

Overslade Care Ltd

# Right at Home Bedford

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Right at Home Bedford is a domiciliary care agency providing personal care to people living in their own homes. The service supported older adults who may also be living with a physical disability or dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of this inspection the service was supporting 23 people. Of these, 17 were receiving personal care.

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

People benefitted from a dependable and personalised service that met their needs, understood people as individuals and held values that placed people at the heart of their care.

Feedback from people, relatives and professionals who worked closely with the service, was overwhelmingly positive and remarkably consistent. They repeatedly praised the caring and 'can do' attitudes of staff. For example, one relative told us, "Right at Home are extremely reliable, caring and considerate and definitely go the extra mile. The carers are amazing and very friendly and have certainly made a difference in my (relative's) recovery." Another person added, "It's all lovely, a blessing. I would definitely recommend to others."

The management team considered careful matching of the staff with people they supported, taking their mutual interests and individual personalities into account. As such, people received personalised care and support from a team of highly motivated and experienced staff whom they had bonded with and trusted.

People were proactively enabled to contribute to the planning of their own care. The service understood that each person they worked with was an individual with different wants and needs. Staff went above and beyond to make a difference to people's lives; helping to increase their independence, achieve their dreams interests and aspirations, and minimise the risks from loneliness.

Staff had the right training to keep people safe. For example, from abuse, avoidable harm, medication errors and infections. They collaborated with relevant professionals to ensure people's health needs were met.

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's rights were strongly respected and upheld; an equality, diversity and human rights approach to

supporting people's privacy and dignity was well embedded in the service.

Distinctive leadership ensured there was a strong, visible person-centred culture, which enabled people to lead full and meaningful lives. The management team were extremely involved in all aspects of the service and knew every person and their relatives well. People and relatives told us they felt comfortable and happy talking to the management team.

The service was innovative and dedicated to ensuring continuous quality improvement to make a real difference for people. This approach was also evident in the way the management team supported staff. There was a strong emphasis on nurturing and developing the team on an individual level.

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 13 December 2021 and this is the 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Right at Home Bedford

## Detailed findings

### Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period of notice for the inspection. This was because we needed to be sure the registered manager and nominated individual / managing director would be available to support the inspection.

The nominated individual is responsible for supervising the management of the service on behalf of the

provider.

Inspection activity started on 9 February 2023 and ended on 1 March 2023.

What we did before the inspection

We reviewed information we had received about the service, including information gathered as part of monitoring activity that took place on 16 Aug 2022 to help plan the inspection and inform our judgements.

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

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with 4 people who used the service and 8 relatives about their experience of the care provided. We also spoke with 6 members of staff including: the nominated individual / managing director, registered manager, quality and compliance manager service manager and 3 caregivers. In addition, we received written feedback from 2 professionals and 7 more caregivers.

We reviewed a range of records including care and medicine records for 6 people using the service. We also looked at records relating to the management of the service. These included staff records, compliments, audits and meeting minutes; so we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

# 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 of 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

- Robust systems and processes ensured people were protected from the risk of abuse.
- Everyone told us they felt safe with staff from the service.
- Staff confirmed they had been trained and were confident about how to protect people from the risk of abuse. They told us they received weekly updates which reinforced their knowledge and learning, in terms of safeguarding and whistleblowing processes.
- One staff member told us, "I will report any concerns of abuse, neglect or anything that harms an individual to [Names of the registered manager and managing director]. If they are unable to help for whatever reason, I will contact the (local authority) safeguarding team."
- Records supported this feedback and showed referrals were made to the safeguarding team, if required.

Assessing risk, safety monitoring and management

- Clear and personalised records provided guidance for staff to manage people's assessed risks in a consistent way.
- Risks that went beyond the remit of people's planned care calls were also identified and dealt with quickly. For example, a staff member told us about some loose carpet that had become a tripping hazard in one person's own home. They reported this to the registered manager who took swift action to have the carpet made safe.
- Records showed additional one-off risks, such as social outings, were given careful consideration too.
- Staff understood how best to support people who were distressed or expressing emotional distress. One staff member said, "We have individuals that do get anxious, especially when they are new to homecare. Reassurance, listening, and clear communication is key."
- The management team regularly used social media to provide people and relatives with information about how to stay safe, such as from scams and fraud.

Staffing and recruitment

- People confirmed they received a reliable service and often had the same staff visiting them, which provided continuity of care. They told us staff arrived when expected and they did not rush them. One relative said, "Yes it's the same people, very helpful, they're brilliant...always come on time, it's lovely." Another relative added, "They're all lovely, they chat and are brilliant. (Relative) loves them; they're part of the family."
- Staff told us travelling time was factored in between care calls, which meant they did not need to cut calls short to get to their next client. One staff member said, "I like to spend time with my client at a normal pace, giving the best care I can give."

- People were kept informed if staff were delayed. One person said, "If they are going to be late, they'll ring me." Records showed staff worked flexibly to meet people's needs too.
- The management team ensured people knew which staff to expect beforehand through face-to-face introductions or 'staff profiles,' which provided a photograph of the staff member. The managing director told us, "I don't want people to meet staff for the first time as strangers." The management team also checked people were happy with newly allocated staff in advance.
- The managing director had clear strategic goals in place to recruit the right staff for the service. With an ambition to attract new talent through a 'nurture and develop' approach, they had successfully taken on staff with no previous care experience who had subsequently grown into their new roles. In addition, plans were underway to support apprenticeships and placements for Level 3 Health and Social Care students from a local college.
- The provider carried out background checks to make sure staff were safe to work at the service, including DBS (Disclosure and Barring Service) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Where the service was responsible, people received their medicines as prescribed. Staff confirmed they received training and were confident to administer medicines safely. They told us the registered manager carried out spot checks to confirm their competency to do.
- Protocols had been developed to guide staff on when to administer PRN (as required) medicines - for example, if someone was in pain. One staff member told us, "PRN medication is offered to the individual during our visits, as it is their choice if they feel they require it." Staff consistently told us they checked medicine administration and PRN records, to ensure they administered the correct medicines to people in the correct way.
- The registered manager carried out regular medicine audits. Where improvements were identified, these were documented with followed up actions.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. Infection risks were identified, with control measures put in place to manage these safely.
- People confirmed staff maintained good hygiene by hand washing and using personal protective equipment (PPE) such as aprons and gloves before providing personal care. One relative said, "Yes they wear it all."
- Staff repeatedly confirmed they had received infection prevention and control training and were provided with sufficient quantities of PPE. One staff member told us, "I feel I have received sufficient training on PPE. This was discussed on my training with [Name of registered manager] and also on My Learning (Care Certificate). I collect PPE from the office or sometimes my lovely colleagues help with collecting it for me."

#### Learning lessons when things go wrong

- Staff confirmed there was an open learning culture at the service when things went wrong. They felt able and confident to report potential safety concerns to the management team in a timely way. One member of staff told us, "If something negative happened, they (the management team) will contact you to give support." Another staff member added "A near miss incident was shared across the team." This had been shared as learning for the team; to improve safety across the service.
- Adverse events such as accidents and incidents, were kept under review by the management team and viewed as integral to learning and improvement. Adverse event trackers provided clear information including the actions taken in response, to mitigate similar risks in future.



# 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 individual needs, choices and preferences were comprehensively assessed prior to them using the service. People and those who mattered to them, were fully included as part of this process.
- One person told us they had contacted the service following an unexpected change in their needs. They said, "The Director called immediately. He was calm, thoughtful and courteous; helping me to think through my new situation and within days I had a care package in place enabling me to stay in my own home. Since then, I have received excellent support from all staff and carers. . .they have a good understanding of my needs, and we work well together."
- The managing director confirmed they would only provide a care package to someone if they were fully able to meet their needs. Once a referral was accepted, care plans and risk assessments were created from the information gathered during the pre-assessment process, to support staff with meeting each persons' ongoing needs.

Staff support: induction, training, skills and experience

- The provider was fully invested in providing high quality care to people through training and support for staff. The managing director spoke passionately about this which included an in-house induction, a 12-week support plan, regular supervisions and observations; to check staff learning had been translated effectively into day to day working practice. Staff told us the feedback they received was constructive, helpful and delivered in a positive way.
- Staff were enthusiastic about the training and support in place. One staff member said, "The online training is really good, very engaging. . .never come across training like this." They confirmed they had received a comprehensive and supportive induction prior to starting work, which included the completion of The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they were reminded to refresh their training at regular intervals and could also ask for additional training if they needed this, or to support their own personal development. For example, a professional confirmed they had been approached to deliver a stroke awareness session for staff. The managing director told us, "We aim to have a guest speaker at each of our team meetings. Our next training event is a Zoom dementia training," provided virtually by a local charity.
- Following initial training, staff confirmed they received ongoing support, guidance and direction from the management team through weekly email updates and phone advice. One staff member said, "Any problems we can call someone, and it will be answered within one or two rings," Another staff member added, "[Name of registered manager] has the answers to any queries."

- Staff told us they were not expected to work alone until they felt safe and ready to do so. In some cases this had involved extending their induction support plan or increasing the number of shadow shifts they completed with more experienced staff. One staff member said, "I feel it shows great credit and commitment to their clients that new staff are trained and supported so vigorously before attending calls on their own. This not only safeguards the client but provides great support for the staff member."

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

- Where the service was responsible, people confirmed staff supported them to have enough to eat and drink.
- Staff assisted people individually with shopping and preparing meals, as required. A staff member told us, "We do have some individuals with dietary requirements, these are stated in their care plans and we work with the individual and their families to make sure they have the choice of appropriate foods in their homes, or that they are brought when assisting with shopping."
- Where people's relatives provided food to be heated up or there were specific requirements such as specialist diets, staff ensured these were also catered to. One staff member told us, "Very rarely will I have to prepare food as this is something family members have done. If I was to support someone with food, I will ensure this is within their dietary requirements by checking the care plan for any allergies and confirming with the client if this is what they would like to eat; to ensure the correct foods are given."

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

- People confirmed staff helped them to access routine and emergency health care services, as required.
- Staff knew how to raise healthcare concerns. This meant people received timely and effective healthcare support. One member of staff told us, "If an individual makes you aware that they are unwell, or if you can see signs of illness or distress then we would immediately call the office, GP or 111 depending on the severity of the case." Written feedback from someone using the service confirmed this had happened in the past, "When I was unwell recently, they got me medical attention and followed up to see how I was."
- Care records provided guidance for staff on how to meet people's health needs, including oral hygiene. Poor oral health can adversely affect people's general health and well-being. Daily records demonstrated staff regularly assisted people with cleaning their teeth; to promote and maintain good levels of hygiene.
- Advice from external healthcare professionals was incorporated into people's care plans which staff followed; to meet their needs in a safe way.
- In addition, the management team regularly signposted people and relatives to useful healthcare guidance and organisations both directly and through social media.

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 MCA 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.

- We found people's capacity to make their own decisions was being unquestionably assessed in line with legislation and guidance. The management team were strong advocates of people's legal rights to make their own decisions wherever possible, and records provided clear evidence of this.
- The management team carried out independent checks to ensure arrangements for relatives to make decisions on people's behalf were correct and lawful.
- Staff spoke confidently and understood the importance of people making their own decisions as far as possible. They told us they received weekly updates which reinforced their knowledge and learning regarding the MCA. One staff member told us, "We had training during induction. Individuals with capacity have the right to decline any aspects of their care and that is their choice, however we would try to encourage them and explain why it is important, if appropriate."
- People confirmed staff consistently sought their consent to care and support in advance. A staff member told us, "I always talk through what I am doing, or going to do, and ask for consent beforehand."

# 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 Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong, person-centred culture at the service. People and their relatives were extremely positive about the caring nature of the team. We received, and read, an overwhelming amount of positive feedback about the staff team who were described as warm, respectful and thorough. Feedback demonstrated staff were highly motivated and offered care and support that was exceptionally compassionate and kind. One person using the service told us, "I was treated with kindness and respect. Nothing was too much trouble for the young lady, who carried out her duties without hesitation and cheerfulness." A relative added, "Our carer is wonderful, patient and so communicative with (relative), making sure he is comfortable at all times."
- Staff showed genuine concern for, and helped improve, people's wellbeing. For example, a relative had sent an email thanking staff for helping to cheer up their family member. They wrote, "(Relative) was a little down last night and early this morning but [names of staff] have come in today and changed everything. They have made (relative) giggle and she is so much brighter now so just wanted to share with you to say thanks and how wonderful you guys are, really helps me."
- Staff demonstrated a real empathy for the people they cared for. They understood the risks of social isolation for people living alone and went out of their way to reduce these risks. When one person reported feeling lonely the registered manager had set up a meeting with the person's housing provider and arranged for Right at Home staff to support with delivering activities. Once in place, this arrangement would not only benefit the person but also other people living within the same housing provision. The managing director told us they were proud to offer person-centred, outcome-focussed care to people.
- Staff cared for people and one another in a way that exceeded expectations. One staff member told us, "Our clients are incredible, and I cannot stress how much I enjoy every one of my calls. I have forged some wonderful relationships and I treasure the time I got to spend with the ones that are no longer with us. The care team are incredible, we have some wonderfully knowledgeable, big-hearted carers who are so thoughtful, sincere and respectful in their care, and they are a pleasure to work alongside." A relative echoed this in written feedback, "(Family member) wanted to stay at home in her final months and reluctantly accepted some help. She made a friend with one of the carers and she helped (relative) a lot. A superb service for the local area." A staff member told us, "Everything is organised around people in terms of what we can do for them, it's surprising the level of care given to both people and staff."
- The managing director told us their mission was to ensure 'going the extra mile' was part of the everyday service provided to people. In a newsletter for staff, we saw references to 'Magic Moments.' These were described as "When we can make a difference in someone's life even if this is for one hour or one day. This does not need to cost anything." It was clear this vision was well embedded throughout the staff team. For

example, a staff member told us, "The organisation culture is that of a friendly nature and all the carers get on super well and are very helpful to one another. We all seem to genuinely care about the clients and have chats on how we can improve the client's wellbeing. This was especially noticeable during the Christmas period where we all came up with ideas to lift up the spirits of those clients without immediate family and those that were spending Christmas alone. We helped decorate client's homes and those of us working on Christmas Day wore our Christmas hats and some of us stayed with the clients and had meals together." We saw photographs of Christmas trees provided to people, including a handcrafted tree creatively made by a staff member using pasta shapes. A relative had written to thank staff and share their appreciation for this.

- Staff had gone the extra mile for another person who was a huge football fan. On one occasion a member of staff had given their own time to watch a football match on television with the person. When the person disclosed to staff how they missed going to see their team play due to a change in their health needs, arrangements were made by the service to accompany the person to watch a live football match played by their favourite team. The person's relative told us how much this had meant to them, "In the summer, one of the carers knew that (relative) liked football, so he arranged to sit with (relative) and watch the game, I thought that was lovely. They get on so well together. [Name of registered manager] has even arranged for (relative) to go to [Name of football team] this weekend to watch a game, and we're all going together... isn't that lovely." We saw photos of the occasion which showed the person looking engaged and happy. Staff looked genuinely happy to be there sharing the experience with them too.

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

- People confirmed staff consistently involved them in making their own decisions. A staff member described how they did this, "We actively encourage individuals in all aspects of their calls; what would you like to wear, to eat, how would you like to get washed today, would you like to come to the shops with me? Everything I do on a call, centres around this, and I feel it is a very big part of what makes our care team special."

- Staff went to great lengths to ensure people were able to express their views. Some people had been supported by staff who were fluent in their first language to contribute in a meaningful way; making sure each person's views were fully captured and validated. People's needs, including different beliefs, cultures and values were celebrated and respected. Staff were proud to be part of a diverse team with staff from a range of ethnic backgrounds, because this aided inclusivity. It meant staff could be matched to people where they had a greater understanding of that person's culture and heritage. A relative told us this approach had had a positive and beneficial impact on their family member, "We searched for a long time to find agencies who had Punjabi staff. This agency have three carers who (relative) can chat with, and (relative) is so happy with them... she loves being able to talk with her own language."

- Other people were simply given the time they needed to contribute. For example, on one occasion the registered manager had respectfully vetoed a relative's view about someone lacking capacity. The registered manager arranged to visit the person over two visits, which enabled them to contribute meaningfully to the process and demonstrate they were in fact able to make certain decisions relating to the care they received. Had the registered manager not taken such a robust approach the person's individual preferences would not have been validated in this way. A similar approach had been taken to determine another person's individual wishes and needs when they first started to use the service. A relative provided the following written feedback about their experience of observing the assessment process, "[Name of registered manager], I really enjoyed listening to your interview of my (relative) and the questions you asked. She spoke of fond memories that she had that I had not heard before. I love how you really took an interest in her as a person."

- Staffing was arranged to ensure people received their care and support in a compassionate, personal way that was not rushed. The management team placed great emphasis on quality and client experience for all. Both people and staff told us they benefitted from being 'matched' with people of similar interests and

personalities as far as possible. One relative said, "My (relative) is at ease with them (regular staff), which I value as important to her care."

### Respecting and promoting people's privacy, dignity and independence

- Respect for people's privacy, dignity and independence was at the heart of the service's culture and values. People confirmed staff treated them with sensitivity and ensured they felt respected and listened to in terms of their individual preferences and protected characteristics. One person told us, "The carers are excellent, pleasant, courteous and always caring and helpful. When they come in the morning, they make my day by cleaning me up and we have a laugh whilst maintaining my dignity." A staff member added, "Respect for the individual is paramount, we are very respectful with personal care and making sure the individual is comfortable and at ease."
- People told us staff always treated them with respect. A staff member provided one example of never speaking over people. They told us, "If there are two of us supporting someone, we will agree who does what, e.g. personal care and medication before we go in, rather than discuss this in front of the person." A relative gave another example of staff using their family member's preferred form of address, "(Relative) likes to be called Grandma, and the carers all call her that, which she loves." We noted too that staff used 'Grandma' in the person's care records, further demonstrating their respect for the person's wishes.
- In another person's care records a staff member had recorded how they shook hands with the person on arrival, prior to providing care and support.
- People were respected as individuals and their independence was understood to be a central part of their care. Staff recognised the impact on people of losing their independence following a change in their health needs. They worked with them to regain their independence as far as possible, and their self-worth. Staff knew one person had previously enjoyed gardening, so had arranged a surprise by purchasing garden equipment and their favourite plants. Under the person's guidance staff supported them to pot up the new plants and continue to do so. The managing director told us they believe this personalised approach had a positive impact on the person's emotional health and led them to be more engaged with receiving care, as well as increasing their independence.
- People's confidentiality was always respected. Staff received training in data protection and records containing people's personal information were maintained securely. Staff understood how to maintain confidentiality. One staff member said, "We make sure people have privacy to talk to their family if needed, and we are extremely discreet with any information overheard or seen."
- The provider had a proactive approach to promoting diversity and protected equality characteristics for both people using the service and staff; specifically those people identifying as LGBT+ (Lesbian, Gay, Bisexual, and Transgender). As a result, they had developed the 'Safe to be you' initiative, as their commitment to providing the highest standards of inclusion and acceptance for people.

# 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 received high-quality, personalised, consistent care and support. Relatives were particularly appreciative of the reliable and flexible service provided to their family members. Their feedback demonstrated people were placed at the heart of their care and received a service that was personalised and fully responsive to their individual needs. Written feedback from a relative provided one example of this, "My uncle has changed his mind a few times about what he would like and the times that he would like the carers to come in and Right at Home have been very good and dealt with this. All the staff have been good with him, and I would recommend this company." Another relative echoed this with, "Your company and team's friendly and customer centric work ethic is a joy to be involved with...Congratulations to you and your great team."
- People and their families were fully involved in care and support planning. They consistently told us they felt included, listened to, and valued. Staff told us care plans were reviewed and changed as required. One staff member said, "If care plans need updating, for example if people's needs change, then we let [Names of registered manager and managing director] know and it will be changed really quickly. Care plans are recorded digitally via an App but also a hard copy is printed off so people can sign them and then these are left with them." An App is a type of software that can be installed and run on a smartphone or other electronic devices.
- Another staff member commented on the benefit of having digital care plans, because it meant they had more time to read them and understand people's individual needs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified at the point of assessment. Staff worked closely with relevant healthcare professionals to develop clear guidance on how best to meet these needs going forward.
- Staff understood effective and meaningful communication was key to ensuring people had a positive experience of care. They recognised people's frustrations when they were unable to express themselves accurately. They had taken innovative steps to help people engage and communicate in a meaningful way. This included bespoke hand signals and using pictures with commonly used phrases, words and pictures.
- The managing director spoke passionately about inclusion and the provision of information for people in



the most accessible and meaningful way for them. For example, when approached by someone who was blind and requested information about the service, they had arranged for this information to be produced in a Braille format, along with an audio CD version.

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

- Where the service was responsible, people's lives were enriched because staff helped them to access stimulating and engaging activities that reflected their individual interests and needs.

Improving care quality in response to complaints or concerns

- Without exception, everyone knew who to speak with if they had any concerns or worries. One relative told us, "If ever I saw anything I wasn't happy with, I'd speak with the carer first, and then contact [Names of registered manager and managing director]; it's easy to talk with them."

- Everyone was confident they would be listened to if they needed to raise a concern. Another relative told us this had happened in the past and confirmed their concern had been dealt with to their satisfaction.

- The managing director told us all feedback was welcomed as an opportunity learn from and improve the service provided to people.

- Records were being maintained where concerns had been raised, which provided a clear and detailed audit trail of the actions taken in response. This included meetings with people and follow up checks, to ensure the matters raised had been properly responded to and addressed.

End of life care and support

- The management team told us they aimed for a highly person-centred, holistic approach in relation to end of life planning and care. They worked closely with relatives and other stakeholders to provide clients and their families with a compassionate, supportive service that reduces stress and ensures a dignified and pain free experience.

- Staff had received training in end of life care. Records showed they facilitated meaningful discussions with people about their end of life preferences, where they were happy to do so.

- People were encouraged to tell staff if they had any special end of life wishes which they recorded in an 'End of Life Considerations' record. These were highly personalised and would assist staff in knowing how best to support each person to have a comfortable, dignified and pain free death when the time came. The registered manager explained that people's wishes are revisited with them, because often more than one conversation was needed to capture their preferences and wishes sensitively and accurately.

- The registered manager was passionate about providing people with quality end of life care that also reflected their spiritual and cultural needs. Where appropriate and requested, people had been provided with contact details for other organisations that might provide the person with additional comfort through their end of life journey.

- The management team had also made contact with a local university and community palliative service; to support staff and enhance their end of life knowledge and learning, based on up to date good practice.



## 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 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 way the service was led was exceptional and distinctive. The management team had developed a vision and values that were imaginative and placed people at the heart of the service. Their aim was to elevate care as a profession and help ease pressures on the care system. This involved recruiting staff who shared their passion for providing good quality care. Overwhelmingly people confirmed this approach was working for them and told us they would recommend the service to others. Staff consistently demonstrated care and support that was open, inclusive and empowered people to have choice and control. One person told us, "I like the flexibility that they offer. They manage to pick good quality carers who are bright, cheerful and chatty; all you need! I give them 10 out of 10!"
- Other people appreciated the reliability of the service they received and commented on how this had made a real difference to their day to day lives. One example was written feedback from a relative who said, "I was struggling to care for (relative) morning and night as I have a full-time job... We have a 7am visit Monday to Friday and they are always on time. The care and attention given to (relative) is excellent from assisting her with dressing to hair wash and breakfast. I can now go to work in the mornings and this part of my life has changed."
- People told us the management team were highly visible and always approachable. Everyone knew who they were because both the registered manager and managing director were hands on in the running of the service, attending care calls as needed.
- Success and innovation were recognised, encouraged and rewarded. Gift vouchers were provided to staff who were nominated as 'carer of the month.' In addition, the management team had put together summer and winter goody bags for staff, to make their visits to people more comfortable in extreme weather conditions. Staff told us they received regular thanks and praise too, which they appreciated. As a result there were high levels of satisfaction across the staff team. Staff were strongly collaborative, motivated and proud of the work they did. One staff member summarised this with, "It's the best management I've experienced compared with previous jobs; the only place where they look after the staff too." People using the service had noticed this as well. One person told us, "I like the way they are with their staff at the office. They have regular coffee meetings, and they keep a happy team that way."
- Staff consistently told us they felt supported and worked together to provide the best service for people. It was striking from the feedback we received how much staff cared about people using the service and one another. One staff member said, "We are a diverse team, but we are good at identifying our different strengths. We work together to provide a quality service to people... the team has been picked cleverly, there are good communications and staff are all sincere and warm to and when speaking about 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; and Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team kept up to date with current guidance and legislation in a variety of ways, to ensure their legal responsibilities were understood and people received care that reflected best practice and quality of care. One person told us, "We have been with other agencies, but I'm extremely pleased to have found this agency. [Name of managing director] is a very diligent Manager. He's humble, really nice and knows the legislation."
- This approach extended to the staff team as a whole through effective performance management processes, which encouraged high levels of engagement and motivation. The provider had devised and implemented the 'Gold standard framework;' a highly detailed and outcome-oriented supervision process, designed to improve staff knowledge, accountability and individual progression. A member of staff had already completed this process and there was clear evidence this had impacted positively on their professional practice. For example, we heard a voice message where the staff member had identified ongoing personal benefits for someone following their outing to watch a live football match. It showed the staff member had understood the value and advantages of providing personalised high quality care, in terms of people's day to day lived experience.
- Relatives were confident if something went wrong, they would be fully informed and involved. It was evident from staff feedback there was a 'no blame' culture at the service and everyone worked openly and transparently in order to learn lessons and drive continuous improvement.
- The management team understood their legal responsibility around notifying CQC and local authorities of any issues or significant concerns too. Our records showed this was happening.
- The provider had a business continuity plan to ensure there were systems in place in the eventuality of something going wrong, such as IT failure or adverse weather.

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

- The management team actively encouraged staff to voice their opinions, enabling them to be fully involved in developing the service and putting the organisation's values into practice. The managing director spoke proudly about how staff had come up with ideas to make a difference to people using the service. This had included donating their time to hand craft gifts for people or spending quality time with them. Staff told us they were valued and listened to. One staff member said, "The office is a welcoming base that we can just drop in for a cup of tea, collect more PPE, complete online courses and catch up with other caregivers and [Names of the registered manager and managing director]."
- Another staff member added, "If we feedback on something it is listened to and acted on, it's never brushed off...It's a great place to work, accommodating and supportive." It was clear that high levels of staff communication and engagement had been effective in achieving positive outcomes for people using the service. We saw multiple examples of staff raising queries or making suggestions in the best interests of people using the service. A number of actions had been taken in response including extending care calls for one person; to avoid them feeling rushed, and referrals to local health and safeguarding teams for other people to promote their safety and well-being.
- The management team had also approached a local stroke recovery service to enhance staff knowledge and confidence when communicating with someone who had experienced a stroke. They told us they had used this learning to develop new ways of working and to create a more effective care plan for the person. The managing director told us they had seen a dramatic increase in the person's engagement with their own care as a result. Staff confirmed they were better prepared and able to assist the person in a more meaningful way. One staff member told us, "I currently support a client who has had a stroke and its affected communication. We have built a great rapport, I always encourage communication by being patient,

simplifying questions and always confirm that I have understood what is being said."

- There were consistently high levels of constructive engagement with people and relatives too, through regular spot checks and phone calls. In addition, we saw satisfaction surveys being prepared to send out to people and staff. This showed feedback and constructive challenge were welcomed and seen as a vital way to drive improvement.
- The management team understood the importance of good communication and inclusion too, and shared regular newsletters with people, relatives and staff.

#### Continuous learning and improving care

- Governance was well-embedded into the running of the service. The managing director told us their overarching goal was to deliver quality, person-centred, reliable care to people. These values and the ethos of the service were clearly demonstrated throughout the provider's monitoring processes and were embedded in the delivery of exceptional care. A variety of quality audits and checks were being carried out and there was a strong focus on reflection and continuous improvement.
- The management team demonstrated strong leadership and had a good understanding of the importance of quality monitoring. They were supported by a quality and compliance manager based at Right at Home's national office. The quality and compliance manager told us they completed an annual check of the service, or more frequently if required. A service improvement plan was in place to address any areas found for improvement. They added, "There is no such thing as a perfect service, but we work to learn and make safe when things happen." The registered manager told us the quality and compliance manager was always on hand for support if needed.
- We saw the most recent audit carried out. It had been developed to consider all areas CQC assess when inspecting registered services and reflected the findings of this inspection. The quality and compliance manager told us, "[The registered manager and managing director] live our values of trust, compassion, quality, and respect and I believe this shows in the work they do with their clients and caregivers. I have worked with them to instil an outstanding mindset and identify where we can go the extra mile, think outside the box and do things for and with people that changes their lives positively. I believe some of the work they have done with their clients has been highly impactful - this is a direct result of the passion shown by all the team."
- Staff performance management processes were effective and reflected best practice. The management team were committed to ensuring people's experience of their care was monitored and responded to. As such there were regular unannounced spot checks - which looked at staff conduct, capability and interactions with people. This showed the views of people using the service were at the core of quality monitoring and assurance arrangements.
- Innovation was celebrated and shared. Case studies, developed by the management team, along with compliments received, provided a wealth of information about the positive impact on people using the service, and their families. The managing director told us, "As a relatively new provider we want to ensure our commitment to deliver highly person-centred care is effective... We have used this experience (referring to one of a number of case studies) in discussions with new CareGivers (staff) to ensure they understand the importance of working in a highly person centred way and the benefit that can be gained by knowing clients histories and working to re-engage people with these."

#### Working in partnership with others

- Right at Home Bedford is part of the Right at Home franchise network. The service worked in partnership with a wide range of key organisations and external professionals, to support care provision, service development and joined up care. One professional told us, "[Names of registered manager and managing director] are brilliant and respond quickly both on phone and email, and my clients say the same." They went on to confirm that professional advice was always followed in the interests of meeting people's needs.

They told us, "Whenever I have worked with this team with a client, they have asked questions and also then supported exercises or advice given by myself."

- The management team were driven in their ambition to provide an excellent service for people based on consultation, research and reflective practice. The managing director told us, "I have worked to build connections with other services and organisations so Right at Home Bedford could work collaboratively with others, be a role model and support the sector to improve overall." The management team were actively involved in inter-franchise peer and local provider support forums; to share best practice and learning from adverse events. The managing director told us, "We believe fostering these relationships uplifts the entire sector and promotes clear partnership working and a supportive attitude." An example of this was matching clients and caregivers based on culture and language. This approach had been implemented after another service had shared the effectiveness of cultivating excellent client and caregiver relationships. A relative confirmed the approach was working well for them and as a result they were looking to increase their family member's care package.
- The management team went to great lengths to share the organisation's ethos within the local community; to build on their vision to be seen as a trusted and respected brand, as well as making a positive difference. They had proactively developed links with relevant organisations to benefit both people using the service and the wider community. Examples included staff from the service supporting a local charity to distribute 'warm in winter' bags to people who were at risk from the cold and loneliness, staff completing a 5K run in between care calls to raise money for Cancer research, supporting a local hospice fun run with staff marshalling the event and marking British Heart Foundation's Heart Month by providing CPR (cardiopulmonary resuscitation) training for members of the public at a local market.
- The managing director told us their connection with the local hospice had developed through a desire to increase staff awareness of good practice regarding the provision of end of life care to people, when needed. An increased understanding of the hospice service meant they had felt confident in discussing this option with someone and their relative, to ensure a smooth and stress free transition between services when the time came.
- In support of their vision 'to elevate care as a profession,' the managing director also held a non-executive directorship with a local charity; providing access to support, information and skills for unpaid carers. They told us they were, "A strong advocate of allocating resources here to help ease pressures on the care system as a whole."