

Bristol Quality Care Limited

Right at Home (Bristol East)

Inspection report

Unit 8, Eclipse Office Park
High Street, Staple Hill
Bristol
Avon
BS16 5EL

Tel: 01173701710

Website: www.rightathomeuk.com

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27 February 2020

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Right at Home is a domiciliary care agency. It provides personal care and support to people who live in their own home.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. At the time of the inspection, the service was providing personal care support to 53 people.

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

People received a personalised service from a well-led team of staff. The management team and all staff we met were passionate and committed to providing high-quality, person-centred care.

Staff demonstrated the values of the organisation very well in the care and support they provided. People received a service which met their needs to a high standard, and often exceeded people's expectations.

The management team ensured high standards which reflected best practice were consistently achieved and improvements were made promptly where necessary. Audits and compliance checks were embedded in the service and these supported the team to make sure quality and safety were closely monitored and standards maintained.

Staff were highly motivated to support people to develop or maintain skills and independence and achieve exceptionally positive outcomes for people. The staff we spoke with were kind and caring, and treated people with dignity and respect.

People and relatives routinely expressed their views and preferences. Feedback about the service was very positive overall. 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 felt safe when being supported by the provider. Systems and processes were in place to safeguard people from the risk of abuse. Staff understood their responsibilities and received regular training to ensure people were safe. Where risks had been identified, assessments were in place and action was taken to manage risks where possible.

Staff were safely recruited, and sufficient staff were in place to support people. Staff received relevant induction, training and support, and were competent to carry out their role. Any concerns were addressed promptly by members of the management team.

People were supported to access to routine and specialist healthcare services where necessary to ensure they received timely care which met their needs. Staff worked in partnership with a range of other organisations to improve and develop Right at Home (East Bristol).

People's needs and preferences were assessed before they received support from the service, and these were regularly reviewed. Care plans gave guidance to staff about what people could do for themselves and how best to provide support.

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

Rating at last inspection

The last rating for this service was good (published 17 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Right at Home (Bristol East)

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 homes. The service can provide support to adults of all ages, including people with physical disabilities, sensory impairments or those living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 February 2020 and ended on 27 February 2020. We visited the office location on 25 February 2020.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is legally obliged to send us within required timescales.

The provider was not 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 and used all of this information to plan our inspection.

During the inspection

We received feedback from four people who used the service and nine relatives about their experience of the care provided. We received feedback from three professionals who had contact with the service. Their comments have been incorporated into this report.

We spoke with seven members of staff including the registered manager, nominated individual, care staff and members of the management team. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including four people's care records, medication records and five staff files. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems continued to be in place to safeguard people from the risk of abuse. Policies and guidance were provided so that staff and people knew how to report safeguarding concerns.
- Staff had received training and knew how to keep people safe from harm or abuse.
- Staff were able to identify examples of safeguarding concerns and told us about the appropriate actions they would take. This included reporting concerns to the management team. One staff member had previously done this and said, "It's not always easy to do it, but I had to do it. I just want to protect them. Management were brilliant, they were really supportive."

Assessing risk, safety monitoring and management

- Risk assessments had been carried out. These included assessments of choking, moving and handling and specific environmental risks. These risk assessments gave staff guidance about how they should respond to and manage risks to help people stay safe. For example, one person's assessment and support plan gave very detailed information about how a person should be positioned in bed to increase their comfort, reduce the risk of harm and reflect their preferences.
- Environmental risk assessments of people's homes were carried out. These included information about how to access the person's property and how to use equipment in the home safely.

Staffing and recruitment

- There were enough staff to support people safely, and this was consistent where possible. Vacancies had just been recruited to, and people told us they would be happy when more permanent staff were in post. One person said, "They're usually very good, but I know they've had a few problems getting staff lately. I'll be happy when it's more regular carers again."
- The provider was innovative in the methods they used to attract potential staff, and the registered manager and staff had worked with schools, apprenticeship schemes, job centres and local authority projects to boost recruitment.
- The provider followed safe recruitment practices. Staff files contained pre-employment and other checks which confirmed staff were suitable to work with people.
- The provider had a number of incentives in place to retain staff. For example, bonus payments, financial incentive programmes, birthday cards and gifts at Christmas.

Using medicines safely

- Medicines were managed safely, and systems were in place to ensure people received their medicines as prescribed.

- The provider was changing from a paper based to an electronic system. The care files we saw did not always have clear guidance for staff with regard to topical medicines or creams. For example, a body map to show in detail where a cream should be applied. The electronic system included this information, and staff said they had sufficient information to ensure they applied creams and ointments as prescribed.
- When there had been medicines errors, actions had been taken to improve practice. People had not been placed at risk from the errors which were reported.
- Staff were trained in the safe management of medicines, and competency was checked annually and via spot checks which were carried out regularly.
- An up to date medicine policy was in place which included best practice guidance. Medicines were audited regularly to check these continued to be managed safely. Where audits had identified shortfalls, actions had been taken.

Preventing and controlling infection

- Staff received infection control and food hygiene training.
- Personal protective equipment such as disposable aprons and gloves were available for use when staff supported people with personal care tasks. These help to reduce the spread of infection.

Learning lessons when things go wrong

- Systems were in place to report incidents and accidents. Staff knew how to record incidents. These were clearly logged, with evidence that incidents were reviewed by the management team and actions taken to ensure staff and people remained safe.
- Information was shared with staff in meetings and through immediate communication where necessary to ensure everyone learned from incidents and changed practice when necessary.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- All aspects of people's needs and preferences were assessed before they started to receive support from Right at Home (Bristol East). This included physical, emotional and social needs, and care records gave staff information and details to ensure they provided care which met people's needs.
- Where people could not provide details themselves, families provided information about people's needs and preferences.
- Staff regularly reviewed people's care and support plans. This ensured the service people received continued to meet their current needs and achieved effective outcomes.

Staff support: induction, training, skills and experience

- The staff we met were knowledgeable and experienced. Staff told us their skills and knowledge were considered when they were allocated to work with people. One person told us, "I've got to know a few of them very well. We get on and they're very good." Another said, "It's nice to have them come. They all seem to know what they're doing."
- The registered manager carried out spot checks when staff were supporting people in their home. This was an opportunity to check staff's competency and identify any areas for development.
- New employees completed an induction when they joined the service. Staff told us they found the induction helpful and had also appreciated being able to shadow more experienced colleagues for as long as necessary when they were new to the role. Comments included, "Induction was really good. If you're not confident about something, you just have to call, they'll always get someone in to help you" and, "When I started, I had loads of induction, shadowing and training."
- Staff received training and regular updates both face to face and via e-learning. Essential training covered subjects such as safeguarding, moving and handling and health and safety. The registered manager monitored staff training, and we saw people were up to date or had training sessions booked in the near future. Staff enjoyed the training they received. One staff member told us, "There's loads of training, it's really good."
- The provider had introduced continuing professional development (CPD) opportunities for staff. For example, a recent CPD focus had been on sexual orientation and another on mental health awareness. These aimed to improve staff knowledge and skills in particular areas and so develop the quality of care further.
- Staff were supervised by more senior staff, including during spot checks and structured supervision meetings. The provider's policy stated that this was to ensure work was carried out to agreed standards, and to ensure staff felt and knew they were supported.
- Staff we spoke with stated they felt supported by the management team. One staff member said,

"Management are brilliant, they're really supportive." Another staff member told us their colleagues were supportive, stating, "It's a great team, we're like a little family."

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

- People who needed assistance to eat and drink had care plans in place to guide staff about how to meet specific needs and preferences. People told us they were happy with the meals staff prepared, one person said, "They're very good with the meals. I just tell them what I want. It's always very nice."

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

- People were supported to access to routine and specialist healthcare services where necessary to ensure they received timely care which met their needs.
- Staff had recently received training about the importance of oral health care and received input from healthcare professionals such as district nurses or occupational therapists when this was required.
- Information about people's needs was documented in care records and contact details for health and social care professionals involved in the person's care were available.

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.

- At the time of our inspection, the registered manager told us no-one using the service had support in place which would amount to a deprivation of their liberty.
- Mental capacity assessments had been carried out, and staff had worked with families and other professionals to ensure each person's needs were met appropriately.
- A policy was in place and staff received training about the Mental Capacity Act. Consent from people to receive care and support was sought and recorded. Staff understood the importance of seeking consent when supporting people. One staff member said, "We always give people choice. They have choice about everything."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff supported people in a kind and caring manner. The staff we spoke with were compassionate about the people we spoke with and valued the role they played in people's lives. Comments from staff included, "I love working with people and doing what I can" and, "I love being able to do little things for them. It's 5 minutes out of my life, but it makes a huge difference to them."
- People and their relatives were positive about staff, although several noted they would be happy when more permanent staff were in post. This was because people wanted more consistency and to get to know staff better. Comments from people and their relatives included, "[Name] has regular carers who know them well...and who give them the care and prompts they need as well as respecting their dignity" and, "I think the only thing they could do better is have more staff. I don't like chopping and changing." The management team recognised the importance of consistency for people and tried to achieve this where possible. The creation of Field Care Supervisor roles helped provide consistency and attract and retain experienced staff.
- Staff knew people well and were able to tell us about individual's likes and dislikes, routines and needs. Staff told us they had access to relevant information to ensure they supported people in the way they preferred.
- The provider respected people's needs under the Equalities Act 2010. For example, assessments included information about cultural, religious and gender needs. Staff received training in equality and diversity. One staff member said, "It's really interesting. You get a window into people's lives, and they're really varied. Everyone's different and unique, I love that variety."
- The provider took care to ensure individuals were given the support they needed to be able to attend events which were organised by the provider.

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

- People were able to make decisions about their day to day care and routines. Staff encouraged and respected people's choices. For example, the order and manner in which tasks were completed, preferred topics of conversation or staff who supported each person.
- People and their relatives were involved in reviewing care and support plans regularly. One relative said, "The communication is really good, we talk and check things all the time."
- Staff told us they had time to speak with people during their visits and check people were happy with the support they received on an informal basis. A staff member said, "It's one of the best things about Right at Home, we don't rush in and out. There's always time to speak with people, to sit down and just chat for a few minutes. That's really important, it could be that person's only chat of the day."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and considerate when supporting them. They said staff were mindful of their dignity, particularly during personal care activities. Staff were proactive in supporting people to get the equipment, resources and support they required to maintain their dignity and independence wherever possible. One relative told us, "They very, very much respect [Name]. They encourage them but treat them sensitively."
- Staff described how they protected people's privacy and dignity. One staff member said, "I always ask people how they like things done, what their preferences are with personal care. I check how they want me support and reassure them. It's important that they're comfortable."
- Case studies and records demonstrated ways in which staff respected and promoted people's dignity and independence, and the provider had received compliments from people and their relatives.
- People's independence was supported, and people reflected this in feedback. Information was available in care records to describe what people could do for themselves and how to best provide support.
- The provider had policies which gave staff guidance about how to respect and promote people's privacy, dignity and independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were treated as individuals and their support plans were developed with them, or with relatives and other professionals as necessary. Staff listened to people's opinions and preferences to be able to meet these wherever possible. This ensured the package of support they received was tailored to their wishes and needs. One person said, "I just have to tell them how I want things and they do it. I can't fault them."
- Care plans were regularly reviewed and updated, and any changes were communicated to staff. One staff member said, "People have reviews of their support regularly. [The electronic notes system] means that we now have information we need and any updates straight away."
- People's records had recently moved from a paper based to an electronic system. This allowed staff to update information in real time and give live access to records. Staff liked this system. It meant they were always up to date and able to provide individualised support which was responsive and had been agreed with the person. Some people had been involved in the testing and developing the new system. The electronic system also managed staff details including training records and call times. This meant the provider could monitor visits and staff performance to ensure standards remained high.
- The provider had processes and structures in place to ensure the service provided was personalised, flexible and consistent. For example, in several cases Right at Home (Bristol East) provided care to people despite funding gaps and in other instances support and practical help was given to families free of charge.
- The provider ensured the support people received was tailored to meet their social and cultural needs. Examples included changing a visit time to enable a person's relative to attend church, matching a person with a staff member who spoke their first language, taking a person speed dating and providing transport at Christmas to enable a person to see their family. We saw many examples of the ways in which the provider had gone above and beyond to provide people with a responsive service. For some people this support enabled them to continue to live more independently and helped people exercise choice, take control and improve their wellbeing.

Meeting people's communication needs

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

- People's communication needs were assessed and identified. Any specific needs, such as large print, were documented in care records. This meant staff knew how people should be given information so they could

understand it. One person's care record explained that the individual did not have any problems with their hearing or eyesight, and although they were unable to communicate verbally, they understood what was being said around them. The provider had used video to support another person's communication. This demonstrated individualised ways of involving people and their supporters to ensure they felt empowered and involved.

- The provider shared individual's communication needs with other professionals when necessary and with their consent.

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 follow their interests and use local community facilities where relevant. This helped people to retain skills and develop new relationships to support their well-being and live as full a life as possible.
- The provider was innovative in helping people to develop new interests and relationships by organising and supporting people to attend events which they ran. Particular effort was made to include those people who found it difficult to leave their home or socialise. These events were provided free of charge and included coffee mornings, social trips, an annual barbeque and Christmas carol concert. People in the wider community and from other groups were invited to some events. People spoke very positively about these events and said being involved had made a difference to their lives and helped them feel included in the community. Photographs and messages from people showed how much they had enjoyed these events. Plans were in place to provide more extensive and varied social opportunities within the local community.
- Staff provided support to some people to enable their family or carers to have time away from the home and their responsibilities. This helped family members to reduce their own social isolation and take part in meaningful activities. Relatives told us this had made a huge difference to their own health and wellbeing.
- Staff aimed to meet people's wishes and expectations. The provider had a 'Wishing Well' initiative in which people were asked what they would like to do and how staff could assist in making the wish happen. For example, one person wished they could go swimming again, and staff had supported them to do this. The person had been very happy to have achieved their wish.
- Staff organised fundraising events which people were involved in and supported. For example, raising money for cancer and diabetes charities. Staff raised a large sum of money via a sponsored walk. This helped a person and their relative to buy a mobility vehicle to enable them to continue to engage in activities which were important to them and made a significant improvement to their quality of life.
- Staff understood people's individual needs and preferences as well as the importance of socially and culturally relevant activities. The management team considered culture, age, interests and personality when matching care staff with people they supported. Staff told us they liked getting to know people and finding out more about their interests and background.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain and said they would be confident in approaching the staff or the registered manager with concerns. One relative said, "If there were any problems, then I'd bring it up straight away. They'd listen and sort things out."
- There had been three complaints in the previous 12 months, and these had been investigated and responded to promptly. Where the provider felt people had not received a high standard of care, they apologised and made changes. Lessons learned from the outcome of complaints were shared with staff to improve the quality of care delivered to people, and the provider could demonstrate where improvements had been made as a result of learning.
- Complaints were audited and reviewed for themes and to ensure improvements were made if required. The provider requested feedback and had regular contact with people, their relatives and staff. An open and

honest working relationship ensured concerns and complaints were listened and responded to and used as an opportunity to improve the quality of care within a constructive working relationship. This meant any issues could be resolved quickly before complaints arose.

- A policy was in place which described how complaints were managed and dealt with.

End of life care and support

- No-one was receiving end of life care at the time of the inspection.
- People's end of life wishes were discussed and documented where relevant.
- The provider told us if end of life care was required, they would work with other professionals and seek specialist support as needed. We saw feedback from relatives which praised the person-centred care and respectful treatment their loved one had received 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.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider had values which placed the person at the centre of the service and aimed to 'make a difference every day'. These values were reflected in the actions of staff, in evidence from the provider and in the feedback we received. One compliment described how staff improved one person's wellbeing by, "Making them laugh and cheering them up no end," and another praised how staff had made changes to support a person in being more independent in taking their medicines. The provider was committed to delivering high standards of care and empowering people wherever possible. Many people shared comments such as, "[Right at Home] makes such a difference to our lives. They do things for us that I didn't dream they would. That's helped enormously."
- There was a positive culture within the service and the staff we spoke with were enthusiastic about meeting the provider's values and making a difference to people's lives. The registered manager and staff aimed to achieve excellent outcomes for people in collaboration with them. For example, one relative told us, "They're really good and they really encourage [Name]. They find the things [Name] can do and encourage them to do little things. It makes such a difference."
- The provider sent each person using the service a birthday card as well as a gift at Christmas. Feedback showed people appreciated this and felt the service was person-centred and compassionate.
- We received positive feedback about the service and the ways in which staff supported people. For example, taking relatives to visit their loved ones in hospital, visiting those who did not have friends or family in their own time, and supporting people creatively in crisis or emergency situations. Many relatives and people gave us examples of when support had been 'above and beyond' what might be expected. Comments included, "I wouldn't change them for the world", "They do so much more than I could have dreamed" and, "They bend over backwards for me. Nothing is too much trouble." This showed people received a service which met their needs to a high standard, and often exceeded people's expectations.
- The registered manager said, "The staff are great. They get our values. We're like a family really." People praised the leadership of the service, and staff described the management team as, 'brilliant' and 'amazing'.
- Surveys showed staff had consistently high levels of satisfaction in their role. In a recent questionnaire, 91% of staff said they were proud to work for Right at Home, and 96% believed their job gave them the opportunity to learn and develop new skills. This showed staff were motivated to support and empower people and provide a high-quality service.
- The registered manager was active in supporting staff to develop and progress within their careers, for example through training and opportunities and via incentive schemes. Some staff had worked for the organisation for many years and had progressed to more senior roles. This supported staff retention, which

in turn gave people consistency in the staff who supported them.

- There was a culture of making a positive impact on the lives of people who were supported by the service. One person enjoyed visiting museums but had not done this for a long time. Staff organised a visit which focussed on the person's specific interests, such as social protest and recent local history. The person was enthusiastic and engaged, saying they enjoyed the visit and appreciated that staff had considered their interests when planning the trip. With agreement from the provider, staff helped people in their own time, for example picking up prescriptions or making arrangements. This support was focussed on individual needs, and improved outcomes and quality of life for people.

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

- The registered manager understood their responsibilities about informing families and different organisations when incidents occurred. We saw evidence that sensitive apologies were given even when incidents or errors had been relatively minor, and no harm was caused. Apologies were given in the way which best met the recipient's communication needs.
- The registered manager demonstrated an open and honest approach with people, relatives and staff. Everyone we asked said the registered manager would act in a responsible manner in the event of an incident or accident and would encourage learning across the service. This re-assured people and gave them confidence in the service.

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

- Staff were clear about what was required of them and were motivated by and proud of the service. The management team provided support to enable staff to provide a high-quality service. This included carrying out care and support visits, as well as regular staff contact, support when needed, and development of staff at all levels.
- There was strong, clear leadership at the service. The registered manager and senior team were experienced, highly skilled and understood their responsibilities. The management team were confident in their roles. This enabled them to work effectively to ensure people consistently received high quality care and support. For example, when necessary, members of the management team carried out visits to provide support people. This gave people consistency and ensured no visits were missed.
- High quality governance systems were embedded, and these monitored the quality of the service provided. Spot checks and surveys were regularly used, and audits and logs ensured high standards were embedded in the service. Regular meetings at all levels allowed information to be shared and standards checked. The methods used and expectations were clearly described, and all visit logs were audited on a weekly basis to monitor any change in needs. These measures and the consistency of their administration ensured the service was always compliant with regulations and met quality standards.
- Audits were routinely reviewed by the management team to establish and explore themes or concerns. This meant concerns were quickly identified, and standards could be monitored and improved where needed to provide the best care and support to people.
- Systems, training and policies incorporated best practice guidance and nationally recognised standards. This supported all staff to work towards providing high quality care and support.

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

- A large number of people, their relatives and staff gave feedback about the service via an independently run annual survey. Responses to this survey were very positive and indicated that people and their relatives were happy with the service. For example, 98% of the people who responded would recommend Right at

Home (Bristol East), and 98% of respondents stated the provider made a positive difference to their life. People and their relatives had also given constructive feedback in surveys. For example, suggesting improvements to invoicing and payment processes. These changes and improvements were monitored via action plans to ensure the service continued to develop.

- Most people and relatives we spoke with said that they were involved in all decisions about care and support. The provider had recently introduced new phone systems and technological support to improve communication and empower people to voice their opinions. One relative and one professional told us they did not receive enough updates or communication from the provider.
- Staff meetings took place regularly, and the same meeting was run twice to enable most staff to attend in person. Minutes of meetings were circulated to all staff. Subjects discussed in recent staff meetings included personnel issues, care delivery, record keeping and use of the electronic records system. Updates and training were also provided in staff meetings. This included exploring subjects such as the values and actions which are essential in respecting people's dignity, and current best practice in oral healthcare.

Continuous learning and improving care

- Large numbers of people who used the service and their families had sent compliments to the service. This included cards, emails and ratings on a national home care review website. The service was rated 9.9 out of 10 on this website. Comments included, "Exemplary care from a wonderful team", "[Staff name] is wonderful, we are so blessed to have her call" and, "What a wonderful service we have received from Right at Home, and especially from [staff name] who has been amazing... We felt nothing was too much for [name] and are very grateful to have had her support."
- An up to date log was kept of all compliments received. Themes included staff flexibility, kindness, respect, care and commitment. Leaders and managers ensured that good practice was shared with staff and acted on throughout the service.
- The registered manager was well-regarded and had effective links within the organisation. This supported them to share ideas, seek support and develop and improve the service. This improved the outcomes for people the quality of care they received.
- Innovation was celebrated throughout the organisation, and staff were encouraged to become involved in projects, take on additional learning and make suggestions to develop and improve. This included national lead roles, developing local links, and involvement in a range of projects.
- The service held annual team days where a strategy and supporting objectives were developed collaboratively with staff. These were informed by CQC key lines of enquiry and monitored progress and success to focus on improving quality. The objectives set for the next 12 months had been clearly planned and documented to encourage ownership and involvement at all levels.

Working in partnership with others

- The management team and staff had fostered good working relationships with professionals to ensure people received joined up care. This included GPs, social workers and specialist health teams. One professional told us they had not experienced such a positive working relationship with the service. When we shared this with the provider, they were keen to address the person's concerns.
- Professionals generally gave positive feedback about working in partnership with Right at Home (Bristol East). Comments included, "The Right at Home representative has always seemed engaging and positive" and, "They're fantastic, they let me know what's going on, and nothing seems too much trouble." One professional told us, "All the information I get has come from carers, not the managers. They have never ever called me back."
- The registered manager and nominated individual had developed links with schools, programmes and organisations in the area in order to increase public knowledge and awareness about their roles and working in the care industry. For example, speaking at careers events and on apprenticeship programmes.

They had reputations as positive role models who worked closely with others to improve care outcomes for people and to develop staff and the service provided. The management team were proud of their involvement with a range of projects, and planned to continue and develop this work.