

VanMay Home Care Limited

Right at Home Oxford

Inspection report

Suite 23, Oxford House, Parkway Court, John Smith Drive
Oxford Business Park South
Oxford
OX4 2JY

Date of inspection visit:
16 April 2021

Date of publication:
28 June 2021

Website: www.rightathomeuk.co.uk/oxford

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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Right at Home Oxford is a service registered to provide personal care to people living in their own homes. The service supports younger adults and older people living in and around the Oxford area. On the day of our inspection they were supporting 13 people with the regulated activity of personal care, more people received non regulated support such as housekeeping or companionship.

People's experience of using this service:

People benefitted from an exceptionally caring staff team and were supported by a dedicated staff team which meant they experienced continuity of care. The feedback from people demonstrated the caring and empowering culture was well embedded across the organisation. People were extremely complimentary about staff and words used to describe them included 'wonderful' and 'we're like a family'.

There was an emphasis on respecting people's diverse needs, such as their cultural needs. The provider had a system that considered careful matching of the staff with people they supported taking their mutual interests and individual personalities into account.

The caring approach was also visible in the way the provider supported their staff. There was an emphasis on motivating and empowering them. Staff were extremely complimentary about the provider and the feedback received showed the provider's aim to establish a 'one team' culture that put people first was being achieved.

People received safe care from staff that knew them well and were able to identify any changes or concerns. The provider had procedures in place that guided staff how to escalate any safeguarding concerns. The rotas were planned in advanced, which meant staff knew who and where they were visiting, and people complimented staff's punctuality.

Where people received support with taking their medicines, this had been carried out in line with good practice guidance. Staff had training and followed good practice guidance around infection control. People told us staff wore protective personal equipment, such as masks and gloves.

People's needs were assessed prior to the commencement of the service. The assessment included people's health, physical and emotional as well as communication needs. 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.

Staff received training that enabled them to perform well in their roles and told us they were well supported. People were encouraged to meet their dietary and health care needs. The team worked with external professionals to ensure, when needed, people had access to healthcare services.

People received care that met their needs, this included people's communication needs. The service worked with other professionals to ensure people had a pain free and dignified death.

The service was led by a team of directors who were also the owners of the company and one of whom was the registered manager. There was a clear staffing structure and a new manager, who was awaiting their registration had been recently appointed. Staff demonstrated a strong level of engagement, a real sense of pride of working for Right at Home Oxford and there was a high level of staff satisfaction. The provider had an ambition to be innovative and put people at the centre of the service delivery. They welcomed any form of external auditing and feedback received was treated as an opportunity to reflect and further improve the quality of the service for people.

There was an emphasis on empowering staff and their development. Staff complimented the provider and told us they were well supported and listened to. The entire team demonstrated a positive and transparent approach. The management team were well aware of their regulatory responsibilities, including Duty of Candour.

The team at Right at Home Oxford has worked well with various local health and social professionals. They were very complimentary about the service and the care the team provided to people.

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 11 October 2019 and this is their first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Outstanding ☆

Right at Home Oxford

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 Care Act 2014.

Inspection team

The inspection was completed 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. The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection. We visited the office location on 16 April 2021.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We telephoned four people receiving the support to gather their views and we contacted five staff for their feedback.

During the inspection

We spoke with the director, the registered manager, the new manager, and the care coordinator. We reviewed a range of records, including four people's care records and samples of medication records. We

looked at three staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including incidents, complaints and audits were also viewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted four external professionals to seek their views.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's care records included individual risk assessments where people could be at risk. Examples of risk assessments we viewed included; infection control, medicine support, food safety, tissue viability and mobility.
- Staff visited the same people regularly and they had a good understanding of people's needs and were able to identify any changes promptly.
- An external professional complimented how the team ensured people's safety, "On my visits with the manager and staff they have listened carefully to the service user and put their needs first, also ensuring the safety of their staff in respect to moving and handling techniques where I have attended joint visits. They have incorporated specific needs of the service user into the care provided."
- The risk assessments included environmental safety. People's environment had been assessed and we saw examples of detailed descriptions of the surroundings and any equipment used. One person's assessments read, "Bathroom has been adapted to clients' needs and requirements. Bathroom has been adapted into a wet room. Rubber flooring and grab rails present. Large bathroom with adequate room to transfer."

Staffing and recruitment

- There was enough staff, and the records showed people experienced continuity of care. Rotas were planned in advance and with the staff, considering their availability which meant any changes were less likely to occur.
- The provider followed safe recruitment practices to ensure people were protected against the employment of unsuitable staff. Staff recruitment files we viewed contained the necessary checks and references.

Using medicines safely

- Where people needed support with taking their medicines, people received their medicines as prescribed. Staff received training in medicine management and their skills were being monitored.
- Medicine administration records (MAR) were completed in real time using the electronic record system and monitored by the office staff. The system would not allow the staff to log out of a person's visit if they forgot to mark the completion of a support task, such as taking medicine. This meant there was added security and an extra layer of assurance people had their medicines as needed.
- The provider ensured their medicine processes reflected the current good practice guidance, this included protocols for 'as required' (PRN) medicine. We saw examples of protocols that guided staff when people might need their 'when required' pain relief or other medicine.

Preventing and controlling infection

- The provider had ensured there was sufficient stock of personal protective equipment (PPE).

- Staff were trained in infection and prevention control. One staff member said, "I had training how to correctly use the PPE on my first day of introduction. Right at Home take it really seriously. I have easy access to PPE I can restock it any time I need." Another staff member said, "I have always had full access to PPE, we are given our own rucksack with a full stock of gloves, aprons, visor and hand sanitiser and food coverings. I am able to attend the office to stock up anytime I need to."
- People we spoke with told us staff followed safe practices. One person said, "All staff wear (PPE), (we got a special bin (to dispose it into), they're adhering to all PPE (guidance)."

Learning lessons when things go wrong

- The provider introduced a system to have an overview of any accidents, incidents or near misses. These were being monitored for trends and patterns to prevent reoccurrence.
- As the organisation operated as a franchise, the provider had regular communication from the head office. This meant there were opportunities for lessons learnt by other franchisees to be shared.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us people were safe receiving care from the team. One relative said their loved one was, "Absolutely safe" when cared for by the Right at Home Oxford team.
- The provider had a safeguarding policy in place and the management team were aware how to report safeguarding concerns to the local authority.

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 needs had been assessed before they started to receive support. This was to ensure people's needs could be met and their needs were incorporated into their care plans.
- The assessment included people's physical, emotional, communication and health needs as well as their preferences of carer.
- People and their relatives, where appropriate, were involved in the assessment process. One person who had only been receiving support from the company for a few weeks told us they had an assessment prior to receiving care.
- People and external professionals were complimentary about the care provided by the team.

Staff support: induction, training, skills and experience

- Staff received effective training that equipped them with the right skills to carry out their roles. The training provided to staff met the Care Certificate standards. These are several modules that social care workers are encouraged to complete as good practice. In addition to these, the provider introduced further training, such as around topical medicines and any individual conditions, such as stoma care.
- Staff told us the training provided was effective and they were well supported by the office staff. One staff member said, "I did shadow for around week. I learned a lot that time. What I really like about it I didn't shadow one person I could observe few of them and learn how they work. It helps me to understand this job. I know that if I'll need more training, I can ask for extra shadowing and I'll get it."
- People told us staff were skilled and knowledgeable. One person told us, "(Staff get) great training, ongoing as they say. Every piece of equipment, they get training to use it."

Supporting people to eat and drink enough to maintain a balanced diet. Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's dietary needs were assessed and outlined in care records. One person's care plan said, "I have a special diet, similar to a coeliac diet. I know what I can and can't have and am able to prepare my meals. I may ask for help sometimes, especially with making my morning porridge."
- Staff assisted people with food shopping or meals preparations when people required this support.
- People's care plans gave detailed guidance regarding people's dietary likes. One person's care plan said, "Please prepare me a sandwich of my choice with the crusts cut off and some savoury snacks."
- People were supported to maintain their health and well-being. People complimented the support they had around liaison with various health professionals. An external professional said, "They have referred on to OT (Occupational Therapist), GP, Pharmacy and DN (District Nurse) as appropriate for my client."

- People's care plans highlighted people's past diagnosis, conditions or operations they had which could affect their well-being.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected, staff were aware of and worked within the Act. One staff member told us about how a person had fluctuating capacity and how they'd carry out a capacity assessment if they had a concern the person was not able to make a certain decision surrounding their care and support.
- Information about people's Power of Attorney were held at the office. This included copies of the document, which was good practice and enabled the management to be confident they were aware of any potential restrictions.
- The manager was knowledgeable about the process of assessing people's mental capacity for specific decisions and the best interests process.

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

- Throughout our inspection we observed the entire team demonstrated an extremely inclusive and caring approach. The provider told us they, as a family run company, had decided to run the organisation because they wanted to 'give back' following a personal experience of a loved one receiving care in their own home. The provider said, "We had the experience of caring for elderly people and we saw the importance of home care." This foundation meant they created a strong person-centred culture that put people first and advocated the level of support one would wish for their family.
- It was clear that this caring culture was well embedded at every level of the organisation. The feedback from staff confirmed this. One staff member said, "I feel like I'm 'at home' and they are my second family. This make me feel good and confident at work." Another staff member said, "Extension of the family of the clients, the clients are looked after with professionalism, kindness, respect and friendship."
- People and their relatives were extremely positive about the caring nature of the team. Comments received from people included, "To be honest they're amazing for me. They go extra mile. Over and above any other. I've been so impressed. Far and above our expectations" and "I can assure they're wonderful."
- The provider's mission was to ensure that 'going the extra mile was part of their everyday service and not a rare favour'. We saw examples of 'magic moments' documented, this included staff taking the initiative to offer to read to a person or help a person to successfully take part in a charity sporting event.
- External social and health professionals were also highly complimentary, and everyone, without exception commented about exceptional kindness and compassion demonstrated by the team. Comments included, "A recent patient of mine had been with other agency where they were very unhappy, moved to Right at Home and they states now they are like a breath of fresh air" and "I feel this agency is one of the best I have worked with, I feel they deliver care which is person centred and they are adaptable."
- Since the company had started operating, Right at Home Oxford team received a number of compliments recorded via an independent, external source, a leading home care review website. Comments made by people included, "We are extremely happy with the service" and "They have been outstanding in all aspects of care. At last we have a regular carer who is respectful, wonderful basically. We cannot praise this company enough. They have given (person) a new lease of life."
- The provider and the staff celebrated and promoted equality which ensured anyone's diverse needs were respected. The team included a number of staff that came from a range of ethnic backgrounds which aided inclusivity. This had been noted and appreciated by people. One person said, "Totally open to diversity a diverse team of staff."
- The provider operated the model that avoided short-timed, rushed visits. This meant staff were able to spend some quality time with people. We saw evidence of this in people's records. One person's record said,

"We chatted about [person's ethnicity] roots, culture, caste and ethnicity. We had a good discussion. (Person) also told me how much they loved having [specific] cuisine. I offered her to make [a name of the dish] on my next visit. She told me; she was waiting for it." This approach was well described by one of the staff that said, "If the maximum that you can reach is 10, I will give a 10. It's a very humanitarian company looking not just after the care but also of the feel good of the patients making their days more filled up with joy and respect."

- The provider had a proactive approach to promoting diversity. For example, their policies and procedures had been amended to include transgender inclusive language. They provided a wealth of information on how to care for the LGBT+ (Lesbian, Gay, Bisexual, and Transgender) community with the staff induction materials. The organisation's equality statement said, "Right at Home does not tolerate discrimination, marginalisation or persecution of any person." The provider told us they hoped the above would enable the service to bring health and social care into the modern age.
- Peoples' individual needs, such as spiritual needs, were assessed and recorded in people's care plans. One person's care plan detailed the person's faith and the church they attended.
- Staff shared with us how the provider's caring approach was also directed at the team. Staff gave us numerous examples where the provider showed care and acted with flexibility to support the staff with any issues around their personal or family circumstances.

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

- The staff appreciated the importance of involving people and as the provider ensured people experienced continuity of care this meant staff were able to get to know people well. The records we viewed showed people were visited by consistent staff members. Feedback from people was they saw a small group of regular staff which they appreciated.
- The provider operated an outcome model, which meant they discussed with people what was important to them and the staff would work with the person to achieve it.
- There was an emphasis on ensuring the person receiving care and support was appropriately matched with a care giver, as the company referred to their staff. In order to do so staff carried out a psychometric test and completed a one-page profile outlining their areas of interest. This information was carefully matched with the information gathered about people during their initial assessments. For example, one staff member had been successfully matched with the person who shared their passion for boats. They planned to take the person out when the weather allowed and restrictions around the pandemic eased. This approach meant people were more likely to open up and share their views and hopes with staff that shared similar views.
- Staff knew what mattered and what was important to people. For example, one person had a pet that was of great importance to them. The person's care plan stated how the staff were to support the person to take good care of her beloved pet.
- People and their relatives told us and records confirmed, people were actively involved in making decisions about the support they received and praised this. We saw people's views had been gathered during the regular reviews and spot checks.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy was maintained at all times. Comments included, "(Staff) take their time, would not leave me or rush me" and "They're respecting my privacy."
- One person praised the management for visiting them one evening, after hearing the person had been involved in an incident. They said, "Friday night she [registered manager] came to see, (brought) flowers, her caring was amazing." The person commented how this 'going extra mile' example made them feel respected.
- People gave us examples of how staff promoted their independence. Staff understood and appreciated the importance of promoting people's independence. Comments from staff included, "I believe in doing things

"with" the client as opposed to doing things "for" the client" and "We promote clients' independence by allowing them to help or do themselves tasks we know they are able to do or asking them or they'd like to help with a task."

- The provider ensured people's confidentiality was respected at all times. Staff received training in data protection. Any records containing people's personal information were kept in a secure office and each staff member had their own login details to any information stored electronically. Staff understood how to maintain confidentiality. Comments from staff included, "I never talk about clients (when) on visits with other clients or anywhere else. Only place for me to talk about clients is the office or if I have something that can't wait I make a call to on call number and talk in my car when I'm alone" and "We ensure clients' confidentiality and privacy by leaving all information and the situation of the client at the door when we leave their house. Not discussing the client or any concerns with anyone but the office."

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 Good. This meant people's needs were met through good organisation and delivery.

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

- People told us the care and support they received met their needs. One person said, "I would not be able to live (independently) without them."
- Staff accessed people's care records using electronic handheld devices. The office staff were able to view the records in real time and make any changes centrally.
- People's care plans were regularly reviewed. We saw samples of regular reviews taking place and these demonstrated people's feedback and input had been sought.
- An external professional told us how the team excelled at meeting one person's needs, "[The Provider] and his team worked wonders with (person). They did not force their will on (person) but listened to what (person) wanted and adapted care to those needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records contained information about their assessed communication needs and whether they required the information in another format or language.
- Staff knew people's preferred communication methods. This information was also recorded in a 'hospital passport' form which meant it was available to other professionals in case a person was admitted to hospital. One person's care record said, "I have short term memory loss. I may repeat myself several times. Once I am familiar with you I like to have a chat but I find it more challenging to talk to people who I haven't met before."

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

- People were supported to maintain family and social relationships.
- People's care records outlined people's hobbies and interests. For example, one person's care plan said, "Crafting is one of my hobbies and I attend a church every week and their social meetings when possible. I also like computer games and dog and enjoy visits from friends."

Improving care quality in response to complaints or concerns

- The provider had a policy on how to record and manage complaints.
- None of the people we spoke with raised any complaints.

- The provider's complaints log demonstrated two complaints have been received and these were investigated and responded to in line with the policy.

End of life care and support

- No people were receiving end of life support at the time of our inspection.
- Where required, the team had worked closely with other professionals to ensure people had a dignified and pain free death. A staff member gave us an example of how they supported a person with their end of life a few months prior. They told us they'd involved the external professionals including the local hospice and sourced additional training around mouth care from the local District Nurses.

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.

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

- The day to day running of the service was maintained by two directors, one of whom was also a registered manager. A new manager had been appointed and they were in the process of registering with the Care Quality Commission as a registered manager. The new manager complimented the provider, "I felt the move to Right at Home would be not only a better fit for my practical needs, but it would also offer me the opportunity to work with business owners who are genuinely passionate about providing outstanding care and support, who I could feel comfortable and confident to discuss any issues with, and who I could honestly say I was enormously proud to be a part of." There was a strong organisational commitment and effective action towards ensuring inclusion across the team and there were high levels of satisfaction across all staff.
- The directors led by example and worked directly with clients. One director said, "I get involved in the care of our clients. I like to know that our clients feel safe, are happy and fully satisfied with the care they receive. I visit our clients and provide support to our carers when changes to the care routine is required as I like to know the transition to the new care routine is happening smoothly."
- There was a clear staffing structure and staff were clear about their roles and responsibilities. The provider shared with us a matrix that clearly set out various roles alongside their responsibilities together with activities and frequency. For example, the registered manager was responsible for ensuring staff's compliance on weekly basis. This meant there was a strong organisational commitment that not only ensured inclusion across the team but also resulted in a strong framework of accountability to monitor performance.
- "The provider had multiple and effective quality assurance systems. These included daily audits of daily records and medicine management records. The management team regularly reviewed people's care plans and risk assessments." The provider used various trackers; to monitor staff's training compliance, accidents, safeguarding concerns and other occurrences. These were discussed during the senior team meetings and information cascaded to the team.
- The management team demonstrated they promoted continuous learning and improvement. The provider said, "We're continuously learning and improving". This approach was demonstrated throughout the day by the entire team and also reflected in the feedback we had from staff. The provider was a proud champion of being the "Greenest operation in the network" with 98% of their work being paperless. This was a commitment made to demonstrate the service was an integral part of the local community run by people who cared about the environment. The provider said, "The digitalised processes have helped care givers and office staff to be more efficient and be more green by being paperless, by not traveling and reducing carbon

emissions - not having to travel to the office and back also means that the care givers are benefitting from a financial perspective."

- Staff praised the support provided by the management team. One staff member said, "They are willing to help any time I need it. I feel free to contact them anytime." The provider implemented an individually tailored staff development program to support their team with bespoke development opportunities. Two staff were in a process of completing additional training which will result in gaining a qualification enabling them to secure clearly defined and mutually agreed development opportunity. The process was an example of involving staff in a meaningful way and achieved high levels of staff satisfaction and motivation as demonstrated in the feedback we received.

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

- People and relatives praised the service, their feedback and the positive impact we reported on in caring domain of this report demonstrated people were at the heart of the service delivery. One person said, "Well run, absolutely." The provider shared with us feedback they gathered from people during their reviews or spot checks was extremely positive and reflected the positive impact it had on them, as reported in the caring domain of this report. The comments included, "They have given [person] a new lease of life" and "Right at Home Oxford has always made me feel part of the community. Enabled not disabled."
- The provider and their team established and embedded a very positive culture and the "One Team Approach". It meant they promoted a "No Blame! No Judgement! Positive Development Only!" principles. This approach recognized that everyone could make mistakes and as a management team the provider pledge that if any issues were highlighted, they would work with staff to develop their skills and knowledge further in a positive and appropriate way. Staff were encouraged to call out anyone who would be found not to adhere to this culture. As described by the directors, the process of building the culture has been a journey which was brought in by them from their professional experience outside the care industry, working for various multi-national companies and was being developed as a collaborative approach working together with the staff.
- The feedback from staff gathered by the provider demonstrated how this positive culture had a positive impact on their wellbeing. Feedback from staff included, "Although I was new, but was always treated equally as the existing carers, and can anytime ask for help whether it is personal or professional" and "I am extremely proud to be working for Right at Home Oxford and having now been in the role two months, I have seen first-hand the impact of inspiring new colleagues to become part of our culture, as one team, and believe this is what enable them to provide ongoing outstanding levels of care and support to our clients."
- Staff told us there was a good team and a positive staff morale. It was clear staff shared the same goal of providing good quality, person centred care. A staff member said, "I would definitely let Right at Home (Oxford) look after my relatives and be happy with the treatment received."
- Feedback received from staff demonstrated their experience of working for the company was very positive and benefitted them in their personal lives. One staff member said, "From the interview until today, I have always felt welcomed by the company. Working at Right at Home Oxford made it possible for me to see the world in a different way, to work with joy and dedication, doing a job that I love, and learning with each service and with each person. Working at Right at Home Oxford is a life-long learning experience."
- Additionally, the management team ensured they found innovative and creative ways to enable staff to be empowered and this was achieved via high levels of open engagement. The provider shared with us case studies where they supported staff members, for example, by creating several reasonable adjustments to make sure they were well supported and equipped to perform their best. The feedback from one of the staff upon overcoming the barriers and achieving their full potential was that it was one of their 'proudest moments'.

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

characteristics

- The provider used a satisfaction survey that was led by the head office to gather people's views.
- People and their relatives were able to feedback their views during regular reviews, spot checks and by telephoning the office.
- Staff told us they were valued, listened to and there was good communication. One staff member said, "We have a (chat) group where we can put any updates if necessary. I observe that this is working really well. I can get update about people needs or ask other carers. Every client has a communication book where carers and families are writing notes. It helps to meet clients' immediate needs (something what is not required every day). I also know that if I have any questions I can call on 'On call' number and they are always happy to help and give me information."
- In addition to the above and to ensure staff's involvement there were regular staff newsletters and team meetings. We saw the meetings were run collaboratively with staff input and a number of actions to be followed up to ensure the ideas were being promptly implemented. The management team motivated and recognised staff's effort with a "Carer of the Month" award. The provider told us, "We are extending the award to include a spa day now these are opened. The ultimate impact of the level of support and recognition that we provide means that the carers want to work for us with a positive feeling, not just an income. This means our clients are being looked after with pure care and affection." The provider shared with us samples of the communication channels, a general chat, a designated medical one and a light-hearted one where staff supported each other, shared pictures of them going extra mile or their holidays. The provider ensured people's confidentiality was protected and no personal information shared.

Working in partnership with others

- The team worked well in partnership with local health and social care professionals.
- People praised how well the staff at the service liaised with health professionals and as a result all worked as one team. This meant the team developed a systematic approach to working with other organisations to improve care outcomes for people.
- The external professionals complimented the service. Comments we received included, "I have worked with care coordinator and he too has been professional with immediate contact with myself and works well with me to get the right carer and the right care for the person. Also, and importantly when needed he acted fast to locate the problem and offered immediate suggestions to keep the client safe. He was reactive in a positive way to the problem in front of him. This in turn also made the client and the family have complete faith in the service" and "I have found the manager and team leader approachable and responsive; they are good at dealing with any concerns and queries I have raised."

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

- The management team were aware of their responsibilities in relation to duty of candour and people's relatives complimented the ease of communication. One relative said, "I like the contact (with the service). Any changes - we know. We're happy and confident."
- The management team ensured people received all the support they needed in order to maintain good communication. The provider worked in partnership with others to build seamless experiences for them, based on their informed preferences. For example, a family of one person wanted to read the care notes after each visit and they were given access to the electronic systems staff used to record these, they also gave training and guidance on how to use it, however after a while the person requested a different format as they were struggling with the technology. The team then provided a communications book, so staff are to write all details in, so the family is able to stay fully informed in real time.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notification appropriately to CQC.

