall summary

About the service

Right at Home Isle of Wight is a domiciliary care agency which provides support and personal care to older people living in their own home. Not everyone using Right at Home Isle of Wight received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 12 people were receiving a regulated activity from the service.

People's experience of using this service and what we found

People were placed at the heart of the service and benefitted from a management and staff team who were committed to ensuring they received a service which was exceptionally caring.

People, relatives and healthcare professionals praised the approach of staff and commented on the positive impact staff had on their and/or other's lives. Staff provided care in an individualised way that enabled people to feel respected, appreciated and that their views mattered.

Staff had developed strong relationships with people and knew them exceptionally well. People and their relatives overwhelmingly told us that the staff made them feel included and went out of their way to treat them with dignity and respect.

The providers, registered manager and staff went above and beyond to learn about people's life experiences and used the information gathered to support people to live fulfilled lives.

Staff had taken innovative steps to meet people's information and communication needs, going over and above complying with the Accessible Information Standard.

People felt fully engaged in all aspects of the service and were assured that any concerns or complaints would be handled appropriately by staff and management.

People and relatives felt the way the service was led was exceptional. We received without exception positive feedback about the providers, registered manager and staff. The providers' values to "provide high quality, person centred care to our clients" and, "to provide the highest level of support to our staff to ensure their wellbeing is always considered" were fully embedded into the service.

Continuous learning was embedded in the culture of the service. The providers and registered manager were committed to obtaining feedback from people, those important to them, and staff so they could be assured people received excellent care, and to check if any further development of the service was required.

People were supported by staff who were highly skilled, and knowledgeable. There were enough staff to meet people's needs in a calm, supportive and enabling way. Recruitment processes were safe.

People received care that kept them safe from harm. Risks to people's health and safety were regularly assessed and updated as their care needs reduced or increased.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 5 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Details are in our safe findings below. Good Is the service effective? The service was effective. Details are in our effective findings below. Outstanding Δ Is the service caring? The service was exceptionally caring. Details are in our caring findings below. Outstanding Δ Is the service responsive? The service was exceptionally responsive. Details are in our responsive findings below. Outstanding 🏠 Is the service well-led? The service was exceptionally well-led. Details are in our well-led findings below.



Right at Home Isle of Wight Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 36 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 October 2022 and ended on 12 October 2022. We visited the location's office on 5 October 2022.

What we did before the inspection

We reviewed the information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with and received feedback from four relatives and three health care professionals. We also spoke with 10 members of staff, including two providers; one of which was also the nominated individual for the service, the registered manager and seven care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including four people's care records in detail, records in relation to medicines and three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training, staff rota's, policies, procedures and compliments were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

• All of the people we spoke with said they felt safe with all aspects of the service and the care they received. People and relatives' comments included, "I definitely feel safe, absolutely 100%" and, "[Person] is very safe, I don't have any concerns at all about their safety."

- Staff had received training in safeguarding and understood their responsibilities to identify and report any concerns. Staff were able to describe what actions they would take if they had any safeguarding issues or concerns.
- Staff were confident action would be taken by the registered manager or providers if they raised any concerns relating to potential abuse.
- There were robust processes in place for investigating any safeguarding incidents.

Assessing risk, safety monitoring and management

- There were systems and processes in place to minimise risks to people. Care plans included relevant risk assessments which identified potential risks to people and how these risks should be managed and mitigated. These covered a range of areas, including, medicine management, moving and handling and skin integrity.
- People were supported by a stable and well-trained staff team who understood people's needs well. This helped to ensure risks to people and changes in their health and wellbeing could be identified in a timely way and action could be taken to mitigate risk.
- Risk assessments had been completed of people's homes and living environment to promote the safety of both people and staff.
- Risk assessments were reviewed regularly by the registered manager and updated, where required to ensure staff had up to date information to support people safely.

Staffing and recruitment

- There were enough numbers of staff available to keep people safe.
- People said they were supported by a core team of staff who arrived at the times they were expected, stayed for the correct amount of time and did not rush them. A person told us, "I have one regular carer, she's really respectful and always on time, to the minute!" Another person said, "I always know who's coming, they are always on time and they definitely stay the full length of the call; sometimes longer just to have a chat and to do little extras."
- Staffing levels were determined by the number of people using the service and the level of care they required.
- Short term staff absences were managed using overtime from existing care staff, as well as additional

support provided by the registered manager and one of the providers of the company.

• Staff confirmed they were given enough time between calls to allow them to spend appropriate time with people and provide them with care in a calm and unhurried way.

• Recruitment practices made sure the right staff were recruited to support people to stay safe. Checks on new staff included obtaining a person's work references, full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Using medicines safely

- Medicines were managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans and was clear, up to date and accessible to staff.
- Staff received training in medicines management and had their competency regularly assessed.
- Regular checks and audits of the medicines system were carried out to ensure they continued to be managed in a safe way.

Preventing and controlling infection

- There were systems and policies in place for the control and prevention of COVID-19 and other infections.
- Staff had received appropriate training in infection prevention and control, and this was refreshed and updated regularly.
- Staff had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce infection risks.
- People confirmed staff wore PPE as required. Additionally, the registered manager and providers frequently worked alongside staff and completed spot checks of care calls to help ensure people were protected against the risk of infection and staff were wearing PPE as required.

Learning lessons when things go wrong

- Robust and effective systems were in place to assess and analyse accidents and incidents.
- People and staff told us all concerns, incidents, accidents and near misses would be responded to quickly to make changes and deal with any emerging issues or problems.
- Lessons learned would be shared with staff to improve the service and reduce the risk of similar incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was planned and delivered in line with current standards and legislation.
- Comprehensive assessments were completed prior to the service starting. This was to ensure their needs could be met. These assessments were completed with people and/or their relatives if required, and in accordance with the person's wishes.
- Information gathered during assessments was used to create individual plans of care and support. These plans reflected people's needs, including aspects of their life which were important to them.
- When required the registered manager liaised with health and social care professionals to develop the person's care plan based on best practice and current guidance.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- New staff completed an induction to their role which included a blended learning program of training and a period of shadowing an experienced staff member. The induction also included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff were supported to gain further qualifications.
- People told us they were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People and relatives made positive comments in relation to the skills and knowledge of the staff. Comments included, "They [staff] certainly seem well trained and know what they're doing" and, "[Name of staff member] really knows her stuff, she's very good and knows what's what and is good at using the equipment."
- There was a robust process in place to monitor the training staff had received and ensure training was completed and updated in a timely way. On review of this system we identified staff had received the training they required.
- Staff completed a variety of training, both face to face and via eLearning. Training included, infection control, safeguarding, medicines, end of life and moving and positioning. Additional training was also provided in relation to specific needs including dementia awareness, oral health and hygiene and positive behaviour support. Staff were positive about the training they received and felt well supported by the registered manager and providers to develop their skills.
- Staff received regular one to one supervision with a senior member of staff. This enabled the registered manager to monitor and support staff in their roles and to identify any training opportunities.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked well and effectively with external health and social care professionals. This was evidenced in people's care records and confirmed by professionals and people.
- People's care records included specific care plans and risk assessments in relation to people's individual health needs. Guidance was also available to staff to help them identify changes in people's health and detailed actions staff should take.
- People told us staff understood their health needs and would support them to access medical support if required.
- People had 'hospital passports' in place which contained essential information about the person, such as their general health, communication needs, current medicine prescribed, and level of assistance required. This was shared appropriately if a person was admitted to hospital or another service and allowed person centred care to be provided consistently.

Supporting people to eat and drink enough to maintain a balanced diet

- People who were supported by staff to eat and drink were exceptionally happy with the way in which this support was provided. A person told us, "They [staff] will make me anything that I want, they'll go through my fridge and tell me what's there, but the decision is always mine. They [staff] can all make porridge really well, much better than I can." Another person said, "The other day they [staff member] prepared a meal for me in my slow cooker, they knew what they were doing; it had fresh vegetables in and all sorts. I really enjoyed it, it was lovely."
- People's care plans contained information about any special diets they required, food preferences and support needs, which staff were aware of.
- People's food and fluid intake would be closely monitored should concerns arise in relation to weight loss or reduced appetite. If required, actions would be taken to address these concerns, including supporting people to access health professional input.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

• Records of mental capacity assessments and best interest decisions were recorded in people's care plans, where required.

• People were supported by staff to make day to day decisions about their care in accordance with the principles of the MCA.

• People told us they were always informed of the care being provided, asked for their consent and given choices about the support they received.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity;

• People were placed at the heart of the service and benefitted from a management and staff team who were committed to ensuring they received a service which was exceptionally caring. The providers, registered manager and staff spoken with all demonstrated empathy for the people they cared for, spoke of people in a kind and respectful way and told us about how they really wanted to make a positive difference to people's lives.

• People and relatives gave overwhelmingly positive feedback about the care received and described the staff as exceptionally caring and considerate. A person said, "The care is absolutely brilliant, I always get the same carer's and they really seem to understand my needs. I'm very, very happy with everything." Another person told us, "I always have [name of staff member], we get on really well together, she's really respectful and I feel I have made a friend." A relative said, "It's all brilliant the girls are very good, really kind, thoughtful and thorough, nothing is too much trouble."

• Healthcare professionals were also positive about the caring nature of the staff. Their comments included, "I have found the Right at Home team to be exceptionally caring, organised and communicative" and, "The interaction I have had with the service has been very positive. I have found them proactive and caring, with good passage of information between managers and carers."

• The providers and registered manager were particularly mindful and sensitive to ensuring people received care from staff whom they could form supporting and trusting relationships with. Each staff member completed a 'one-page profile'. This profile explained things that were important to them in their lives. Staff were then matched with people's interests and personalities and were slowly introduced to people to help ensure compatibility. People, relatives and staff spoke of the positive bonds that had been formed due to common interests.

• People and their relatives told us how staff went above and beyond expectations, with acts of kindness that meant a lot to them and many told us about shared interest they had with their allocated staff. A person told us how a staff member stayed with them following the completion of the care call to help them sort out their wardrobe. The person said, "I love clothes and so does [name of staff member]. I wanted to sort out my wardrobe for a long time but wasn't up to it on my own so [name of staff member] offered to help. [Name of carer] loved my clothes from the 70s." The person spoke of this with great enthusiasm and it clearly meant a lot to them.

• People were cared for by a staff team who passionately described their role in ensuring people received excellent care. A staff member described how after 25 years of working in the caring industry, they had become disheartened with feeling unable to provide people with a high standard of care they deserved and because of this were considering leaving the care profession, prior to taking a job at Right at Home. This staff

member told us, everyone, from the providers to care staff absolutely care and it's our goal to make things better for people. All of us at Right at Home really do want to give the best care to clients and I'm really proud to work for Right at Home."

Respecting and promoting people's privacy, dignity and independence

• There was evidence a very strong culture of empowering people existed throughout the agency. Independence and autonomy were always promoted and this was at the centre of all support and care people received. There were several examples of where people's abilities had been enhanced, and they had become more independent and confident in terms of physical or emotional well-being due to the service provided. For example, a person suffered an injury which resulted in a stay in hospital, this greatly affected the person's mobility and physical abilities. The service worked tirelessly with hospital staff and healthcare professionals to support the person to return to their home as per their wishes. Staff worked consistently with the person to understand their goals and helped them to achieve these by providing care which focused on the person's independent living skills and supporting them to regain their confidence and ability to mobilise with minimal support. Within a few weeks the person no longer required the assistance of Right at Home as they had regained their abilities to live independently. A testimonial received from the person and their family read, 'You were superb, support and dedication like yours makes such a difference.'

• One person was supported by staff to make changes to their home which had a massive impact on the person's health and well-being as well as providing emotional support. These changes provided the person with the opportunity to continue to be cared for within their own home, which was their ultimate goal.

• Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything the service and its staff did. This was confirmed by people and relatives. A person said, "I couldn't be happier, they are all brilliant and will do anything for you. I mentioned to [name of carer] the other day that I needed some sensitive items but didn't like to ask my family to get these, the carer got these for me in their own time without hesitation."

• Staff appreciated the provision of personal care could cause anxiety to people and described how they ensured people were not embarrassed. A relative said, "[Person] was really reluctant to have any care, but now they will even let them [staff] support them with a shower."

Supporting people to express their views and be involved in making decisions about their care

- People were consulted about care and support and contributed to how their care would be delivered. One person said, "I decide everything."
- Care records included information about the best ways to support people to express their views. Staff understood the importance of involving people in decisions about their care.

• People and relatives told us they received frequent contact from the providers and registered manager to check they were happy with the care they received and that it met their needs. Comments included; "The communication is absolutely excellent" and, "I am so grateful that I have such great communication and care from Right at Home."

• Reviews received from people and relatives were also exceptionally positive and demonstrated people and relatives were placed at the centre of their care. Reviews included, 'Everyone we dealt with at Right at Home was very efficient, keen to listen, prepared to be flexible and demonstrated a genuine willingness to help us', 'You have provided the most amazing service for [person]. Things had been very difficult until your team came along, all of your team are caring, patient and professional. Thank you for all of your help you are all angels' and, 'A dedicated team throughout the company, excellent communication. [Person] always feels safe and secure, also encouraged which really helps their self-confidence. This gives such peace of mind to the whole family, feeling we can work together. Caring with a capital C!'

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• The providers, registered manager and staff promoted an exceptionally strong person-centred culture where people were at the heart of the service and people's needs were met in an exceptionally personalised manner.

• Care staff, the registered manager and the providers knew all the people who used the service remarkably well and this was demonstrated during the inspection as well as feedback from people and their relatives. A relative said, "The service is absolutely superb, I can't speak highly enough of them and they certainly go above and beyond to make sure that [person] gets what they need and want. They do everything they can to put things in place and think about [person's] potential future needs."

• Relatives told us staff consistently responded to the changing needs of their family members and were skilled at spotting if they needed additional practical or emotional support. One relative said, "The service is very accommodating and if anything needs to change, they will do their upmost to make the changes required." Another relative told us, "I can't thank them enough, it was such a stressful situation when [person] discharged themselves from hospital with no package of care. Right at Home were absolutely wonderful they take so much stress away from us."

• Written feedback was shared with us in relation to an occasion where a person who lived alone was being supported by a live-in carer from another agency, however, this support broke down with no notice leaving the person in an unsafe and potentially vulnerable situation. One of the providers of Right at Home took immediate action and stepped in personally to cover the care until another carer could be arranged. A testimonial from the relative of the person stated, 'I think [person] was surprised how quickly the situation was dealt with. All largely because of you offering to be here. I can't thank you enough.' An additional compliment was received, which stated, 'Thank you so much [name of provider]. It is such a relief that we have someone so resourceful and reliable caring for [person].'

• People's care plans were very detailed and included personalised information pertaining to their individual needs, including specific detail about their likes and dislikes. Staff were able to tell us exactly how people liked their care delivered and were aware of small details. The registered manager told us about how they had been supporting a person and noted they never drank the tea they made them. When they discussed this with the person, they identified the person had a very specific way in which they liked their tea to be made. The registered manager described exactly how the person liked their tea and told us, "I really learned from this, we should never presume things and it's vital we get the little things right for people."

• Staff gave us examples showing how they had often advocated for people, over extended periods of time so people had access to the care and the support they wanted. This included frequent championing of people's needs with health professionals and other organisations. This had resulted in measurable

improvements in people's quality of life, independence, confidence and health outcomes. Feedback to the service from a relative stated, 'I applaud your willingness to go the extra mile. Your extraordinary [provider] managed to breach the defences of [name of healthcare provider] and get me help that I need, then sourced a stool for use in the shower as she understood that I didn't want my home to look like a Nursing Home. Amazing and Thank you!'

• People and relatives told us care planning arrangements were underpinned by a deep understanding of people's needs, lifestyles and goals. People and relatives were as involved as people wished in care planning decisions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• The providers, registered manager and staff went above and beyond to learn about people's life experiences and used the information gathered to support people to live fulfilled lives. Although some people did not require support from staff with their hobbies and interests, staff still took the time to identify people's interests and to engage with and support them as much as possible.

• For example, during visits to one person, many conversations were had about the person's love for horses. This led to the providers contacting a local riding stable and arranging a surprise visit for the person to visit the stables and spend time with the horses on their birthday. For another person staff learned that when they were a child their family took in a refugee, which the person became close to and spent many hours with playing cards. This prompted the staff to take a pack of cards to the person and a game or two of cards has become part of their daily routine.

• The service organised and run a 'Dementia Afternoon Tea Club' in the heart of their local community. This was a non-profit, monthly event that provided all people within the community the opportunity to get together and enjoy shared interests. The club offered support and advice to people living with dementia and their support networks and works closely with dementia specialists and other professional and voluntary organisations. Guests were also invited to sessions, including local school children who sang to people and the local heritage centre who provided people with a reminiscing session. The provider told us, "We wanted to develop a safe space for people whose lives were affected by dementia. The idea was to create an environment which encouraged peer support, engaging activities and to develop partnership working." These sessions were having a positive impact on people and their families. For example, during one of these, three couples attending these sessions continue to support each other outside of these sessions.

• Throughout the inspection and from conversations with staff, people and relatives it was evident that staff had comprehensive knowledge of people's interests, wishes and people that were important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

• The providers, registered manager and staff fully understood the support people needed with communication.

• The service had taken innovative steps to support people to be able to express their needs, views and wishes. For example, a staff member worked closely with a person and identified the person was particularly fearful of losing their ability to verbally communicate due to a health condition. This staff member went above and beyond to find ways the person could continue to express themselves and communicate. The staff member researched facial exercises and these exercises became a part of the persons everyday routine.

The staff member and person successfully learned some basic sign language together and looked at ways to communicate through the written word, poetry and art.

- Staff were working closely with healthcare professionals to develop a bespoke voice computer aid, which will be tailored and adapted to a persons' individual needs to allow them to continue to communicate their needs, wishes and views.
- Communication needs were assessed and set out clearly in people's care plans. These included impaired hearing, vision or speech, or difficulty processing information due to impaired memory.

Improving care quality in response to complaints or concerns

- Due to the open culture of the service, everyone felt confident to raise any concerns or issues with the registered manager and providers. Comments included, "I have never had to complain and don't think I would ever need to, but if I did, I would contact [names of providers or name of registered manager] directly" and, "If I had a complaint, I would ring [names of providers and registered manager] at the office. I haven't had to ring them for anything but if I did, I'm very confident they would act."
- One person had raised a concern with the provider previously and we saw evidence this issue was handled effectively. Following the action taken the person sent the following message to the provider, 'Thanks for dealing with this with such understanding and sensitivity.'
- The providers and registered manager were proactive in dealing with any issues that arose. Investigations into complaints and concerns were comprehensive and complainants given the opportunity to attend a meeting with the provider to identify any improvements. Complaints were used as a platform to learn different and more effective ways of supporting people.

End of life care and support

- End of life wishes had been considered for the people using the service and people's care records contained information in relation to how they wished to be cared for at the end of their life, including their end of life wishes and preferences.
- Staff had received training in end of life care.
- The management team had developed links with the local hospice and described how they would work with other professionals to help ensure people had a comfortable, dignified and pain-free death.
- At the time of the inspection no one receiving care from Right at Home was requiring end of life care. The registered manager told us, "If end of life care was required, we would support people how they wanted to be supported and work closely with healthcare professionals to ensure people received the care they required. We would also support the relatives."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

• People and relatives felt that the way the service was led was exceptional and we received continuous positive feedback for the providers, registered manager and staff. People and relatives told us the support offered by the service was wholly person-centred and we identified people were placed at the heart of the service.

• People and relatives attributed the services caring approach to people living a healthier and more comfortable life. Resulting in positive outcomes for people and their relatives ranging from improved physical health and better emotional wellbeing to renewed relationships.

• Written feedback received included the following comments; 'Since Right at Home came on board to help with [person's] care, life has improved for everyone involved', 'Since [person's] carers have been visiting, she is so much happier. As a family we are so very impressed with the care she is receiving, it has lifted a great weight off us knowing [person] is happy', 'I trust them wholeheartedly. If there is anything I need or want, they will do their utmost to provide it. They are very calming, and I feel much more comfortable and safer with my life' and 'I was so lucky to find Right at Home. I cannot speak more highly of them. They are so caring, flexible, and genuine.'

• The providers and registered manager continuously demonstrated their clear values which were to "provide high quality, person centred care to our clients" and, "to provide the highest level of support to our staff to ensure their wellbeing is always considered." We saw these values had been embedded in every aspect of the service. From the very outset, this was evident, such as in the way staff had been recruited for their values, trained and supported in what was important to people. Feedback from a relative stated, 'They [providers and registered manager] blend real efficiency with a superb level of care through judicious recruitment of their caregivers.'

• The providers had a clear vision for the future which was to, "continue to grow business but never at the detriment of the current client base or our team." The provider said, "We feel what we have already built is very special and we don't want to lose this through growth so will only grow when we have everything in place to do so without compromise."

• Both the providers and the registered manager demonstrated a passion and dedication to make the service the best it could be. This approach was reflected in the whole staff team who were all motivated to perform their role to the best of their ability. A staff member told us, "We all want to make things better for people, it is our goal." Another staff member said, "I love working for Right at Home and if the clients are happy, which I believe they are, it makes us happy."

• The providers were highly motivated to support staff and foster a sense of family. The providers told us,

"We are very proud of our dedicated team, we are staff focussed and fully understand that a happy team results in happy clients." A staff member told us; "I love it [working for Right at Home]. When I came for the interview, they [providers] told me they were new company and wanted to change things for the better for both people and staff; they have been as good as their word." Another staff member said, "Love it, the providers and manager really do care for everyone; the people and staff. They really look after us and value us. It's all very exciting. I have never been so well supported in a job."

Working in partnership with others

• Following the opening of the service the providers received regular calls from members of the public asking for advice and signposting in relation to where to go to get information/equipment and how best to support people with specific care needs, such as dementia. This led to the providers taking a key role in the local community and actively building further links to support members of the public.

• Through the implementation of the services monthly 'Dementia Afternoon Tea Club', (further explained within the responsive section of this report), strong working relationships with dementia specialists, local charities and healthcare professionals had been developed to help support people in the local community.

• The service supported local businesses by sourcing their products to make the 'Dementia Afternoon Tea Club' a success and obtaining gifts from these businesses to give to staff and people at times of celebration.

• The service was actively involved in charity work; including participating in the community street fair and running the marathon to raise money for the Alzheimer's society. The providers and registered manager also provided their office as a collection point for the Ukraine appeal; collecting and delivering donated goods.

• The service worked in partnership with key organisations, including the local authority and other health and social care professionals to provide joined-up care. This was evidenced within people's care records and from discussions with people and staff.

• The registered manager and providers had a positive relationship with external professionals and used them for support and advice when needed. This was confirmed by health care professionals whose comments included, "The manager and staff went above and beyond to gather relevant information to inform my assessment which helped me to provide a quicker response to appropriate care required" and, "For a particular vulnerable patient, they [staff] have on several occasions proactively sought health input and advice regarding this patient and have been prompt to raise safeguarding concerns and respond appropriately to the patients' increased levels of need following crisis."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The providers and registered manager were committed to obtaining feedback from people and those important to them, so they could be assured people received excellent care, and to check if any further development of the service was required.

• The registered manager and providers were highly visible and accessible and could be easily approached. All people using the service and their relatives knew who they were and how to contact them. A relative said,

"They are always available, will get in touch immediately if there are any concerns and will often call to check everything is ok. I can't believe how lucky we are to have such and amazing care agency in place it really gives me peace of mind and I would highly recommend the service." A person told us, "If all care services were run like this one, the world would be in a much better place."

• People and their relatives were encouraged to be involved in the development of the service. For example, people were regularly asked for their views on the service and areas for improvement through regular face to face contact, emails, telephone calls and the completion of quality assurance questionnaires. The outcome of the most recent 'client engagement survey' showed consistently high levels of satisfaction with all aspects of the service where it received 100% satisfaction to all questions asked.

• The providers, registered manager and staff communicated well together and helped one another to provide excellent support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

•The dynamic and highly individual nature of the care provided required the providers and registered manager to have excellent oversight of the service. The providers had a passion for high quality care and an aspiration to continuously drive improvements in the service for the benefit of people.

• There were robust quality assurance procedures in place to support continual improvement. These processes included the completion of audits for care plans, daily records and medicine administration records. Spot checks of staff and the completion of quality assurance questionnaires were also used to help ensure care was provided in accordance of the services values and to help identify areas of improvement.

•The registered manager was extremely passionate about providing outstanding outcomes for people. They had the skills, knowledge and experience to perform their role to a high standard and a clear understanding of people's needs and oversight of the services they managed.

•The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. Exceptional performance was rewarded through the provider's internal rewards and gifts. This encouraged continual high-quality performance from staff and improved outcomes for people.

• Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on, safeguarding, whistleblowing, complaints and infection control.

• Both the providers and the registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

• There was an open and transparent culture within the service. People, relatives and staff were confident that if they raised any issues or concerns with the providers and registered manager, they would be listened to and these would be acted on.

• The providers and registered manager were aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.