

RRJ Care Limited

# Right at Home Bishop's Stortford & Braintree

## 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Right at Bishop's Stortford & Braintree is a service registered to provide personal care to people living in their own homes. The service supports younger adults and older people living in and around the Bishops Stortford area. On the day of our inspection they were supporting 16 people with the regulated activity of personal care.

People's experience of using this service:

People benefitted from a caring staff team and were supported by a dedicated staff team which meant they experienced continuity of care. The feedback from people was positive. One person told us, "They are like family to me."

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

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

People's needs were assessed prior to the commencement of the service. The assessment included people's health, physical and emotional need as well as communication needs. The environment was also risk assessed and detailed plans were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests; the policies and systems in the service supported this practice.

Staff received training that enabled them to perform well in their roles and told us they were well supported. The service worked well with external professionals to ensure, when needed, people had access to healthcare services. The service also worked with other professionals to ensure people had pain free, dignified end of life care.

The service was led by a director who were also the owner of the company and a registered manager. There was a clear staffing structure and a recently registered new manager, who was registered in January 2021.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 08 August 2019 and this is their first inspection.

#### Why we inspected

This was a planned inspection of a registered service which had not been inspected.

#### 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?

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 Bishop's Stortford & Braintree

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was completed by one inspector and one Expert by Experience who made phone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of 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 are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection. We visited the office location on 07 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service. The provider completed a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. The Expert by Experience spoke with 12 people receiving support to gather their views and we received feedback from six staff.

#### During the inspection

We spoke with the director, the registered manager, senior carer and administrator. We reviewed a range of records, including three people's care records. We looked at three staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including incidents, complaints and audits were also viewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and the provider sent us additional information, as requested.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people. The registered manager raised safeguarding alerts to the local authority when they had concerns about a person's safety.
- Staff had received training in safeguarding people and knew what to do if they were concerned a person was at risk of harm.

Assessing risk, safety monitoring and management

- Detailed risk assessments were in place. These included assessments for mobility, mental health, skin care and nutrition.
- The risk assessments included environmental safety. People's environment had been assessed and we saw examples of detailed descriptions of the surroundings and any equipment used. One person had a risk assessment in place for a sensory fire alarm. The registered manager had arranged for the fire service to visit to assess what could be put in place for this person who was hearing impaired to ensure they were kept safe in the event of a fire.
- People's relatives told us people were safe receiving care from the team. One relative said their loved one was safe, "They ring when they are going to be late which is appreciated" and, "They have COVID covered they do COVID updates over the phone and they always wear masks, gloves and aprons."
- People told us they had care from consistent staff. One person told us, "If there is someone new, they are always introduced by the manager and do shadow shifts until they know what they are doing."

Staffing and recruitment

- People told us that their visits were not rushed, and staff told us they had enough time to carry out their care calls. The records we looked at showed people experienced continuity of care. Rotas were planned with the staff to consider their availability which meant changes were less likely to occur.
- The provider followed safe recruitment practices to ensure people were protected against the employment of unsuitable staff. Staff recruitment files we viewed contained the necessary checks and references.
- The director told us they were actively recruiting staff. However, if necessary they themselves would go out on care calls along with the registered manager to ensure everyone had their needs met.

Using medicines safely

- People were supported to take their medicines when required. Staff received regular training and had competency assessments. One person told us, "I didn't quite understand all the medicines but the manager helped me and organised everything I was so grateful."
- Medicine administration records (MAR) were monitored by the office staff. The electronic system was in the process of being implemented which would not allow the staff to log out of a person's visit if they forgot to mark the completion of a support task, such as taking medicine. This meant there would be was added

security and an extra layer of assurance people had their medicines as needed.

- MAR charts were audited and if any errors were found these were addressed through supervision and if necessary further training.

#### Preventing and controlling infection

- The provider had ensured there was sufficient stock of personal protective equipment (PPE).
- Staff were trained in infection and prevention control. One staff member said, "I have always had full access to PPE, we go to the office if we need any more stock, we have never not had enough PPE."
- People we spoke with told us staff followed safe practices. One person said, "All of the staff wear (PPE), sometimes I can't hear what they are saying because of them wearing the mask but they explain why they need to wear it." Another person told us, "The staff are always washing their hands they are being very careful."

#### Learning lessons when things go wrong

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



# Is the service effective?

## Our findings

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

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

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

- People's needs had been assessed before they started to receive support. This was to ensure people's needs could be met and their needs were incorporated into their care plans. One person told us, "They were very thorough, they asked lots of questions and asked about the history of [name of person] which I thought was really good."
- The assessment included people's physical, emotional, communication and health needs as well as their preferences of carer.
- People and their relatives, where appropriate, were involved in the assessment process.
- People and external professionals were complimentary about the care provided by the team. Feedback from one professional stated "Your agency has been supportive towards meeting adults' care and support needs especially during the COVID-19 pandemic. You and your team went the extra mile supporting adult to engage and participate in their assessment and reviews of support plan through Microsoft teams."

Staff support: induction, training, skills and experience

- Staff received effective training that equipped them with the right skills to carry out their roles. The training provided to staff met the Care Certificate standards. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life
- New staff had an induction when they started working for the agency and shadowed more experienced staff until they felt happy and confident. They were assessed by senior staff before carrying out care visits on their own to ensure they were competent in doing so.
- People we spoke to told us that they thought staff were skilled and knowledgeable. Comments included, "They take the time to let [name of person] move at her own pace never rushing and that shows they understand someone living with dementia" and, "About six weeks ago [name of person] was having chest pains they immediately rang an ambulance I felt very confident they knew what they were doing."
- The registered manager informed us they had recently attended some training, from one of the UK's leading dementia specialists and they were looking into how they would be cascading this to the staff team.
- Staff told us they felt supported by management and the office. One staff member told us, "We have regular supervision and there is always someone available to talk to or ask advice if we need to."

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

- People's dietary needs were assessed and outlined in care records.
- Staff assisted people with food shopping or meal preparations when people required this support.

- People's care plans gave detailed guidance regarding people's dietary likes. One person's care plan said, "Please prepare me a sandwich of my choice with the crusts cut off."
- People told us they were able to choose their meal on the day and to take part in food preparation if they wanted to. One person told us, "[Name of person] has always cooked a meal and still wants to and that is possible with the staff's help."
- Staff worked well with other professionals for example, district nurses, GP's and occupational therapists to support people's health and well-being.
- People's care plans highlighted people's past diagnosis, conditions or operations they had which could affect their well-being.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected, staff were aware of and worked within the Act.
- People who lacked capacity to make decision had a mental capacity assessment in place regarding support for example, taking their medicines.
- Observations of staff competency assessments checked staff asked for consent before providing support. This ensured people had the right to make choices and decisions about their own care and treatment.
- The manager was knowledgeable about the process of assessing people's mental capacity for specific decisions and the best interests process.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives we spoke to told us that the staff were kind and caring. Comments included, "Carers have taken the time to get to know [name] and chat about places they used to live and interests they had, they make a real effort to connect" and, "We have a marvellous carer who goes above and beyond they are aware of [name] short attention span and work at their pace and they are so good at adapting to the changing moods."
- People's cultural and religious needs were respected by staff and details documented in people's care plans.
- Staff had received training in equality and diversity.
- Staff worked well in difficult situations, showing patience and understanding. This enabled people to be cared for at home as were their wishes rather than move to a residential setting. The agency demonstrated they had worked hard with family and social services to enable one person to remain in their home.
- Staff shared with us how the provider's caring approach was also directed at the staff team. One member of staff gave us examples where the provider showed care and acted with flexibility to support the staff with any issues around their personal circumstances.

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

- People felt listened to and were asked if they were happy with the caregiver who supported them. One person told us, "There was one I just didn't gel with. I told the office and things were changed. They are like family to me."
- The provider operated an outcome model, which meant they discussed with people what was important to them and the staff would work with the person to achieve it.
- There was an emphasis on ensuring the person receiving care and support was appropriately matched with the right staff referred by the company as 'a care giver'.
- Staff knew what mattered and what was important to people. For example, one person had a pet that was of great importance to them. The person's care plan stated how the person wanted staff to take notice of their dog as this was important to them when people visited their home. The person told us, "I love the fact that they talk to my dogs because they are very important to me."
- People and their relatives told us and records confirmed, people were actively involved in making decisions about the support they received and praised this. We saw people's views had been gathered during the regular reviews and spot checks.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy was maintained at all times. Comments included, "I never feel

rushed the staff take their time" and, "They always respect my privacy."

- People and relatives gave us examples of how staff promoted their independence. Staff understood and appreciated the importance of promoting people's independence. Comments from people included, "The staff always try and encourage me to do as much for myself as I can I like that they don't just take over."
- We saw an example where staff had supported someone to attend an appointment which the person found very difficult. Staff carefully thought out how they could enable the person to feel at ease and how to alleviate their anxiety. This involved one member of staff giving their time voluntarily on their day off. The staff told us, " After the long appointment, to acknowledge the stress that [name] had been through on this visit, I stopped at the Fish and Chips shop, bought [name], [staff name] and myself fish and chips, as well as a box of chocolates which I gave to [name] and told her I was aware how hard she would have found it. [Name] and I sat and had a rare "girly" lunch with [name], which made life a little more 'normal' to her for a brief period of time.
- The provider ensured people's confidentiality was respected at all times. Staff received training in data protection. Any records containing people's personal information were kept in a secure office and each staff member had their own login details to any information stored electronically. Staff understood how to maintain confidentiality.

# Is the service responsive?

## Our findings

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

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

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

- People's care plans were regularly reviewed. We saw samples of regular reviews taking place and these demonstrated people's feedback and input had been sought.
- Care and support given enabled people to remain living in their own homes. One relative told us, " They have been a god send it means [name] can stay at home and this is so important to [name] and us."

Meeting people's communication needs

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

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

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain family and social relationships.
- As well as people having a one page profile, staff also had a profile which was used to match staff with people who had similar interests for example, staff had been matched with someone who enjoyed gardening as this was noted as one of their interests.
- People's care records outlined people's hobbies and interests. One relative told us, "They organised a litter pick for [name] this is something that he has done all his life they sent me pictures he loved it."
- A couple of people we spoke to told us they would like staff to wear their name badges as they were forgetful and sometimes couldn't remember the name of the person who provided them with their care. We spoke to the management and they informed us it was company policy for staff to wear their badges and this was addressed when carrying out 'spot' checks also staff were encouraged to introduce themselves on each visit. The registered manager had suggested people may benefit from staff wearing a larger badge.

Improving care quality in response to complaints or concerns

- The provider had a policy on how to record and manage complaints.
- People we spoke with told us they knew how to raise a complaint. One person told us, "I would speak to the office I feel confident that any matter would be resolved." Another person told us, "I don't have any complaints any niggles are sorted promptly."
- There was a robust complaints policy in place the provider clearly demonstrated when complaints had been received these were investigated and responded to with all parties kept informed of the outcome.

#### End of life care and support

- The service enabled people to receive end of life support at home without having to go into hospital. One person told us, "My daughter died last year, and we asked for a particular carer to come and get [name] ready on the day of the funeral. She was wonderful and made the day more bearable."
- Where required, the team had worked closely with other professionals to ensure people had a dignified and pain free death. The registered manager and senior care staff gave us examples how they supported people with their end of life care. They told us, "We selected a team of caregivers who already knew the family dynamics and ran a training course that was tailored to [name] health conditions, personality and wishes, to prepare the team as best as possible. The Care Co-Ordinator supported at most calls, acting as the lead caregiver, so there was a consistency of care and knowledge of [name] day-to-day health. We also supported the family emotionally, as well as liaising with the District Nurses reporting on any concerns."
- The registered manager and care staff told us they felt privileged to be part of people's end of life care. The registered manager told us how they had facilitated a visit from a catholic priest for a person who had expressed their wish to be able to speak with a priest. This had been difficult to arrange because of the restrictions placed upon them due to COVID-19.
- The provider gave us examples of where staff were involved and supportive of people and their families at the end of their life.

# 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.

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

- The service was well-led, the day to day running of the service was managed by one director and a registered manager who was registered with the commission in January 2021. The managing director and the registered manager were clearly passionate and committed to providing a high quality service. There was a clear staffing structure and staff were clear about their roles and responsibilities.
- The provider had multiple and effective quality assurance systems. These included audits of daily records, medicine management records, care plans and risk assessments. The provider used various trackers; to monitor staff's training compliance, accidents, safeguarding concerns and other occurrences. These were discussed during the senior team meetings and information cascaded to the team.
- The management team demonstrated they promoted continuous learning and improvement. This approach was demonstrated throughout the day. The service asked staff to reflect upon their practice and this enabled staff to learn from positive experiences as well as discuss how they could improve on areas which were less positive.
- Staff praised the support provided by the management team. One staff member said, "I know I can always ask for support someone is always available to help."

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

- People and relatives praised the service and told us it was well managed. People spoke very highly about the director and the registered manager. One person told us, "They are on the ball everything is sorted any small niggles nothing is a problem."
- Staff told us they all worked as a team and that morale was very good. They said they felt appreciated and valued. It was clear staff shared the same goal of wanting to provide good quality, person centred care. A staff member said, "I would definitely let my relative be cared for by the agency. I have worked for other agencies and this one is by far the best."

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

- The provider used a satisfaction survey that was led by the head office to gather people's views.
- People and their relatives were able to feedback their views during regular reviews, spot checks and by telephoning the office.
- Staff told us they were valued, listened to and there was good communication. One staff member said, "We are always given the opportunity to comment and make suggestions about things this makes us feel valued." Another one said, "I feel part of the company because we are always kept informed about what is

going on."

- The management team held regular team meetings and staff were encouraged to attend. The management team told us they felt these were especially important due to the pandemic. Additional meetings would be held if some staff were unable to attend.
- Staff receive regular newsletters, this is to keep them updated with what is going on within the service and details of staff's achievements. The newsletters also gave reminders of important issues such as Safeguarding.

Working in partnership with others

- The team worked well in partnership with local health and social care professionals.
- People praised how well the staff at the service liaised with health professionals and as a result all worked as one team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were aware of their legal responsibilities and were open and honest when things had gone wrong. One person told us, "I was called immediately when they realised, they had sent some paperwork to another person. They disclosed the error immediately and I appreciated the transparency."
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notification appropriately to CQC.