

Alde Care Ltd

Right at Home (Twickenham to Weybridge)

Inspection report

95 Green Street
Sunbury-on-thames
TW16 6RD

Tel: 02033763535

Website: rightathome.co.uk/twickenham-andrichmond

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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

About the service

Right at Home (Twickenham to Weybridge) provides personal care, companionship and support to people living in their own homes, including people living with dementia, people with physical disabilities and people with ongoing healthcare conditions.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was supporting 7 people at the time of our inspection, 3 of whom were receiving personal care.

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

People received a reliable service from staff who knew how to provide their care in a safe way. Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

Risk assessments had been carried out to identify and mitigate any risks involved in people's care. Medicines were managed safely. Staff helped keep people's homes clean and wore personal protective equipment when they carried out their visits.

People received person-centred care that reflected their individual needs. They were supported by consistent staff who knew their preferences about their care. Staff monitored people's health effectively and highlighted any changes in people's needs so action could be taken to address these.

Staff were kind and caring. People had established positive relationships with the staff who supported them and enjoyed their company. Staff encouraged people to be as independent as possible and provided support in a way that promoted this.

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 had access to the training and support they needed to carry out their roles. Staff felt valued for the work they did and had opportunities to make suggestions and raise concerns at one-to-one supervision and team meetings.

People had opportunities to give feedback about their care; their views were listened to and used to improve the service. The provider's quality monitoring systems enabled the registered manager to maintain an effective oversight of the service. These included regular audits and spot checks to observe the care people received.

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

Rating at last inspection

The registered provider of this service has changed since the last inspection. The last rating for the service under the previous provider was good, published on 5 January 2018. The service was registered under the current provider on 4 May 2022.

Why we inspected

This inspection was prompted by a review of the information we hold 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.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Right at Home (Twickenham to Weybridge)

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

An inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations

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

Notice of inspection

We gave a short notice period of the inspection because we needed to be sure the registered manager would be in the office to support the inspection, and to arrange phone calls to people who used the service and relatives.

Inspection activity started on 17 May 2023 and ended on 19 May 2023. We visited the provider's office on 17 May 2023.

What we did before inspection

We reviewed monitoring activity we had carried out with the provider in November 2022 and feedback forms submitted by 5 people who used the service and 3 relatives. We used this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager, the nominated individual and a quality and compliance manager about how the service was run. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with a person who used the service and a relative to hear their feedback about the care the service provided. We received feedback from 4 staff about the induction, training, and support they received.

We reviewed risk assessments and care plans for 3 people, quality audits, surveys and spot checks. We checked recruitment records for 4 staff, records of training and supervision, meeting minutes, and the arrangements for managing medicines.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Assessments had been carried out to identify and manage any risks to people in areas including moving and handling, skin integrity and swallowing. If risks were identified, a support plan was developed which contained guidance for staff about how to minimise them.
- There were systems in place to record any accidents or incidents and there was evidence of learning from adverse events. For example, staff noticed a red mark on a person's leg, which could have been caused by a hot water bottle. The registered manager carried out a risk assessment to identify measures to reduce the risk, and spoke with the person's family, who obtained healthcare professional input to treat the injury.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- The service had enough staff with appropriate skills to provide all scheduled care visits. People said they received a reliable service they could depend on. This was confirmed by relatives, 1 of whom commented on a feedback form, '[Family member's] main carer is very dependable. In spite of recent difficulties of getting to work due to train strikes, she is very reliable.'
- The provider made checks on staff to ensure they were suitable for their roles. This included obtaining proof of identity and address, references, and exploring any gaps in employment history. The provider also obtained a Disclosure and Barring Service (DBS) certificate for new staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff attended safeguarding training and knew how to report any concerns they had about abuse or people at risk. One member of staff told us, "Any concerns of safeguarding or abuse will be reported straight away to my manager. A form will have to be filled out and any further action will be taken by my manager. If it needed to go further, I could report straight to the CQC. I have reported a concern I had about a client's well-being to my manager before. I filled out a form on my app and my manager raised this straight away with the family and I was informed of a solution on the same day."

Using medicines safely

- Staff had attended training in medicines management and their competency was assessed before they were authorised to administer medicines.
- People who were supported with medicines had a medicines profile, which recorded what each medicine was prescribed for, potential side effects and the level of support required. Protocols were in place for medicines prescribed 'as and when required'.
- Staff recorded the medicines they administered using an application on their phones, which enabled the registered manager to maintain a real time oversight of whether people were receiving their medicines as prescribed. The registered manager also carried out regular audits of people's medicines administration

records.

Preventing and controlling infection

- People told us staff helped them keep their homes clean and hygienic. Staff received training in infection prevention and control (IPC) and people confirmed staff wore personal protective equipment (PPE) when they carried out their visits.

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 of this newly registered service. This key question has been rated good. good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were confident in the skills of the staff who supported them. One person described staff as, "Very efficient and knowledgeable."
- Staff had an induction when they joined the service, which they said had prepared them well for their roles. One member of staff told us, "When I joined Right at Home I completed an in-house training programme. Following this, I was introduced to a client that I would be supporting. I shadowed a member of staff and got to know the client's routines and their likes / dislikes before working with the client on a one-to-one basis. The training and support offered gave me confidence and was a good introduction to care working."
- Following their induction, staff had access to ongoing training, including refresher training in key areas. All staff completed the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of staff in the health and social care sectors. Staff also had opportunities to obtain further, relevant qualifications. Two staff had been supported to complete the Qualifications and Credit Framework (QCF) diploma in health and social care.
- Staff told us the training they received provided them with the knowledge and skills to provide people's care safely and effectively. One member of staff said, "The training is varied from e-learning to face to face and if you have a special interest in a particular topic, e.g. dementia, end of life, etc., there is added training available to gain new skills. I feel that the training and support I have had has enabled me to offer a person-centred approach to the clients I support."
- Staff received regular supervision, which they said provided useful opportunities to discuss their performance and development. One member of staff told us, "Supervisions are to make sure that I'm happy with my work and if I have any concerns that Right at Home could help me with. It also allows me to know if I have anything to improve on within my day-to-day work." Another member of staff said, "I've met my manager for supervision meetings to discuss my well-being and if there's anything I can improve on."

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

- People's healthcare needs, including the support they needed to maintain good oral health, were considered at their assessments and detailed in their care plans. Staff worked with professionals where necessary to ensure people maintained good health.
- A relative told us staff were observant of any changes in their family member's healthcare needs. They said staff had informed them when they observed redness on their family member's skin, which enabled monitoring and treatment of the area.
- The registered manager said staff were told during their induction they should highlight any changes they

noticed in people's health or healthcare needs, and that staff were proactive in reporting any concerns they observed. Right at Home national office had developed a healthcare monitoring form, which provided information for staff to enable them to identify the symptoms of healthcare conditions such as infections.

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

- People's needs had been assessed before they used the service to ensure staff had the relevant skills and training to provide their care safely. Assessments addressed areas including mobility, communication, continence and skin integrity.
- The registered manager told us the assessment process was used to establish people's preferences about their care and what outcomes they wished to achieve from their support, saying, "We capture what they are trying to achieve at assessment and how they would like to be supported."

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.

- People's care was provided in accordance with the MCA. Staff received training in the MCA and understood how the principles of the Act applied in their work. People were asked to record their consent to the care they received and said staff asked for their consent before providing their care on a day-to-day basis. Staff used daily care notes to record that people had given consent to their care.
- If people were unable to give informed consent, the service consulted those with legal authority to make decisions on people's behalf. None of the people using the service were subject to community DoLS authorisations.

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

- People's needs in relation to nutrition and hydration were discussed at their assessments and recorded in their care plans. No one receiving support with meals had risks associated with eating or drinking and all were able to eat a regular diet.
- The registered manager said 1 person's support had been amended to include staff preparing their meals, as the person had been at risk of failing to maintain adequate nutrition.
- A feedback form from a relative reported staff took their family member's preferences into account when preparing meals. The form stated, 'Carers make nutritious and tasty meals, taking into account what [family member] likes to eat.'

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 of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring. One person's feedback form stated, 'Carers are very friendly and helpful.' Another person's feedback form described staff as, 'Cheerful and helpful.'
- People said they got on well with their care workers and enjoyed their company. One person said of their regular care worker on a feedback form, 'We find we have much in common and get along well. I look forward to the visits and feel we have become friends.' Another person's feedback form said their regular care worker provided, 'Good companionship.'
- Relatives told us their family members had established positive relationships with the staff who visited them. One relative's feedback form stated, '[Family member] values [care worker's] assistance highly and greatly looks forward to her regular visits.'

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff listened to their views and respected their choices about their care. One person's feedback form stated, 'My carer has always been very understanding and caring to my needs.'
- People said staff maintained their dignity when providing care and relatives confirmed staff treated their family members with respect. A relative's feedback form stated, 'All staff involved are committed to providing a high standard of care and treat my mother very kindly and respectfully, responding to her as an individual and her particular needs.'
- Staff encouraged people to be as independent as possible. One person's feedback form stated, 'I am extremely happy with the care from Right at Home. When I started with Right at Home, carers built my confidence.' A relative's feedback form stated, 'Carers encourage [family member] to be as independent as possible in her activities whilst also supporting her in whatever she needs.'

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 of 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

- Each person had a personalised support plan which was developed from their initial assessment. People who used the service and their relatives said their views about their care had been listened to and incorporated in their support plans.
- In addition to recording their care needs, support plans contained information about people's goals and life history, including their family, previous employment, and interests. The registered manager said the purpose of recording this information was, "So we can really understand what they are all about. It also gives key points of interest; it gives the staff things to talk to them about."
- Staff used an application on their phones to access people's care plans and risk assessments. Staff told us this ensured they had access to all the information they needed to provide personalised care and support. One member of staff said, "All the information is available on the app we use. It is easily accessible and covers a comprehensive support plan, risk assessments, one page profile, medical history, current medication, etc."
- Staff were introduced to people before providing their care, which they said enabled them to establish a relationship with people prior to supporting them. One member of staff told us, "Any new clients that come on board with us, either [registered manager] or one of my other colleagues will introduce me so they are comfortable as well as I. This helped me to gain an understanding of the client before I went on my own, and it allowed the client to feel comfortable with having me in their home."
- People told us the service they received was flexible to meet their individual needs. this was confirmed by relatives, 1 of whom commented on a feedback form, 'The care manager is very efficient. When I email her to cancel, for example care visits on bank holidays, she is very organised in getting back to me to confirm my requests. If, on the other hand, I choose to book an extra hour of care, for example when I am away, then I am well accommodated.'

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 communication needs were recorded in their initial assessments and reflected in their support plans. One person did not use speech as their primary means of communication, communicating instead through facial expressions and hand gestures. The person's relative told us staff had developed an understanding of their family member's individual communication methods and were able to respond

effectively to their needs and wishes.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which set out how complaints would be managed. This was included in the service user guide which was given to people when they began to use the service.
- There had been no formal complaints about the service. One person had raised concerns about a care worker assigned to them in September 2022. These concerns had been investigated and resolved to the person's satisfaction. The person commented in a feedback form that the provider, 'dealt with this incident swiftly', and said they had been 'satisfied' with the outcome.

End of life care and support

- People were given the opportunity to discuss their wishes about end of life care, although their decision was respected if they chose not to do so.
- Staff attended end of life care training during their induction and had access to counselling and support should they need it.

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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People who used the service and relatives told us the service was well-managed and that communication with them was good. This was confirmed by the feedback forms we received, 1 of which stated, 'I feel [family member's] care team is led very well by the manager at the Twickenham to Weybridge office. There's a real sense of team spirit and purpose to give [family member] the best care possible. They are also very communicative with me, which I really value.'
- Staff felt well-supported in their roles and told us the registered manager took action to resolve any concerns they had. One member of staff said, "All care staff are very well supported by management as they are always checking in to make sure if we have any worries or concerns that they are dealt with right away. They are always open for an email or a call whenever needed. If I'm ever struggling with training or workload they will push to find a solution in my best interest as well as everyone else's."
- Staff felt valued for the work they did and said the provider's commitment to supporting and training staff ensured people received a high-quality service. One member of staff told us, "I feel confident that Right at Home provides quality service for our clients because they value us, their employees; consistent in providing us with all the support and training needed."
- Staff told us they were encouraged to speak up if they had concerns or suggestions, and were confident these would be listened to and acted upon. One member of staff said, "I am confident that any suggestions or concerns I have are listened to and taken very seriously and are always addressed within a short time period."

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

- People who used the service and staff had opportunities to give feedback through satisfaction surveys. People were also encouraged to give their views about the care they received at regular reviews. The registered manager told us, "We ask if they are happy with their caregivers, we ask if they feel safe with their caregivers, we ask if they want the support plan amended."
- The provider used a digital application to communicate with staff, which staff told us helped them feel engaged and part of a team. One member of staff said, "Our company makes us feel part of a team/family engaging us in fun activities through our social media where clients and employees can take part and interact with one another. I feel that is important to work in a good caring environment to encourage you to perform your best."
- Staff told us team meetings were valuable opportunities to share and discuss and challenges they

experienced. One member of staff said of team meetings, "They allow all of us to come together and discuss any concerns or difficulties we are having. It allows any suggestions we have to be discussed as a group."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 were systems in place to monitor the quality and safety of the service. Key areas of the service, such as medicines, daily care notes and infection control, were audited regularly. Spot checks were carried out to assess whether staff demonstrated safe working practices, communicated effectively with people and treated people with respect when providing their care.
- The registered manager produced monthly monitoring reports for the provider, and maintained a tracker to ensure that audits were up to date. A quality and compliance manager from the Right at Home national office carried out quarterly monitoring visits and a full annual audit. These checks included areas such as incidents and accidents, safeguarding, complaints, medicines, and care records.
- The registered manager was aware of their responsibilities under the duty of candour and the need to notify CQC about any significant events.

Continuous learning and improving care; Working in partnership with others

- There was a commitment to learning and improving care. The results of satisfaction surveys were analysed and an action plan developed to ensure any feedback received was acted upon and used to improve the service. The action plan was incorporated into the service development plan and monitored to ensure its completion.
- The service development plan included working with a day centre for older people and the Alzheimer's Society to establish a monthly dementia café, which would be accessible by anyone living with dementia in the local community.