

Homecare Partners Limited

Right at Home (Sutton and Epsom)

Inspection report

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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 (Sutton and Epsom) is a domiciliary and live in care service for people with physical disabilities, sensory impairments, people living with dementia or frailty. The service provides personal care to people living in their own homes. 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. At the time of inspection 39 people were receiving personal care support from the service.

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

People told us they received an exceptional level of care and support that frequently exceeded their expectations. Staff were particularly intuitive and had been chosen by the service for their kind and caring natures. Staff had made it their priority to build trusting and friendly relationships with people and their families and had a good understanding of their practical, social and emotional needs.

Staff were well informed about risks to people, and followed detailed guidance to reduce these, whilst continuing to promote well being and independence for the people they support. The service predicted risk and acted to prevent issues before they arose. Staff were very knowledgeable about other services and equipment that could improve people's independence and referred to those in anticipation of people's 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.

We saw many examples of how staff had acted to improve people's lives, and had worked together with people to achieve the very best possible outcomes for people. People were central to all decisions made, and were encouraged to choose the way in which they were cared for and by whom, and developed strong relationships with staff they knew well and supported them regularly. Opportunities had been sought by staff to improve people's links with the community and the barriers removed that had prevented them from staying connected to others.

All of the people and families we spoke with praised the staff highly for their caring and kind natures. Many small acts of kindness and thoughtfulness made people feel happier and well cared for.

All the staff we spoke with told us they were incredibly proud to work for the organisation. They were highly valued and supported by the organisation, and received congratulations and awards as a thankyou for work well done. They were encouraged to get involved in making changes and improvements to the service, which would further enhance the quality of care for people. The management team, as well as being effective leaders for the service, also maintained their presence and relationship with clients, families and staff teams so that they were up to date and involved. They carried out support visits when needed to help support their team, and this boosted morale amongst the staff. Staff told us that the office team were as

invested as the carers in providing the highest quality care.

Governance systems were robust and the management team analysed findings to continually make improvements to the service. Any issues with performance or quality were picked up straight away and acted on to prevent recurrence.

The culture in the service was one of transparency, openness, continuous learning and collaboration. Every person connected to the service that we spoke with felt involved, included and part of a team that were working together to enhance people's lives on a daily basis. Staff going above and beyond expectations was considered usual practice by the service.

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

Rating at last inspection

The last rating for this service was Good (published 11 October 2017)

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?

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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Right at Home (Sutton and Epsom)

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

This inspection was carried out by one inspector and an Expert by Experience. 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service a short period of 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 9 November 2021 and ended on 18 November 2021. We visited the office location on 9 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed four people's care plans and medication records, and four staff files. We also reviewed incident and accident records, and complaints and compliments, and case studies.

After the inspection

We spoke with eight family members and three people who use the service. We spoke with six members of staff and two health professionals who work closely with the service. We reviewed a range of records including policies and procedures, meeting minutes, service audits and survey feedback reports. We reviewed induction and training records and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us the service prioritised their safety. They told us they knew the staff well and would not hesitate to tell them if they were worried or concerned about their safety. One person told us, "I feel absolutely safe as the staff are excellent, and they are very nice people." A family member said, "My [relative] was very anxious about who would be coming into their home, but now they feel safe as the staff are very friendly and kind." A second person said, "I trust Right at Home. They are honest." In a recent independent survey undertaken, 100% of clients said they felt the staff had kept them safe during COVID-19.
- Staff had a thorough understanding of abuse and the signs to look for and they worked hard to build trusting relationships with people so they felt able to raise concerns. One staff member said, "We are given training in safeguarding – I would check for tell-tale signs such as whether a person appears scared, or if I noticed any physical marks or if they say anything is worrying them. I would then contact the office and go from there."
- The management team planned and monitored support calls using an electronic system which showed when support staff arrived at a person's home. This meant people could be contacted if a staff member was running late, and also alerted the service should staff not arrive. People had not experienced missed calls. One person told us, "You can really rely on the carers to turn up on time." Another person said, "They are very good – have never let us down and always arrive on time."

Assessing risk, safety monitoring and management

- Staff used their detailed knowledge of people's backgrounds and personalities to encourage them to take positive risks. One person had become withdrawn and depressed about their lack of independence, as their eyesight had worsened and they could no longer drive. Staff encouraged the person to use the bus, by printing out large timetables, driving the person to the bus stop initially and then gradually reduced their support as the person became more independent. Staff told us, "they would have sunk further into their depression, but instead they started to reconnect with friends and it built up their confidence."
- Risk assessments were detailed and highly personalised. Staff could describe people who were at risk and the strategies in place to minimise these risks. One staff member told us, "Risk assessments can be found in the folders and they provide good information for us to follow. We rely on them and the care plans to know what to do." People had been involved in planning on how to reduce their risks. One person was encouraged to change the way their furniture was arranged to reduce the risk of them falling. A second person's risk assessment reminded staff to always ask the person before moving anything around in their home as they could become very upset and agitated by change.
- Staff were very skilled in how to respond to behaviours which may be challenging. They explained strategies they had used. One played video clips of a person's favourite type of music. The staff member said, "They like the music really loud – and told me they love this bluegrass music." Another staff member

described how they would talk gently with a person when they declined support or care and tried to understand what worried them. The staff member said, "It is usually about negotiation." All these measures and techniques had reduced the risk of people becoming distressed.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff arrived on time and stayed for the correct length of time. One relative told us, "Part of my requirement was that mum has the same carer and this has worked well. The two carers mum has cover one another." One person said, "There are a couple of regular carers and Right at Home have really made an effort to give consistency."
- People could choose which staff supported them. Where a person did not feel they had anything in common, another care worker was offered. One staff member told us, "If someone doesn't like you, they can say and it will get changed. We don't take it personally."
- Staff recruitment and screening processes were robust. Applicants attended an in-depth interview where they had been asked questions and been given scenarios to answer which revealed their values and personalities. References had been checked and where only dates were provided, the recruitment manager had followed up to gain further assurances.

Using medicines safely

- People were given their medicines safely by staff who had been trained and had their competency assessed. Staff knew how to record medicines correctly and what to do when a person refused. One said, "In the medicines training we do role-play with different scenarios." This helped staff to feel confident in different situations that could arise with medicines.
- A medication officer role had been created to oversee the medicines processes and they had carried out reviews and checked for issues for each person weekly. A monthly medication audit had been completed to identify any themes. Actions had been recorded and signed off once completed.
- Records showed that where there had been issues with medicines, the person's GP was contacted without delay and the family informed where appropriate. Actions had been put in place to address the issues, or to change the medicines.
- Staff followed detailed medication plans, which included information about "as and when" medicines, and body charts which indicated where to administer creams or medicinal patches. Clear information was included on who was responsible for different aspects of the person's medicine arrangements, for example when a family member was involved.

Preventing and controlling infection

- People had been protected well from the risk of infection. Staff wore appropriate personal protective equipment (PPE) to keep people safe. One person said, "There is a lot of handwashing, and the staff wear masks and aprons." Staff had regular testing for COVID-19 and the office had been rearranged to enable safer working arrangements.
- The management team had continued to carry out spot checks to ensure staff complied with infection control procedures. These had been changed during the pandemic to a telephone call with the person to ask whether the staff supporting them had been wearing a mask and gloves when supporting them. This reduced the risk of infection to people in their own homes.
- The registered manager had completed individual risk assessments for COVID-19 so measures taken could be personalised.

Learning lessons when things go wrong

- Everyone told us the culture of the service was open and honest and they had been encouraged by the management to be forthcoming when things went wrong. Staff had been reminded that this was how the

service could learn and improve.

- Records showed incidents had been managed promptly, and reflected upon to improve practice. For example, we saw that following an incident, extra information had been added to the induction training for new staff, to improve their understanding of swallowing difficulties and how they should support people with their hydration and nutrition. Communication books for health professional conversations had also been added in to people's homes.
- Lessons learned from incidents had been shared with the staff team through messaging groups, and weekly newsletters which gave updates and reminders to staff.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 fully assessed prior to support commencing. People had been asked how they wanted to be supported and had been fully involved in describing how they would like things done. One relative said, "To start with, mum's initial assessment was very good, really comprehensive and we were able to discuss what mum wanted and needed." Another told us, "Mum has been reassured that she is the person to let the carers know and she can be clear about how she likes things done, such as her cocoa and how she likes things on her tray."
- The management team had used up to date good practice guidance to formulate their support plans and staff confirmed the plans were clear and easy to understand, with up to date information and guidance for them to follow.
- The service had used tools to support them to provide effective care, such as Waterlow assessment tool and scores to measure a person's risk of pressure sores.
- People's cultural, religious and lifestyle choices were included, which helped staff understand how to meet people's needs.

Staff support: induction, training, skills and experience

- Staff had been provided with a comprehensive induction on starting their employment. This included completion of the national Care Certificate which sets out common standards for social care staff. After three days of training in the office, new staff shadowed an experienced member of staff and met the people they would be supporting.
- Initial training included safeguarding awareness, basic life support, food hygiene, health and safety, oral health and record keeping. A certificate was awarded once training had been completed and their competency assessed. One person told us, "The carers seem well trained. It seems that the carers are doing training throughout the year." Another said, "The carers certainly seem to know what they are doing."
- Regular training updates and refreshers had been provided to maintain or improve staff skills. Staff told us they were shown new equipment before being expected to use it. Practical training had been given wherever possible so staff felt confident to use equipment. One staff member said, "We had to go in the hoist – that made me feel more confident to use it." Another said, "I have asked for a refresher on using slide sheets as one of my clients is returning home after a hip operation. This has been arranged for me by the office."
- Staff told us they felt well supported by the management team. One said, "They are always at the end of a phone." Records showed managers had discussions with staff during their induction period about any difficulties they had experienced and how they could be supported. One staff member had found it difficult to encourage a person to get up in the morning and they were given techniques and tips to try with the

person.

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

- People were supported by staff who understood their food and drink needs and preferences. Where people required very specific support, staff had received training. One person needed to be supported using a PEG (percutaneous endoscopic gastrostomy), which is a feeding tube that goes directly into the stomach. Staff had received specialist training from district nurses to support the person with this.
- Where people were at risk of losing weight, food and fluid monitoring charts had been started, and a dietician supported staff with strategies to increase the person's weight.
- Staff had used creative ways to encourage people to eat well. A family member told us how their mother would often say they were not hungry. They said, "On those occasions the staff make an extra effort to make her something that she often fancies – her favourite meal, to encourage her to eat." A staff member told us, "When a person I support was refusing to eat or drink, I decided I would take my lunch to eat with her at her house." The staff member told us this had sometimes resulted in the person's appetite improving. One health professional we spoke with told us, "The carer goes out of her way to make fresh soups to encourage the person to eat."

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 with other agencies, such as hospitals, GPs and district nurses which resulted in a positive impact on people's lives. Detailed transfer documents ensured other services had relevant and up to date information about the person and the way in which they preferred to be supported.
- The management team made referrals to specialists appropriately. Records showed referrals had been made to physiotherapists, chiropodists, the local hospice, dentists and speech and language teams. Health professionals we spoke with told us the service had been quick to refer to their services and follow advice and guidance as directed. One told us, "They are very committed with their clients."
- Staff had taken the time to support people to stay well. A staff member had noticed a person had increasing backpain and felt a new recliner chair would make a difference by reducing pain. The service sourced a new chair and this had improved the persons posture and reduced their back pain.

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 had been fully involved in decisions affecting them. They had been asked for their preferences and choices and their support was provided according to their wishes. One person told us, "The carers do ask my permission before they do things." A family member confirmed this, "They [the carers] ask what she would like for lunch."

- Staff had received training about mental capacity and knew how to support individuals to make decisions where possible. A staff member told us about one person who did not have capacity to make decisions relating to their personal care needs. A best interests meeting had been arranged between the family and the care team and a plan of care had been agreed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to 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 supported and cared for by staff who were kind and exceptionally sensitive to their needs. All the comments we received from people praised the staff highly. One family member said, "The carers are very kind and solicitous, very polite and very caring" and another told us, "They are lovely, very kind people". A person told us, "They are really helpful and brighten my day." A family member said, "My wife feels happy and supported by the person that helps her as a friend." Another said, "They treat her [partner] with dignity and respect and most of all kindness."
- The registered manager had chosen staff to support people based on their shared interests and hobbies. Staff had been introduced to the person initially, and shown a one page profile of the staff member which described them and their interests. One person had been supported to re-ignite their love for amateur dramatics after having recently lost their confidence to attend, by a staff member who shared their interest. The staff member worked with the person for several months, to ensure the person built up their confidence. They attended the group together, and gradually the person's confidence and self-esteem increased. This resulted in the person auditioning and being selected for a prominent role in an upcoming play.. The staff member was also given a part in the play and they enjoyed rehearsing together. This also positively impacted on the person's social life as they met like-minded people and established lasting friendships
- The service provided support calls of one hour or more whenever possible, resulting in people forming trusting relationships with staff. People told us staff had time to talk, share their interests and get to know them really well. One person said, "Once they have completed all of the care, they will ask us if we need anything else. If there is nothing else to do, the carers sit and have a chat with us which is very pleasant as it's company for us." A family member said, "The carers will often just sit and chat with mum after they have finished their call." One staff member said, "I do all the tasks so then can sit and talk to people about family and other things – it makes such a difference."
- Support staff had consistently and routinely gone the 'extra mile' to brighten people's daily lives and to exceed their expectations. One staff member said, "I warm her nightie on the radiator for her." And, "She said she hadn't had spinach for a long time - so I went and bought some." There were numerous examples given to us by people and their relatives. One family member told us, "It's the little things they do that really are the big things, a carer gave my mum a Christmas plant and she has helped mum to maintain it, keep it alive through the year. Another carer brought mum a cake she had baked for her." Another explained how their mum had missed being able to go to the hairdressers during lockdown. They said, "I asked one of the carers if mum could have a shampoo and set each week and the carer did this, and has continued to do it. This was unbelievably important to mum, and her hair is done really well."

- Staff showed a genuine fondness for the people they cared for, and were dedicated and committed to supporting them and their families to achieve the very best outcomes possible. We saw many examples of this, such as two live-in care staff who supported a couple in their own home, one of whom had a rare condition affecting their speech and mobility. Over several years, the staff had developed such a close relationship with the couple, that when the pandemic started they were worried they would have difficulty travelling back and forth from their home country to the couple's home. Rather than remaining abroad when the air travel had been stopped, they were determined to get back to support the couple. They made the decision to travel for a further day and via another country to ensure they could return to support the people as planned. The relative told us, "They [staff] developed great empathy for [person] and went the extra mile in interpreting and meeting their care needs."
- Further examples of staff kindness and care included staff taking delivery of a person's food shopping for them as their daughter had been taken ill. Another person told us the managing director had gone to their house late at night as the person thought they may be kept in hospital, and had started to make arrangements for this. One the day of inspection, a staff member called in to the office to let management know they were going home to make a fresh sandwich for a person who had forgotten to defrost their bread that morning. One family member told us how staff arranged a footbath for their mother as she had wanted to soak her feet, "The carer even supplied some foot soak until I was able to get some."
- Staff had been quick to identify people's emotional needs. One staff member noticed a person had been wearing the same jumper for several days and felt this was a sign that they were suffering from a low mood. They spoke with the registered manager who contacted their family to discuss this and additional support calls were agreed so they could monitor the person's mood more closely. A second staff member told us, "I knew a person was scared of going into hospital, so I went with them and stayed until 4am – they were less scared with me there." One person wrote in a feedback survey, "Having care put in place to help me wasn't easy for me to accept, but I couldn't be without them now. This means I can stay living in my own home."

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

- Staff had come up with imaginative ways to gain people's consent. One person had been provided with decision cards as they were unable to speak. They could point to the 'yes' or 'no' cards when the carers asked them questions which meant they remained in control of their care and support.
- Staff ensured that people were instrumental in deciding and planning how they wished to be supported. One person told us, "The carers always ask me what I would like them to do, and they will do anything I want them to. They will change and make the bed, make breakfast and wash the pots, nothing is a problem." Another person said, "They will ask if there is anything else I would like them to do."
- The provider had developed people's care plans by exploring their likes and dislikes and learning about their preferred routines. The plans included details of how people liked things done and these preferences were adhered to by staff. One plan stated that a person did not like their hair dried using a hairdryer but preferred it to dry naturally. Another person had shown staff how they wanted their shoes arranged and we saw that staff had taken a photo and shared with the staff team to ensure their preferences were followed. Another plan reminded staff to leave a person with chunks of chocolate, a small cake and some fresh juice, and we saw these preferences had been met.
- People's communication needs had been recorded within their care plans and staff understood these well. Staff had come up with clever and thoughtful ways to help people to communicate with them. One staff member had made a large picture board for a person who spent long periods in bed. They had placed the board upright at the end of the person's bed so that they could chat and reminisce together using the pictures and photographs as prompts.
- Health professionals told us people were kept involved, even when this was difficult. We heard about one person who was unable to communicate verbally. The health professional told us, "The staff knew her well,

and how to communicate with her. They kept talking with her and involved her and asked her to give a thumbs up to agree."

- People told us they felt respected, involved and listened to by the service. People were introduced to the proposed staff member prior to their support commencing. On rare occasions where this had not been possible, a one-page profile of the staff member had been provided to the person so they knew a little about them, their interests and their likes and dislikes.

- People were asked about their faith, beliefs, background and their culture as part of the assessment of their needs. This ensured that meeting people's individual preferences and protected characteristics were embedded within the service. One assessment described a person's strong Christian faith, and we saw that the person had been encouraged and supported by staff to attend their church and remain connected to their fellow parishioners.

- Care plans included people's preferences and wishes relating to all aspects of their care. We saw call times had been adjusted when requested and people had chosen which staff supported them. One family member said, "There was one carer that mum didn't seem to get along with, so she rang the office and asked them not to send them again. They responded immediately, reacted well and the carer didn't come again." One person was resistant to support being offered, so the registered manager decided to introduce a range of staff from different age groups. They discovered the person preferred more mature staff, so they arranged their support visits to reflect their preference, and it had a very positive effect. The person became more accepting of support they were offered.

- Staff promoted people's independence wherever possible. One health professional said, "They promote her independence. She wants to do things alone, so they allow her to do what she can but explain they are there to support." Another told us, "They will help with the person's food, and they offer drinks and let them do what they can, and step in to support when needed." One family member said, "They promote her independence and are in the background if she needs them."

- People's privacy and dignity had been prioritised by staff. People and families told us staff were careful to close curtains and cover people when they supported with personal care. One family member said, "When they help mum to dry after a shower, she sits on a chair and they cover her up as they dry her." Staff had signed a Caregiver Charter to state they understood the importance of keeping information confidential and when it was appropriate to share information. One staff member told us, "I don't talk to anyone about clients. I would discuss with colleagues if relevant. What goes on in that house, stays in that house."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to 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

- Staff were incredibly adept at personalising their support to provide the best possible outcomes for people. They had listened to what people wanted, and how they would like to be supported, and they learned about those people so they understood what would enhance their lives. A family member told us, "Carers have developed great empathy with my wife. They go the extra mile in interpreting and meeting her care needs." Another said, "They found out that mum likes football and supports Brighton, so they will ask if the club are playing tonight or at the weekend. It is all very personalised." The staff member told us how they highlighted upcoming matches in the paper so the person did not miss a match. A further family member told us, "They listen to him and have got him to talk to them. He adores classical music and used to fly. The carers have got him to talk, and it has made him feel wonderful."
- The service had developed a culture where going 'above and beyond' was usual and embedded in the way staff thought and behaved. We saw many examples of this and the positive impact it had on people's lives. For example a person who had been very depressed following a bereavement and subsequent loss of vision. A staff member had been selected by the registered manager to support the person to improve their mood. They made efforts to learn about the person's likes and dislikes, hobbies and interests and to understand their visual difficulties. On discovering the person could mainly see the colours yellow and white and had an interest in gardening, the member of staff had planted flowers of these colours in pots close to the person's windows. Staff were advised to wear yellow and white if possible when visiting. The staff had supported the person to visit garden centres, and to go for local walks during lockdown. The person's confidence increased and together with the staff member, they formed a lockdown litter clean up with neighbours. The person's relative said, "They have an amazing ability to tune into what type of care is needed."
- Staff gave us many examples of where care had been highly personalised. One staff member had learned some basic Spanish so that she could speak with a person who due to their dementia, sometimes reverted to speaking their first language of Spanish. Another said, "I learned from her care plan that she had been a dancer. I dance, so I put the cha-cha on and showed her the steps. She followed me with the steps. She was thrilled and said it brightened her day."
- The registered manager ensured support plans were regularly reviewed and adapted to meet people's changing needs. One family member told us, "Mum fell and needed a lot more care. I called the care manager who came out and they immediately stepped up to give mum a lot more care. We needed more carers more frequently and it just seemed that they were suddenly there, and this was in the middle of the pandemic too." Another said, "I needed to have 24-hour cover for mum and they sorted it within a week."

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

- Care plans had extensive information recorded about people's backgrounds and lives to help staff to personalise their care and maintain social links that were important to people. One staff member told us, "We get to know them – a lot of information is in the care plan and we add to the notes. We listen to people and spend time with them, about what they want and what is important to them." One family member said, "Mum is fiercely independent, but the carers take her shopping. They give her companionship and care – they stretch her mind."
- One person who lived with dementia had been supported to reconnect with the golf club they had been a member of several years before. Staff contacted the club and arrangements were made to make the visit very special. Staff told us the person received a very warm welcome and was given a tour and had lunch in the clubhouse. Staff had recorded that the person had become more animated and talkative following this visit. A family member told us, "They do the companionship element of care very well. My wife used to love crosswords and puzzles, the staff have found puzzles that they are able to do with her."
- The service had helped people to retain relationships and social links. Staff noticed two people had belonged to the same local club in previous years and may have known one another. The management team decided to contact them and their families to ask if they would be keen to meet one another. It became clear they had been friends long ago but had not seen one another for many years. A reunion coffee was arranged at the office and their friendship was re-kindled. Another person had been supported to maintain links to their church which was important to them. The staff member had contacted the local priest when the person had been unwell, and had arranged for home visits to take place so the person could continue to practice their faith.
- The registered manager gave me a further example of how a person was supported to resume social links and relationships. The service had identified the person had been neglecting to care for themselves and was very depressed but was declining support or intervention. Plans were put in place to introduce a member of staff who would work slowly and patiently to provide the care the person needed whilst building trust. After two years without bathing, they encouraged the person to bathe, have a hair wash and cut, and allow a chiropodist to visit to tend to their feet which were in a poor condition. The person had since returned to attending community clubs and shopping with support from staff.
- People had been supported by staff to make zoom type calls to their families where possible and particularly during COVID-19 when families were unable to visit and people felt more isolated.
- The managing director was very proactive within the local community, and was an active trustee, sponsor and advisor of a walking group and a community club which reduced social isolation for older people. One of these was the 'Hello Club' which provided weekly activities and social engagement for older people in the local area. The provider offered free transport and care for especially vulnerable members, which also enabled partners and family members to have a break from their caring roles. Over 70 people regularly attended prior to COVID-19 and since re-opening after restrictions ended, numbers continued to increase. Following an art activity by people living with dementia, the "Hello Club" had arranged for people's paintings to be exhibited at a local museum and the exhibition to be opened by the Mayor.
- The provider had built close links with the local Alzheimers Society and had taken over some local initiatives when the society ceased to run them. They organised monthly 'Memory Walks' with volunteers. They arranged a shorter and a longer walk to accommodate different capabilities of people, followed by a lunch at a local pub. In poor weather, they changed this to a quiz session followed by lunch. One person told us, "I really look forward to the walk. I have dementia and although I try to keep active, sometimes I don't manage to get out much. I miss talking with people as I love company. I hope I will be able to continue – it makes me happy."

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 detailed within their care plans and staff understood and followed the guidance. One care plan guided staff to speak clearly and loudly whilst standing in front of a person who had hearing and sight difficulties. Another care plan of a person who was unable to speak, informed staff that the person was able to show a lot of emotion in their eyes, so the staff member should chat about the pictures on their picture board and the person's face would light up. Staff were reminded in another person's plan to be patient when communicating with the person as their speech could be slurred prior to medication taking effect.
- Large print schedules were provided for people with visual difficulties, and we saw examples of communication boards and cards being provided to people to support them to communicate their needs.

End of life care and support

- People had been supported to set out their wishes and preferences for their care towards the end of their life. One person had chosen to have the last rites read to them when their time approached. Another had expressed their preference to remain at home for as long as they were able, and chose to have gentle music to be played in their final days. They also stated they would like staff to read the Bible to them. Their preference for funeral arrangements had also been recorded.
- One family member had congratulated the service on the care provided at the end of the relative's life. They said, "Our experience since approaching Right at Home to help care for our elderly and terminally ill [relative] has been excellent. Their staff are compassionate and go the extra mile. The management have been attentive and proactive in adapting to [relative's] changing condition. I would have no hesitation in recommending them."
- Staff had attended training in end of life care and knew what people's beliefs and wishes for their end of life care were. One staff member said, "I supported a person at the end of their life, we knew each other well. I read her poems from her religious book." Staff told us they felt well supported emotionally by the provider. One staff member said, "They [management] check we are ok. They are always there for us."
- The provider had developed strong links with the local hospices to support their staff to provide personalised end of life care.

Improving care quality in response to complaints or concerns

- People felt able and encouraged to raise concerns and complaints and when they did, the service responded promptly. One family member told us, "I had one issue regarding communication. I contacted the office to discuss, they sent a message out to all the staff and things improved. I find them always open to suggestions and comments." One person said, "I have never had to complain, but would call the office if I needed to." A second person told us, "There is really nothing to complain about."
- The service had a robust complaints policy which clearly set out the response times people could expect. There had been very few complaints, and the registered manager had responded to these in line with their policy. They had included an apology when required, and had taken action to resolve the complaint. For example, additional spot checks were introduced and extra training for staff arranged when necessary and conclusions were shared with the staff team.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to 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

- The managing director and registered manager had continuously demonstrated their clear vision and values which were to "Make a difference every day." We saw that 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. They were encouraged through meetings, discussion groups and messaging forums to share ideas and enhancements to the care they could provide.
- Right at Home (Sutton & Epsom) had developed a distinctive and exceptionally positive and friendly culture in which people remained at the heart of everything they did. The registered manager had ensured that staff had many and frequent opportunities to share ideas and to learn and reflect on situations in their day to day work. This helped staff to form meaningful and trusting relationships between people. There was a strong, collaborative ethos forged by the managing director and registered manager where staff felt they were all in it together. Every person we spoke with congratulated the service on their values and ethos. Family members said, "They are amazing – anything I have asked for my mum, they have sorted," "They really go above and beyond," and "I would give them five stars, 21 out of 20. They are approachable and amenable."
- People told us the service had improved their lives. One person said, "They are passionate about what they do – I had a bumpy year in 2020 and could not have got through it without them." One family member told us the service had been pro-active and had anticipated their needs. They told us, "There is going to be a time soon when I can no longer lift my wife, so Right at Home have organised a hoist and all of the staff have been trained to use it in anticipation." The nominated individual told us, "Our care only starts with the care plan. Doing extra to help our clients wherever possible is the way we've always approached care." We found this was the case through the feedback we received from people.
- The management team had maintained a very active and visible presence in the service by visiting people, and providing care when needed, in order to support their care team. The registered manager had led by example, prioritising people and their care. One relative told us, "The manager came out to see me on a Sunday to introduce themselves and reassure me that they would be there in the morning. At the beginning there were a few issues covering the support calls, but [registered manager] came out to help about half a dozen times over a couple of months. [Registered manager] seems willing to step in and cover and is a very hands-on manager."
- Managers and staff had communicated well together and helped one another to provide excellent support. They had used a messaging group to send quick updates to one another about small changes, for

example when a person needed some shopping. Other messages were sent between staff saying they had completed additional tasks at a support visit, to reduce the tasks to be completed at the next visit. These detailed and thoughtful acts made a difference to people and staff.

- Staff told us they were proud and happy to work for the service, and as such there was a low staff turnover. In a recent survey, 100% of staff had said they would recommend the service to family and friends and 100% of staff said they were well matched to the people they support.

- The provider had set up reward schemes for the staff to congratulate them for their kindness and thoughtfulness. "Gem" cards had been sent out to staff when they had acted over and above what was expected of them. The management team voted for their "Employee of the Month" who had demonstrated their values, and had rewarded them with a certificate and a bonus in their pay as a thank you for their commitment and hard work.

One staff member told us, "I was recommended to work here by a friend, and I would recommend it to others. It is a great company to work for."

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 registered manager had an open and transparent approach if something went wrong. People and families where appropriate had been kept informed and involved. One family member told us, "The office keeps in touch, they let me know if anything has happened."

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

- The provider had a strong and effective governance system in place which identified shortfalls at the earliest opportunity. Records of incidents, accidents, quality audits and surveys had been analysed and themes and results used to improve the standard of care for people. For example, people wanted to be better informed about changes to rotas. A new care management system was purchased to give people and families access to their care records and rotas. One family member told us, "I can now log in and see who has been to mum and how things are." Other feedback had led to a weekly newsletter being sent to staff asking them to raise any issues around communication so they could be addressed at the earliest stage.

- The registered manager held weekly meetings to focus on specific individuals and how they could further improve and enhance their daily lives. The registered manager encouraged and to encourage staff to come up with innovative ideas on how to support people even better. This was a safe and supportive space for staff to share their ideas, with the person and their support being at the centre of decisions. Staff shared useful life story information with one another to further understand people and assist them in coming up with strategies to support them better. During one such discussion, a member of staff had suggested moving in with a person for a few days that had become frightened following a trauma. The managing director made arrangements for the staff member to do this. The staff member took an inflatable mattress and slept on the floor until the person felt reassured and safe to be on their own. One relative told us, "Staff are exceptional and unique in offering ad-hoc visits – being responsive to fluctuating conditions."

- Staff received regular spot checks by the management team which assessed their performance. Staff were given feedback following this check, so they knew how to improve, and in some cases had been advised to complete additional training. One staff member said, "We get feedback. I have a great relationship with my manager. They go through everything with us and ask if we need any help." Following the meeting, an action plan was put in place and tasks delegated throughout the team. The registered manager had met with staff regularly to discuss performance, and when standards slipped, actions had been agreed to improve. These had been followed up to ensure they didn't reoccur.

- The registered manager had plans to continuously improve the service. For example, they planned to open a dementia café in the New Year for the local community and additional dementia training had been

organised for the staff to enhance their skills in assessing needs for people living with dementia. There were also plans to have a specialist staff team created to support people at the end of their life, and they had arranged with a local hospice to provide enhanced training for staff.

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

- The registered manager had encouraged a culture of togetherness, where staff visited the office and worked together to make people's lives better. One staff member told us, "The office are like a little family – we all seem to get on. I wouldn't want to work anywhere else. I have recommended it to my friends" and "They are always there to pick you back up again." Another said, "It is a great company to work for. I have come out of a couple of calls needing emotional support – I just ring the office and we talk it through."
- The managing director of the service had played a vital role within the local community by starting up social clubs and hobby groups for people with dementia and who were at risk of becoming socially isolated. They had launched a new initiative where staff could nominate people for the "Tin full of Wishes" campaign where people could win tickets to a favourite show or sporting event to make their wish come true.
- People and their families told us that they had been asked for their views through a feedback form. One person said, "I have had a couple of surveys but haven't suggested that anything could be done any better." Surveys showed consistently high levels of satisfaction with the service, with 100% of people stating staff had made a positive difference to their life, and 100% stating that staff had an excellent understanding of their care needs.
- Staff had been invited to take part in some short video filming which would be used to encourage people to apply to work in the care sector.
- Staff felt involved in shaping the service and making improvements. They had been encouraged to give their views in many ways including one-to-one supervision meetings, team meetings, and through staff surveys. One staff member said, "The company is an open book – nothing that we can say is wrong."
- Staff also told us they could voice their ideas at any time and didn't need to wait for these opportunities to do so. One had suggested creating a one-page profile for clients in case of last-minute changes to their rota and this had been implemented. One staff member told us, "We have quite a bit of say. If I have an idea, I know it may be taken forward." Another said, "We are asked, is there anything we think we could do better?"
- The registered manager had supported their staff with kindness and compassion. Many staff told us they felt understood and cared for by the registered manager which was important to them. One staff member said, "If I am having a hard day, [the registered manager] is fully supportive. There is never any judgement. She is very astute, and quick on picking up vibes." And "I have received a text from her [registered manager] before saying 'I can see you are a bit down – are you ok?'" Another said, "There have been times when I have felt overwhelmed. I went to the office and they took 10 hours off my schedule." A third staff member said, "I get a little tearful sometimes, and they [the management team] tell me to go home if I am overwhelmed." On the day of inspection, we saw there was a supportive and welcoming atmosphere within the office, where staff were encouraged to talk about their day. Staff told us that they were able to pop in for coffee and cake at any time and to chat with others and this made them feel valued.

Working in partnership with others

- The service had developed strong links with other services and key organisations to support their delivery of high quality care. The registered manager was a member of the Surrey Care Association where managers of services supported one another and shared updates and information and training. They were also members of the Home Care Association which provided support and shared best practice. The nominated individual was on the board of the Sutton Nursing Association, a charity which awarded grants to relieve poverty, ill health and disability in the local area.
- The management team and staff had worked closely and effectively with other health professionals to

improve outcomes for people. We spoke with health professionals who knew the service well and received positive comments, such as, "One of the better agencies" and "They are quick to raise issues and concerns and work with me to get good outcomes for people." Another said, "They always appear calm and unhurried and willing to help where they can."