

Bennett Homecare Limited

Right at Home Mid Cheshire

Inspection report

Winnington Hall
Winnington
Northwich
CW8 4DU

Tel: 01606537400

Website: www.rightathomeuk.co.uk/midcheshire

Date of inspection visit:
28 June 2022

Date of publication:
05 August 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Right at Home Mid Cheshire is a domiciliary care agency providing personal care to adults in their own homes. The service was supporting 19 people at the time of the inspection.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. Personal Care is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service

People received care and support that was tailored around their individual needs and areas of risk. Care records contained up to date and consistent information in relation to the management of risk, although we did find several examples where risk measures needed to be more detailed. This was raised with the provider and was immediately addressed.

Staffing levels were closely monitored; we received feedback to suggest that people received good continuity of care from punctual staff who provided support for the required amount of time. People received care and support from staff who had been appropriately and safely recruited. Pre-employment recruitment checks were carried out and the necessary disclosure and barring service (DBS) checks were conducted. We did note that elements of 'safer recruitment' processes needed strengthening.

Infection prevention and control (IPC) policies and procedures were in place. Staff received IPC training, they had access to the relevant PPE and were engaged in a twice weekly COVID-19 testing. A greater level of oversight was required in relation to testing compliance of the staff team.

Safe medication administration processes and systems were in place. Staff received medication training, had their competency levels checked and had access to an up to date medication policy. The provider maintained an effective level of oversight in relation to medicine management.

Safeguarding and incident reporting procedures were complied with. Staff knew the importance of following the safeguarding policy, escalating their concerns and protecting the people they were caring for.

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.

People, staff and relatives confirmed that person-centred, high-quality, compassionate care was delivered. One person told us, "Carers are fantastic, I couldn't ask for anything better."

Care records contained personalised information that was tailored around people's needs, likes and

preferences. The provider followed the 'accessible information standard'; people were effectively supported with any communication support needs that had been identified.

Effective quality assurance measures and systems had been embedded. Such systems helped to monitor, review and improve the provision of care people received. The provider was aware of their regulatory and legal responsibilities; they were familiar with The Care Act and the regulations that needed to be complied with.

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

Rating at last inspection

This service was registered with us on 6 August 2020 and this is their first inspection.

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Right at Home Mid Cheshire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

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

At the time of our inspection there was no registered manager in post. However, a manager had been recruited and was due to start their management position following the inspection.

Notice of inspection

We gave a short period of notice. This was because we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 28 June 2022 and ended on 30 June 2022. We visited the office location on 28 June 2022.

What we did before the inspection

We reviewed information we received about the service. We sought feedback from the local authority and

professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all the information to plan our inspection.

During the inspection

We spoke with six people receiving care, four relatives who were involved in their loved ones provision of care, head of care operations, a deputy manager, a quality and compliance manager, three members of staff and one external professional. We reviewed a range of records, including three people's care records, medication administration records, as well as a variety of records relating to the management of the service.

We also spoke with the nominated individual; the nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Assessment processes, safety monitoring and management of risk was clearly established.
- The provider ensured that people were protected from harm and not exposed to unnecessary risk.
- Tailored risk assessments had been created for people receiving care. However, we did note that several risk assessments needed to have additional information added. For instance, additional detail was needed around diabetes, life lines and fluid intake.
- Internal and external environmental risk assessments were completed. Risks were clearly recorded and staff were familiar with these.

Using medicines safely

- Safe medication administration procedures and protocols were in place.
- Staff received robust medication training, regularly had their competency levels checked and governance procedures were well established.
- An up to date medication policy was in place; staff were familiar with the procedures and administration processes that needed to be complied with.
- A digital medication administration recording system enabled the provider to have direct oversight of medication compliance, ensuring safe medicine practices were followed.

Preventing and controlling infection

- We were assured that safe IPC procedures were in place.
- Staff received the relevant IPC training, were provided with the appropriate PPE and we received feedback to suggest that staff always wore the necessary PPE when providing personal care.
- COVID-19 guidance, information and best practice was regularly circulated.
- Staff were engaged in routine a COVID-19 testing regime. However, we did note that a greater level of oversight was required in relation to staff compliance. This was immediately addressed by the provider.

Staffing and recruitment

- Staffing levels and recruitment procedures were safely managed.
- People confirmed that they received care from a consistent staff team and they were always on time. People told us, "They're [staff] very good, always on time, very rarely late" and "They [staff] always arrive at the time they're supposed to."
- Safe recruitment procedures were in place. Pre-employment checks were completed and candidates were appropriately vetted. We did note that some areas needed further strengthening such as interview record notes and references that were being requested.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes to safeguard people from abuse were embedded and lessons were learnt when things went wrong.
- Staff were familiar with safeguarding procedures. Staff told us what procedures they would follow if they had any concerns.
- Staff and relatives all expressed that safe care was provided. One person told us, "Carers are fantastic, I feel safe 100%." One relative told us, "[Relative] is well looked after."
- Accident, incident and safeguarding reporting procedures were in place. Lessons learnt were established and routinely discussed.

Is the service effective?

Our findings

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

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

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Principles of the MCA (2005) were complied with.
- People were not unlawfully restricted or deprived of their liberty.
- Care records contained the relevant level of information in relation to people's capacity support needs and consent to care and treatment was clearly documented.

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

- People's needs, choices and preferences were assessed and supported in line with standards, guidance and law.
- People were encouraged and empowered to involve themselves in the provision of care they received.
- The provision of care people received was tailored around their assessed needs, choices and decisions. One person told us, "They [staff] support me with my independence."

Staff support: induction, training, skills and experience

- Staff received day to day support and were offered learning, training and development opportunities.
- Staff were thoroughly inducted into their roles, supported to complete mandatory training and received regular supervisions.
- We received feedback to suggest that staff were skilled, trained and delivered the care that was required. One relative told us, "Staff are very well trained and skilled, they're just brilliant."
- Staff were very complimentary about the provider. They told us, "Training is superb", "There is all the support you need" and "It's excellent, their support has been brilliant."

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

- People were supported to maintain healthy balanced diets.
- People's care records contained relevant nutrition and hydration information; we did note that fluid monitoring needed to be more consistent for one person receiving support.
- Care records contained people's likes, preferences and meal/drink choices they wanted to be offered. For instance, one care record stated, 'I would like care givers to support me to prepare a good, healthy nutritional meal for my lunch.'

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

- People received consistent, effective and timely care by Right at Home Mid Cheshire staff and other healthcare professionals as necessary.
- People's health and well-being was routinely reviewed, monitored and assessed.
- People had access to other healthcare services; this meant they received a holistic level of care, centred around their risks and support needs.

Is the service caring?

Our findings

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

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

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

- People were well treated and supported; the care they received was centred around their equality and diversity support needs.
- Staff provided respectful and dignified care. One relative said, "[The care] is excellent." People told us, "I couldn't ask for any better" and "They're [staff] absolutely fantastic."
- Kind, considerate and compassionate relationships had developed between the provider, staff, people receiving support and external services. One external professional expressed, "I particularly like the first class care focussed approach they have to their staff and clients which is clear to see in any interaction I have with them."
- People told us that staff were familiar with their support needs and tailored their approach around their needs and preferences. One person said, "They're fantastic, they don't just come and prepare meals, they are so helpful with practical day to day problems, they're very caring."

Respecting and promoting people's privacy, dignity and independence

- Staff delivered dignified, respectful care that helped promote people's privacy and independence.
- People and relatives all confirmed that respectful and dignified care was provided. Comments we received included, "The care is great.", "It's very, very good care", "It is excellent [care]."
- Care records contained information about the level of support people needed. For instance, one person's care record stated. '[Person] loves her independence and being able to get out and about in the community.'
- People remained empowered and encouraged to maintain their independence. One person told us, "They [staff] help support me with my independence, we have developed great friendships."

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

- People were supported to express their views and were involved in decisions about their care.
- People were engaged in the provision of care they received from the outset. They were involved from the assessment stage and included in care package and quality monitoring reviews.
- The provider had processes in place to capture people's feedback, ensuring that their comments and suggestions about the provision of care was considered. One person told us, "Every couple of weeks a manager comes out to see if everything is great."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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 support needs were fully assessed and met.
- Preferred methods of communication were clearly established and staff were familiar with the support that needed to be provided.
- People's care records contained tailored, up to date information in relation to people's communication support needs. For instance, one record stated, 'Care giver needs to make eye contact with me when communicating, when offering choices, you may need to simplify the language and only offer a few choices.'

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

- Personalised care was planned, tailored and delivered around the needs and preferences of people receiving care.
- Staff had developed positive and considerate relationships with the people they supported; they ensured their needs, wishes and preferences were respected. People told us, "They [staff] always do what I need them to do" and "They [staff] definitely know me well."
- Care records outlined tailored areas of care that staff needed to be familiar with. For instance, records highlighted information such as, 'Mondays, I would like to go shopping to the local supermarket. Wednesday, I would like to carry out a social activity.'

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

- Staff supported people to maintain relationships, remain socially independent and actively engaged in activities that were important to them.
- The provider ensured that people were not only supported with personal care but also encouraged to engage in interests and hobbies to help keep people active and stimulated.
- Staff were familiar with people's interests and hobbies. Care records contained information such as, 'I enjoy reading, going to church, music, socialising, knitting and crosswords' and 'I want to remain as independent as possible, continue baking, start going into town again or go to the café.'

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy in place.

- The policy outlined how complaints would be managed and responded to.
- People and relatives were informed about the complaint process, they also confirmed that they felt their complaints/concerns would be listened and responded to. People told us, "If I needed to make a complaint, I would be listened to" and "They [staff] would act on any concerns, definitely."

End of life care and support

- End of life care was not being provided at the time of the inspection. However, Right at Home Mid Cheshire do provide end of life care and support when it is needed.
- End of life training was provided, there was appropriate documentation in place as well as an end of life champion.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Managers and staff understood their roles, the importance of monitoring quality performance, management of risk and complying with regulatory requirements.
- Overall quality assurance and governance systems were embedded at the service. We did note that some areas of oversight needed to be strengthened. Managers were responsive to this feedback.
- Monitoring systems helped to assess the provision of care people received; such systems ensured the quality and safety of care was regularly reviewed, discussed and improved upon.
- Areas of risk were routinely assessed, support measures were implemented and people were protected from harm.
- Regulatory and legal requirements were complied with. The provider was aware of their responsibilities, was familiar with The Care Act and attended CQC webinars as a measure of keeping updated and abreast of any regulatory changes.

Continuous learning and improving care

- Areas of improvement and continuous learning were established through effective auditing and quality assurance systems.
- Internal auditing systems such as monthly compliance reports, client reviews, annual client file audits, 'care giver' audits, key line of enquiry audits and governance meetings meant the provision of care was constantly being monitored and assessed.
- Improvements were identified and action plans were devised in a timely manner. We received assurances that people received person-centred, high-quality and compassionate care.

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

- The culture and ethos of the service was centred around high-quality, person-centred care; people were included in the care they received and empowered to make decisions, helping to achieve good outcomes.
- The provider had received multiple awards since their registration; the awards were a celebration of their dedication and commitment to care.
- Care records indicated that people were involved in the day care and support they received; people's goals were documented and they were encouraged to achieve their aspirations. One person told us, "I've come a long way [since receiving support from them]."

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

- Right at Home Mid Cheshire engaged and involved people, relatives and public about the quality and safety of care being provided.
- Feedback and suggestions were encouraged; quality surveys were circulated as a measure of reviewing and analysing areas of strength but also areas of improvement and development.
- Staff told us they were fully supported and enjoyed working for the provider. Comments we received included, "I really love working for the company", "I feel valued and supported" and "I absolutely love my job, you get all the support you need."
- Newsletters and 'well-being' leaflets were circulated as a measure of keeping people/staff informed; these provided important updates as well as good news stories that needed to be shared.
- People and relatives provided us with positive feedback about their experiences of care. Comments we received included, "They [staff] engage and interact with me", "It's excellent, they [provider] are a God send" and "They [provider] are head and shoulders above the other care company [we had]."

Working in partnership with others

- The service worked in partnership with other services, organisations and external agencies.
- The provider engaged with local community support groups, delivered dementia awareness sessions, supported fundraising events and attended local recruitment fairs.
- People's overall health and well-being was being overseen and monitored by other services such as local GP's, social workers, district nurses and speech and language therapist teams.
- Effective partnership work meant that people received a holistic level of care.

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

- Duty of candour responsibilities were complied with; open and honest relationships had developed between staff, people receiving support and external professionals and services.
- We received assurances that effective lines of communication had been established. One person told us, "If there are any issues, they [staff] call me. There is good communication."