

My Care Choice Limited

Right at Home (Sefton)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 18 and 19 September 2018 and was announced.

This was the first inspection of Right at Home (Sefton) since it was registered in August 2017.

Right at Home South Sefton operates as a franchise of Right at Home UK. It provides care and support to people in their own homes including; companionship, home help and personal care. This report focuses on the experiences of people who received personal care as part of their support package. Most of the people who use the service are older people, some of whom are living with dementia.

Right at Home (Sefton) was providing a service to 61 people at the time of our inspection. There were 49 people receiving the regulated activity of personal care. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

The service had a registered manager in place at the time of the inspection.

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team led by example and their passion and commitment to the service was evidenced through very good feedback from people who used the service, relatives, staff and their robust arrangements for monitoring and delivering a quality service. During this inspection, we found multiple examples to demonstrate the how the management team and staff team were passionate about providing an innovative service which focused on good standards of care. People and relatives used words such as, "Excellent", "First class", "Brilliant" and "Superb" to describe the agency. The registered manager was described as, "Very caring, "Supportive" and "Professional."

People received personalised care which was responsive to people's needs and wishes. Staff were very knowledgeable regarding people's support and displayed a good understanding of how people communicated and wished to be treated in their own home.

The agency had an flexible approach to be providing a service based on people's individual needs and requirements. This include last minute changes to the staffing rotas to accommodate people's wishes.

People and relatives spoke highly regarding the caring, polite, respectful and empathetic attitude of the staff. They said the staff went above what was expected of them. This view was also shared by relatives.

The staff team worked very closely with people and relatives to support them when facing emotional times and dealing with sensitive issues. Their understanding and kind approach was evident when talking with them. We saw this particularly around supporting people with their wishes around end of life care.

The registered manager ensured a consistent staff team to support people in their own home. It was evident that true friendships had been forged by having the same staff in attendance. People and relatives told us how much this meant to them and the difference it made.

People were much encouraged to have maximum choice and control of their lives and were fully involved with decisions about their support. Their consent was sought around day-to-day decisions and they were fully involved in any changes made.

People had a plan of care which was centred around their individual support needs. This included plenty of information about their routines, likes, dislikes, preferences and choices to enable staff to deliver this how they wished.

We saw very good liaison with community based professionals to support people in their own home to support people's health needs and maximise their independence. Feedback from community health professionals was very positive and it was evident they held the agency in high regard. Links with other organisations had been established to support people with their needs. For example, dementia groups, community health teams and the ambulance service.

People were fully supported to follow their chosen interests and maintain relationships with relatives and friends that mattered to them.

People had a wide range of opportunities to provide feedback on the care provided by the agency. This included satisfaction meetings and visits to people in their own home. People's views were paramount to the continuous improvement of the agency.

People had access to a complaints procedure. Complaints received were logged, investigated and responded to. No one at the time of the inspection raised any concerns, all the feedback we received was very positive.

Staff told us how much they enjoyed working for the agency and that they felt very well supported by the registered manager. The registered provider had introduced a number of schemes to recognise and reward staff who had been complimented by people receiving support. Staff told us they felt proud to work for the agency.

Staff received training which provided them with the skills and expertise to undertake their work safely. This included more specific training to meet more complex conditions and opportunities for staff development. New staff received a comprehensive induction training programme to support them; this included a period of shadowing a more experience member of staff before working independently. Staff told us the training programme was good.

Risks to people were identified during an initial assessment and control measures were put in place to minimise these risks to provide safe care.

There was an open culture which people and staff were encouraged to speak up if they had concerns. Staff had received training in the protection of adults and knew what action they should take if they suspected or

witnessed abuse.

The provider understood the legal requirements of the Mental Capacity Act 2005 (MCA) and took the necessary action if they had concerns about people's capacity.

Staff members we spoke with fully understood the importance of acknowledging people's diversity, treating people equally and ensure that they promoted people's rights. We saw people's ethnicity, spiritual needs and sexual orientation were recorded in their support plans.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

People who required support with their medicines received them safely and the staff had completed training in the safe administration of medicines, which included observations and competency assessments. Medicine audits were completed to look at errors and lessen the risk of re-occurrence.

We saw that people were supported to access advocacy services. Advocates are trained professionals who support, enable and empower people to speak up.

Further information is in the detailed findings below.

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.

Systems and processes were in place to protect people from the risk of abuse and neglect.

Staff were safely recruited to ensure they were suitable to work with vulnerable people.

Systems were in place to support people to take their medicines safely.

Risks to people's health and within their homes were assessed and minimised to ensure people's safety.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to work safely and effectively.

People's nutritional requirements were assessed and staff provided dietary support when required.

People were asked for their consent to the care and support they received.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People were positive regarding the caring, professional and helpful nature of the staff who supported them.

People received their care and support from a regular staff team. Therefore, staff knew people very well and forged close working relationships built on true friendship.

We saw that staff ensured people received quality care that made a difference to people's lives in their own home.

Is the service responsive?

Good 

The service was responsive.

People received care that was personalised to their individual needs.

The agency offered a flexible service based on when and how people needed support.

The staff team were experienced and skilled at providing an empathic approach to people as they approached their end of life.

People using the service and relatives were actively encouraged to give their views and raise any concerns or complaints. People's feedback was valued, their views were listened to so that the service could continually improve.

Is the service well-led?

Good 

The service was well-led.

A registered manager was in post. They and the management team led by example to provide a quality service which took into account people's view and the view of relatives.

Feedback about the registered manager leadership was very good and the management team's commitment to continually improve the service.

The provider had a number of schemes in place to reward staff who were recognised as providing very good levels of care.

The service had developed links with community organisations and community health professionals to maintain good standards of care based on best practice.

Quality assurance systems were robust and provided good evidence of how standards were monitored to assure the service provision.

Right at Home (Sefton)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 19 September 2018. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection process.

The inspection was undertaken by two inspectors on the first day; one inspector on the second day 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; the Expert by Experience carried out telephone interviews to people who used the service and relatives where appropriate.

Before the inspection we reviewed records held by CQC which included notifications and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law.

Before the inspection we received a completed Provider Information Return (PIR). This document gave the registered provider the opportunity to tell us about how the service delivers safe, effective, compassionate and high-quality care to people and what plans they have in place to continue to make improvements to the service. We also contacted the local authority commissioning team to ask for their views. We used all this information to plan how the inspection was conducted.

During the inspection we visited the agency's office and looked at a selection of records and documents relating to the service. This included, assessments of risk and care planning documents for five people, medicines records, complaints, audits, governance records, as well as policies and procedures. We looked at the recruitment records of four staff members and the current staffing rotas.

During the inspection we met and spoke with the registered manager, deputy manager, group quality and compliance manager and two directors of the service. We also met and spoke with five staff (carers) and we

visited a person who was receiving a service from the agency. As part of the inspection we carried out telephone interviews with six staff, seven people who used the service and 14 relatives. We also received feedback from a further three community-based health professionals

Is the service safe?

Our findings

People said they felt comfortable and safe in their home environment when visited by the Right at Home (Sefton) staff. People's comments included, "I look forward to [staff] visits and having daily catch up over a cup of tea. I do feel safe in my home when [staff] visit to assist me", "Entirely safe when [staff] are here and [staff] make sure the house is safe when [staff] leave" and "I could not ask for better staff as they know I worry and they make sure I am safe."

Safeguarding policies and procedures were in place and staff demonstrated a good understanding of safeguarding to help keep people safe and protect them from harm. At the time of this inspection no safeguarding concerns had been raised within the service or with the Care Quality Commission. Further policies and procedures were in place to offer boundaries and direction to staff in relation to keeping people safe from exploitation. For example, a key holding policy which provided staff on guidance around the use of key codes for people's key safes.

Risks to people's safety were assessed and plans were put in place to minimise risk of harm and provide safe support. This included risks associated with people's health, and their home environment. These were reviewed on a regular basis and updated to reflect any change in risk.

Where required, manual handling risk assessments were in place for people needing support with moving. We saw good evidence where an increase in risk had been identified and specialised equipment had been sought to maintain a person's independence whilst assuring their comfort and safety. Staff had been trained in the use of equipment to support people safely.

Staff had been recruited safely to ensure staff were suitable to work with vulnerable people. This included photographic identification, references from past employers and a Disclosure and Barring Service (DBS) check. DBS checks are used to help employers establish if applicants are suited to working with vulnerable people.

There were enough staff to provide support for people in their own home and ongoing recruitment was evident to match the demands of the agency. Staff told us they received their staffing rotas on time and in most of cases they attended to the same people to provide a consistent staff team. Staff were issued with a mobile phone which enabled them to log the times that they had arrived and departed from people's addresses. This gave staff the opportunity to immediately report any concerns they may have, for the registered provider to help monitor that people were receiving their visits when they should and for staff safety.

Medicines were stored and administered safely by staff who had completed medicines training and who were deemed competent. People who were supported by staff to manage their medicines told us that staff helped them to have their medicines on time. When required, people's support plans included information relating to their medicines to help ensure people received their medicines safely. Staff completed medicine administration records (MARs) following administration of medicines. Staff told us they felt confident administering medicines and that spot checks were carried out to ensure their medicines practices were

safe.

People were protected from the risk of infection by staff who were appropriately trained. Staff told us they had access to personal protective equipment (PPE) which included disposable gloves and aprons. A person told us the staff wore aprons and gloves and ensured their home was left tidy and clean.

Is the service effective?

Our findings

People and relatives we spoke with told us that the staff had the right skills and knowledge to deliver the care and support they needed to keep them well. People's comments about the staff included, "They are good at their job and always helpful. Rarely late, only a few minutes and never rush me", "She [staff] is hard working and very good, I have never had any problems. I am grateful for the help, including reminding me about my medication. I am happy with this company and the service they provide", "I tell jokes to my carers and have a laugh with them. They [staff] are very good in the way they help me, particularly when using the hoist to get me out of bed in the morning."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In community-based services applications to deprive people of their liberty must be made to and granted by the Court of Protection. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). At the time of this inspection none of the people using the service had an order under the Court of Protection. The registered manager demonstrated an understanding of the Mental Capacity Act and a policy and procedure, along with MCA prompt cards were available for staff guidance.

Staff supported people to make decisions and to consent to their support plans. The majority of care files contained signatures of people providing their consent to receive care and support. Where people had nominated others, for example a relative, to speak on their behalf this was recorded in people's support plans. A person told us how they were able to make decisions about their care and other support they needed. People told us that the staff listened to them and talked with them about their care. Staff told us how they encouraged people to make their own choices around day to day activities and that this was an important part of maintaining people's independence and their rights.

People's dietary needs and preferences were clearly recorded in their care records when this support was needed. A person told us they had a thickener added to their drinks as they had problems swallowing and that this was always added to the correct amount by the staff. The person had a support plan which provided staff with the information they needed to add the thickener to the correct consistency to ensure their safety.

Staff received training and support to provide them with the skills, knowledge and expertise to provide safe and effective care. Staff said the organisation's training programme provided them with the information they needed to carry out their role safely. We saw that the provider considered specific learning requirements for staff so they were fully supported with their training. The staff training matrix evidenced staff undertook courses for instance, manual handling, food hygiene, fire safety and safeguarding. More specific training was provided to support the staff with complex medical conditions or use of specific equipment in people's own home. For example, enteral feeding (a feeding tube into the stomach), dementia

and end of life care. A community health professional said, "They [staff] are willing to train in extra skills to enable one of my patients to remain in [their] home for which my patient and I are very grateful." Between 55%-60% staff had achieved an NVQ (National Vocational Qualification) in care and a number of senior staff an NQV Level 5 in management. This showed a commitment to staff's learning and development.

New staff undertook a Care Certificate induction into their role. The Care Certificate is a nationally recognised set of standards for people working within health and social care. New staff were shadowed by a more experienced member of staff and senior staff completed competencies checks and 'spot checks' (of staff in people's home) to monitor staff performance. This helped to ensure staff were working safely and effectively. This considered people's support needs and the directives of the organisation. Staff spoke very positively regarding the induction and comments included, "The induction was delivered at the right pace and I did not work on my own until I felt comfortable; the office staff are always there to help."

Staff told us they received good support from the registered manager and senior care staff. This included supervision meetings and staff meetings. Supervision sessions between staff and their manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs. The registered manager told us the annual staff appraisals would be conducted shortly as the service has now been operating for just over a year.

People's needs assessment and plan of care recorded individual support for their health and wellbeing. Staff supported people to access advice and treatment from health care professionals to maintain their health and wellbeing. For example, district nurses, GPs and occupational therapists. Community health care professionals spoke positively regarding the standard of care and good communication with them. One community health professionals told us how the staff undertook extra training to support one of their patients in their own home and that any advice given was always followed by the staff.

Is the service caring?

Our findings

Everyone we spoke with described the staff attitude as very caring and professional. Their comments included, "Fabulous staff team", "100% satisfied", "So patient, polite and kind", "Nothing is every too much trouble for the staff, they are all so bubbly and cheerful", "The staff are so polite and so attentive, spot on, first class." One person said the staff were "Not rushed and always able to have a drink and chat with me, which I appreciate. It is so difficult if you are on your own. I believe they care about their job." People said they welcomed the introductory visits by the staff when their visits started and this helped to forge true friendships. A relative said, "I am so pleased with the agency, they are approachable, flexible and nothing is too much trouble. They have made a difference, if we did not have the carers, [family member] would need a care home."

The service demonstrated care for people that exceeded expectations and which did not form part of the core service. Examples of these including staff organising a pamper evening for a person and staff arranged this in their own time. This included watching a movie, take-away food, a manicure and everyone wore pyjamas. Staff considered the type of take-away meal as the person had specific dietary requirements and everyone had the same. The person told us how much they loved the evening and how hardly any television was watched as they were 'chatting and laughing' all night.

In another example, staff responded to a person receiving care who expressed concern that they could no longer manage their garden. After consulting with the person and managers at Right at Home (Sefton), a member of staff and a director tended to the garden in their own time. This reduced the person's anxiety and allowed them to access and enjoy the garden again.

In respect of celebrating Christmas, staff had identified that some people did not have any Christmas decorations. Staff brought in Christmas decorations from their own home and offered to decorate people's home to help celebrate the festive period. Extra time was arranged so that staff could put up the decorations. One person had contacted the agency 'tearful but overjoyed as she now had a beautiful Christmas tree to look at every day'. A relative provided an example of when staff contacted them on their day off regarding some missing house keys and the actions the staff member took to ensure they were located, as they knew everyone would be worried.

Staff confirmed their in-depth knowledge of people's needs and how they wished their support to be delivered. Staff spoke very fondly, passionately and genuinely about the people they assisted and they told us they really enjoyed their work. A staff member said, "My clients are like my family, we talk about everything and we get to know each other so well, it's so lovely." Staff spoke positively about making a difference to people's lives, how they supported people with their own choices and how they encouraged people to be independent to enable them to remain in their own home. We saw for one person specialist equipment had been accessed with the support of community-based professionals so that the person was more independent and comfortable in their own home. The person told us the impact this had made as it had enabled their transfer from chair to bed "More comfortable and dignified." A community based health professional referred to the excellent support the agency had demonstrated in seeking different specialist equipment to support the person's deteriorating condition. We could see the difference this had made to

the person's quality of life as it enhanced their independence and safety thus enabling them to stay in their own home.

The core values of the organisation which considered people's rights to privacy and dignity were embedded in the culture of the service. We looked at how standards of privacy and dignity were respected and saw these standards were captured in people's plan of care. Staff confirmed how these were addressed when supporting people in their own home. The '10 Dignity Do's cards/prompts provided for the staff captured the values of the organisation on how to promote dignity. The language used by the service was especially respectful and considered an equality, diversity and human rights approach to supporting people in their own home. Staff training around dignity and respect helped reinforce the importance of these standards when supporting people in their own home. Our observations showed staff were respectful in their approach. When visiting a person in their own home, the staff member who accompanied us explained that they would ring the bell first as the person liked to open the door when they were up in the morning, rather than staff using the key pad to let themselves in. The person said this was routinely carried out. People told us staff were always respectful in their approach. One person commented, "Most importantly I felt respect for myself, my home and my dignity was there." While a staff member said, "We would always respect people's wishes in what we say and do, we need to always be aware of this especially when going into our clients' homes."

We saw from looking at care records and talking with staff how people's physical and social wellbeing had improved since receiving the agency's support. We saw this in many areas which included how people's diet, mobility, personal care and taking responsibility for their own tablets had had a positive impact on their health and wellbeing. For example, staff had supported one person to improve their confidence by helping them to apply their make-up as part of their personal care. The person reported that this had a positive impact on their wellbeing. In another example, staff recognised that a person's refusal to accept support with personal care was having a negative impact on their health and wellbeing and restricting their independence. A care plan was developed with input from the person themselves and community professionals with a dual focus on personal care and the cleanliness of the person's home. After the care plan had been implemented a social worker contacted Right at Home and stated how the presentation of the person's home had dramatically improved. They also commented, 'Wow! [Person's name] looks really well and was telling me about [their] new routines. Just wanted to say thanks [to] the team who are working so well with [person's name].' The same person had also benefitted from support to manage their medicines and reduce their alcohol intake. These improvements led directly to the person being able to use community transport to access social activities.

In some instances, we saw care packages had been reduced as people did not now need the same level of support as their health and independence had improved. Community health professionals confirmed the positive impact the agency continued to have in supporting people in their own home and they were extremely complimentary regarding the excellent commitment of the staff team. Reference was made to the registered manager as being, "Outstanding in liaising with particularly one of my patients, and ensuring that my patient's voice is heard and [their] wishes followed through." A GP commented, "This is the first care service I have come across that genuinely care about my patients. I see every week that they go above and beyond for them."

People told us how much they appreciated having the same staff attend to their needs and that very rarely would a call be missed or staff were late arriving. A person said, "Having the same staff is just marvellous, I know them so well, they are my friends." For a person who had suffered a bereavement there was recognition of the support they would need. Having the same staff had enabled a rapport to develop where the person felt able to talk more openly and for staff to support them. A relative said that having a consistent staff team meant their family member was now recalling staff names which had not happened before. We

saw how the staff rotas were organised and these showed the attention paid to ensuring people received support from a consistent staff team, as it was appreciated the anxiety any change would cause. We saw where there had to be a change to the staff team, people were notified in advance and advised who would be attending to them.

We saw that the actions of staff and managers had helped people to maintain and develop positive relationships with family members. For example, when Right at Home began providing care and support to one person they also required daily contact and support from family members to keep them safe. Staff were able to support the person with a new daily routine which improved their safety and independence. Family members and staff reported that this had reduced the pressure on family members and allowed them to have a more natural and positive relationship with the person. In another example, staff had worked creatively with community healthcare professionals and a family member to develop a safe system of care that supported a married couple to continue to share a bed. The family member had previously refused care because of their concerns which had placed their relative and themselves at risk.

Records showed that people using the service and their relatives were fully involved in making decisions about their support. A relative said, "The carers empower my [family member] to make their own decisions. Likewise, a person informed us, "The agency listened to me and took down all the relevant details about my health and care. I have been fully involved at all stages, the manager has been excellent in this respect." People and relatives told us they were asked about the staff team and whether they would prefer male or female staff to attend. A relative told us how well this had worked out as the male staff had a very good rapport with their family member and there were lots of chats about football which provided good stimulating conversation; an aspect of their care which was so important. People's support plans and staff files contained an informative profile relating to social interests. This information along with staff experience was used to help match staff to people's interests and personalities to help focus on building good working relationships.

People's needs in relation to equality and diversity were considered by staff and the registered provider under the Human Rights Act 1998. Consideration was given to protected characteristics, for example, age and disability at the assessment stage and when formulating the support plans. The registered manager told us they remained committed to delivering a culturally appropriate and inclusive service to all people living in the local community and discussions with staff helped to confirm their understanding of people's diverse and cultural needs. We were shown an example of the actions taken by the staff to support a person's cultural needs and wishes within their own home. The actions taken provided much reassurance to the family. The registered manager was aware of the need to forge links with ethnic and multicultural community groups should this support be needed in the future.

The provider's Statement of Purpose set out the aims and objectives of the service and explained the organisation's values. The agency ensured people's care plans and other personal information was kept confidential. Staff told us the importance of not sharing information outside of the work environment thus maintaining confidentiality.

We saw that people were supported to access advocacy services. Advocates are trained professionals who support, enable and empower people to speak up.

Is the service responsive?

Our findings

People benefited from a service which put people at the heart of how it operated, it was evident people's needs came first. A person said, "The carers are amazing, nothing is too much trouble for them" and "I could not manage without them, they are there for me all the time". A relative said, "I know they [family members] are safe when the carers are there, there are less chances of accidents, they [staff] are amazing."

People and relatives said what made the agency so special was the very flexible approach, no one minded making changes to suit their individual requests and these changes were managed quickly and effectively. For instance, a relative informed us of how staff came back later to help their [family member] get ready for bed as their [family member] did not wish to go to bed at the time of the call. This was arranged without any fuss. Another relative told us how the registered manager had brought forward the time of the next staff call, as their family member had not eaten well earlier in the day and they wanted to ensure they ate later. Likewise, a relative said how the staff had gone out within the hour to their family member's house as the phone was off the hook and they were worried as they could not make contact. Relatives said this very flexible approach brought such peace of mind and demonstrated the responsiveness of the staff team which they very much appreciated.

People's needs were fully assessed prior to receiving any support. Detailed information was collated about people's medical and social history, levels of independence, preferences, choices, routines and wishes. This included seeking information from relatives and community health professionals involved with the person. A community health professional told us the staff, "Spent a long time getting to know my patient and establish exactly how they could help and what support was required." A community health professional said how adaptable the service was and that any concerns were always brought to their attention by the registered manager.

Staff told us it was important to afford the time to get to know people as this helped develop meaningful relationships with people which were built on trust and a true understanding of people's individual needs. They told us that these friendships were established through their visits to people and by reading the information in people's support plans.

People's support plans contained detailed information as to the level of support people for their physical and social needs. The support plans also considered human rights and values such as people's right to privacy, dignity, independence, choice. We saw ways in which staff supported people with specific mobility requirements to support their independence including the use of electronic devices. A person told us how they been fully involved from the outset with their care provision and how their choices had been respected. Their testimonial was complimentary regarding the registered manager's approach as to how the agency would support them and "Make life easier by relaxing time constraints and keeping to times." The agency's stance on dignity referred to staff alleviating feelings of isolation and care documents evidenced the importance of the risks associated with this and the level of support needed to maintain close contact with people. Staff told us that 'taking time for a chat' was so important, as they were very much aware they may be the only contact a person had during a 24-hour period. A person told us how much the visits by staff

relieved this feeling.

Staff told us they had good information in the care files to support people and talking with them confirmed their responsiveness to different situations. Such as, a change of time to support a medical appointment or if a person had an accident. Relatives told us they were always contacted if their family member was sick or they needed to discuss their care. Relative comments included, "The office phone me immediately" and "I am called if they are at all worried or if [family member] needs some tablets or has not eaten well. It's very reassuring to know this."

Social support was provided to support people with various activities also attending community- based events. A relative told us the structure of these visits was very flexible and their family member could choose what they wanted to. They said the staff member who attended was excellent and the visits had made a positive contribution not only to their family member's life but also to the all the family and enabled them to have a period of respite.

Where changes had been made to people's support plans, to reflect, for example, a change in a person's mobility or the need for a GP visit this was recorded in detail. We saw how the registered manager worked with community teams in response to people's individual needs. For example, the registered manager liaised with a community team for an increase in hours to ensure a person received more support through the day. For another person who required rehabilitation following a spell in hospital, staff's responsive support over a six-week period had resulted in them no longer needing the services of the agency. The person was now going out independently which was their goal. We saw how staff provided support to people with their medicines and in many instances, people felt more confident to administer them themselves due to the encouragement and guidance from the staff.

We checked if the registered provider was following the Accessible Information Standard (AIS). This Standard is important as it is there to ensure people who have a disability, impairment or sensory loss get information they can easily access and understand. We saw that information relating to how people liked to communicate was recorded and where people were hard of hearing, staff were encouraged to speak slowly and clearly. There was information recorded around the impact of poor hearing or sight and staff support required. One person who had limited mobility, information was recorded so that staff were aware of which side to sit next to them so they could hear them clearly and maintain eye contact when talking with them. Consideration was also given to people's specific cultural and religious beliefs so that barriers did not exist. For one person there were detailed records on how they liked staff to talk with them and certain things they would prefer them not to say, as this would raise their anxiety and make them feel unsafe. The person told us the staff were supportive of this and understood why this was important to them.

The registered manager informed us that information such as, care documents, would be made available in pictorial or large font size to support people's communication on request.

People and their relatives said they would feel comfortable if they had to raise a concern or make a complaint. The agency had a complaints' policy and procedure which was available for everyone. We saw that complaints had been logged, investigated and responded to appropriately. A person told us, "My wife deals with the office staff directly who are always nice and helpful. I have no complaints but have a manual with the complaints procedure if I have any worries." Nobody raised any concerns about the service at the time of the inspection.

We asked people and relatives if they would recommend the agency and the overwhelming response was, 'yes'. Their comments included, "I am happy to recommend this company and staff, my carers are

professional well trained and know what they are doing when caring and helping me" and "A good job looking after me, I appreciate their time and happy with their work. This is a good service and I recommend them to anyone in my situation."

People's views were paramount to the to the continuous improvement of the agency and their views were sought. Meetings, satisfaction surveys and the use of social media provided a means of obtaining people's views. Again, the feedback was excellent. People who completed the satisfaction surveys scored the staff highly, 100% for their caring attitude and 100% for the staff being matched to their needs. A relative told us how very impressed they were when the registered manager obtained a referee for them so they could find out more about the agency before deciding whether it was right for their family. They respected the registered manager's very honest and open approach and this had helped them to decide the agency was right for them.

Staff supported people with end of life care at the appropriate time, along with advance care planning and final wishes. The registered manager told us staff were attending end of life care training to enhance their knowledge and skills and staff worked closely with district nurse teams and palliative nurses to fully support people in their final days. A community health professional was very complimentary regarding the agency support which enabled a person with a degenerative condition to remain in their own home rather than being admitted to a care home.

Is the service well-led?

Our findings

We received excellent feedback regarding the registered manager's professional, kind and supportive approach. People and relatives' comments included, "The manager is brilliant", "A very organised and well-run agency", "I think the management is first class" and "The manager is so responsive and gets back to you straightaway."

The service's PIR was very detailed providing information in respect of how the management team wished to further develop the service to benefit people in their own home. The PIR recorded, 'Both directors are aiming to play a bigger part in the sector and wider community leaders and feel better equipped having been in the industry for 18 months now to really make a difference and champion homecare and the benefits of maintaining independence in the comfort of your own home'. Right at Home (Sefton) was part of a national network of franchised, independently owned care home services.

The registered manager showed us a number of case studies which celebrated the agency's success. These demonstrated the actions taken by staff to support people in their own home and the impact of this support. It was clear that the staff team had improved people's independence, their autonomy and were meeting people's health and social care needs. People's quality of life had therefore improved as they were able to stay in their own home safe in the knowledge that they received an excellent and caring service. Managers worked exceptionally well with health and social care professionals for the benefit of people receiving care. It was clear from the feedback we received that Right at Home were trusted to respond in a professional and timely manner. This was especially true in more complex cases where other providers had refused or withdrawn from the provision of services. For example, one social worker expressed concern that persistent, serious self-neglect was damaging the health, wellbeing and relationships of one person. Managers and staff worked to develop innovative approaches to encourage the person to accept care which resulted in significant improvement. In another example, a person had become socially isolated and was being targeted within their own community. Managers and staff were able to provide care which reduced the behaviours that led to the isolation. This inclusive, innovative approach was accurately reflected in the culture of Right at Home (Sefton) and evidenced in discussions with staff, managers, professionals and people receiving care.

We saw other evidence of how the provider forged effective partnership working with other organisations to improve people's lives and ensure effective outcomes. For example, a safety protocol was developed with the local authority and police to support people who may wander and go missing. We also saw how the agency worked with dementia groups and the directors and a number of staff were appointed the role of dementia champions and friends. This helped gain an insight into the condition and provide more tailored support for people and their families. In July 2018 the registered manager contacted the NHS ambulance service to look at ways of providing a more responsive and safe emergency service for the people they provided a service for. This included providing the ambulance service with key codes to key safes for quicker access into people's home in an emergency. This was carried out with people's full consent and protocol was now in place to support this.

To lead on improvements and make a difference, we saw at a national level Right at Home conferences were

attended by the directors of Right at Home (Sefton) to celebrate and build on their achievements and to support the continual development of the agency. These conferences along with the managers conferences and meetings looked at sharing good practice, new initiatives, organisational improvements and regulatory compliance. We saw the management team led by example and from the directors down, everyone was involved in providing a well-run quality service with a visible person-centred culture. The directors had a visible presence in the agency and worked closely with the registered manager and staff team. Their involvement showed how they wished to make a difference to people's lives. A relative told us how much the agency's positive contribution had made a difference to their family member's life and they could not praise the directors, registered manager and the staff more highly. One person said, "Without the agency, I would be lost."

We saw a group quality and compliance manager worked closely with the directors and registered manager; this included future developments around the delivery of personal care and end of life care. The emphasis being to promote people's independence in their own home and providing people with autonomy to make their own decisions about their future needs. Relatives told us the staff's positive attitude and ways of working had helped their family member to feel empowered to make decisions around their care and in turn this had improved their health and mental wellbeing. Further training was being rolled out on the service's care needs assessments. This was to instigate a more individualised approach to support the cognitive changes that people face with dementia and to provide ongoing support for relatives.

We saw examples of innovative practice and the impact this had on promoting people's safety. The directors had introduced an initiative for staff to check and record that people were wearing their 'careline' alarm before they completed their visit. Staff told us this check now formed part of daily their routine to support people's safety and brought peace of mind for everyone involved. There had also been recognition of the pressures involved with receiving and providing care at home. As a result, the agency started a free counselling service with the support of an external organisation and the local authority. This provided support to the staff, people who were receiving support and their relatives.

The management team monitored the quality of service. This included robust quality assurance processes and systems to monitor standards and lead improvements. Audits of key areas were undertaken and this included areas such as medicines, care documents and staff training and development. Documentation showed that management took steps to learn from the audits and put measures in place to continually improve the service. For example, making changes to care documents to report on any change in any risks that potentially could affect a person's safety.

The registered manager obtained feedback from people who used the service as they appreciated the importance of listening to what people had to say. Feedback from satisfaction surveys completed by people in January 2018 recorded very high scores regarding all aspects of the service provision. For example, 100% of respondents said; their care givers [staff] were well-matched to their needs, had an excellent understanding of their needs and made a positive difference to their lives. 100% also said they would recommend Right at Home (Sefton). In addition, feedback from people who used the service and their relatives, gathered through social media sites, care plan reviews, complaints or compliments was again extremely complimentary and used to continuously improve the service. The registered manager showed us a 'magic moment folder' and this recorded excellent feedback from people and their relatives, also testimonials from people who used the services of the agency. This success was shared with staff to celebrate their achievements.

Staff told us the management of the agency was very good. All the staff we spoke with told us they felt well

supported in their roles due to the inclusive and positive approach from the management team. Staff comments included, "I feel proud working here", "[Manager] is so supportive in all ways, always there for you", "and "Yes, really well run, everyone is involved." Staff told us their induction and training reinforced the values of the agency which was to put people first and to make a difference. A staff member said, "Caring for people is so important and we look after people how we would wish to be looked after." Staff said communication was very good and they were advised of changes to peoples' care, staff training opportunities and day-to-day issues, via staff meetings, supervision meetings, office visits and an electronic messaging service. Staff told us their views we listened to and respected.

Management, staff meetings and daily briefings took place to ensure good effective communication. The minutes from the meetings covered a range of topics including the care provision, staff training, complaints and disseminating general information. Electronic monitoring systems were in place to monitor visits to people's homes and staff safety; these along with spot checks of staff performance and quality monitoring visits by the registered manager, directors and senior staff provided very good evidence of the service's exceptionally well-led and effective service.

We saw that staff were valued by the management team. Following feedback from the staff surveys the directors appreciated there was a need for further staff recognition, as they appreciated the staff's team commitment and very good standards of care they delivered. Staff recognition schemes had been rolled out; this included compliment slips to enable people to provide feedback, a pension benefit scheme and a staff raffle. Staff were also able to visit coffee shops between shifts, which were paid for by the organisation to help, "Recharge their batteries." We saw the directors had thanked staff for completing the care givers (staff) surveys. The results from these surveys were very positive; staff said they enjoyed working for the company and would recommend the agency to friends and family. Where staff had highlighted the need for more support in their understanding of the MCA, the directors took swift action to provide MCA prompts and training. The small number of additional concerns raised by staff were responded to quickly and professionally. Responses were detailed in an action plan which was made available to staff.

Current policies and procedures were available for staff. We saw a number of policies which included safeguarding, whistleblowing, infection control and medicine administration. These were updated to reflect changes in legislation and to implement best practice. Staff were aware of key policies and knew how to access guidance and support if required.