

Kildrum Care Ltd

# Right at Home Aylesbury Vale and Chiltern

## Inspection report

Unit 3  
50 Aylesbury Road, Aston Clinton  
Aylesbury  
HP22 5AH

Date of inspection visit:  
03 March 2022

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23 March 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Right at Home is a domiciliary Care service visiting people needing help with personal care in their own homes. At the time of the inspection, the service was supporting 11 people.

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.

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

People were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns.

Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were enough staff to keep people safe and meet their needs. Robust recruitment processes aimed to ensure only suitable staff were selected to work with people.

Each staff member had received induction and training to enable them to meet people's needs effectively. We saw that supervision meetings for staff were held regularly and staff felt supported by the management to perform their role.

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 care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed, and people and their relatives were involved in the reviews. People felt they were treated with kindness and said their privacy and dignity were always respected.

The registered manager and staff demonstrated a commitment to people and displayed strong person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. Audit systems were in place to monitor the standard of support people received. Measures to assess improvements and continuous learning were in place.

The service worked in partnership with other health and social care organisations to achieve better outcomes for people using the service.

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 27/01/2021 and this is the first inspection.

Why we inspected

This was a planned inspection as this new service had been registered since 2021.

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 Safe findings below

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

# Right at Home Aylesbury Vale and Chiltern

## **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

One inspector carried out the inspection and an Expert by Experience made phone calls to people using the service and their relatives.

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.

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

This inspection was announced.

We gave the service two working days' 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 3 March 2022 and ended on 8 March 2022. We visited the office location on 3 March 2022.

#### What we did before inspection

We reviewed information we had received about the service since the service had registered. 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

We spoke with the registered manager, the nominated individual and the quality and compliance manager. We reviewed a range of records. This included three people's care records and three people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including safeguarding records, quality assurance records and complaints were looked at.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four people who used the service, one relative and four care staff members.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns. One staff member said, "I'd definitely contact my manager, I know she would take action." Another said, "I can contact the local authorities with any concerns."
- People told us they were cared for in a safe way. Their comments included; "I feel very safe she [staff] always wears her mask, apron and gloves" and "They [service] are great and I'm happy with the carer. I feel very safe."
- The provider had a safeguarding policy and procedure, and staff were aware of these. The registered manager had systems in place to report concerns to the local authority.

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. The registered manager had completed risk assessments that contained detailed guidance for staff to manage the risks. These included risks associated with mobility, eating and drinking and environment.
- Staff understood what support people required to manage the risk of avoidable harm. Care plans contained explanations of the measures staff needed to follow to keep people safe. For example, one person had diabetes. The care plan gave staff guidance on how to support this person, including actions to be taken if the person suffered from an episode of low/high blood sugars.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Staffing and recruitment

- The provider followed safe recruitment practices and the staff recruitment files that we viewed contained the necessary checks and references.
- There were sufficient numbers of staff available to keep people safe and meet their needs. A member of staff told us, "Yes we have enough staff. We are not taking on more clients until more staff have been recruited. That's sensible."
- People's visits were monitored through an electronic system that alerted the registered manager if staff were running late. One person said, "She [staff] always comes on time and stays for how long she should, sometimes a bit longer if needed."

Using medicines safely

- People received their medicines as prescribed. There were systems in place to ensure this was done safely.

For example, one person was prescribed medicine to thin their blood. A risk assessment was in place to address the risks associated with blood thinning medicines.

- Staff were trained to administer medicines. Staff told us they had to undertake training before they could administer medicines and they received regular competency checks by managers to ensure they followed correct procedures. One staff member told us, "Yes, I have been trained and I'm checked regularly. We get informed of any changes to people's medicines."

#### Preventing and controlling infection

- Staff received training in infection control and received a supply of personal protective equipment (PPE). The registered manager confirmed the service had plenty of PPE supplies.

- The registered manager confirmed spot checks assessed if staff followed good infection and prevention control practices.

- Staff had regular COVID-19 tests to check they were safe in supporting people.

#### Learning lessons when things go wrong

- We saw that following any issues with the completion of a medicine administration record (MAR) this was recorded along with any action taken so that lessons could be learnt.

- Systems were in place to record and investigate incidents and accidents and we were told any learning would be discussed and shared with staff.



# Is the service effective?

## Our findings

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

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

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

- People's needs were assessed prior to using the service. This was to ensure people could be safely offered support.
- People and their relatives were involved with the assessment process and the development of the care plan. One relative told us how the service reassessed [people's] needs. They said, "My mum and Dad have gone from needing a little care to much more as they have both deteriorated quite quickly. They are both struggling now but the company has gone the extra 100 miles to make sure this change has been accommodated well."

Staff support: induction, training, skills and experience

- Staff told us they felt supported. Regular spot checks and supervisions were conducted, and records confirmed staff had the opportunity to raise issues and discuss their performance.
- Staff confirmed they could ask for support as and when they wanted it. Comments included, "Yes, we have regular meetings to discuss any concerns or changes and I feel any feedback has been listened to and responded to accordingly."
- We saw staff received training on a range of subjects, one staff member told us, "The training I had was very good and prepared me for my role."

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

- People's care plans contained information about their dietary needs and preferences. This included needs relating to diabetes. Staff told us that they supported people with preparation of their meals and drinks during care calls to ensure people had a balanced diet.
- Care plans contained details about how to support people at mealtimes. These listed details of what people preferred to eat and drink and how best to support them.

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

- The registered manager told us, and records confirmed they had worked on a regular basis with external agencies and had made referrals as and when necessary.
- People's health needs were recorded and if staff had any concerns there was information about people's next of kin and GP so that these could be contacted.

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.

- People and their relatives confirmed that staff obtained consent for people's care and support.
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. A member of staff told us, "I offer my client [people] choices and act in their best interests."
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Relevant consent was gained from people and was recorded in their care plans.

# Is the service caring?

## Our findings

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

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

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

- People felt staff were caring. They and their relatives told us, "She [staff member] is very kind and caring and we have lots of chats," "She [staff member] is so kind and caring and always makes my wife, who is also disabled, a cup of tea at the same time" and "The carers are so kind and caring."
- Staff knew people well and were passionate about ensuring people felt valued and cared for.
- Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics

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

- People and their relatives told us they were involved in making decisions about the care being provided.
- Staff told us they would provide choices during the visit so that the person was involved with their care, for example, what did they want to eat and what they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives were happy with how staff supported them. They told us, "She [staff member] comes three times a day and her standard of care is very good. She does all my personal care very well. She gives me medication and food. She is very, very nice" and "She [staff member] is experienced, well trained and very good at her job."
- Staff were clear how they respected people's dignity. Comments included, "With personal care I always cover clients [people] up so they don't feel exposed" and "I encourage them to do what they can for themselves. It's important to maintain dignity and independence."
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

# 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

- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included preferences with daily routines.
- Staff told us the team worked hard to ensure people were treated as individuals and their unique wishes and circumstances were taken into account when formulating the level of support needed.
- People's care plans were regularly reviewed. We saw samples of regular reviews taking place and these demonstrated people's feedback and input had been sought.

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.

- The service was aware of the AIS and each person's specific communication needs were detailed in their care records.
- The registered manager showed us how they developed documentation and policies such as complaints and service user agreements following the Accessible Information Standard (AIS).

Improving care quality in response to complaints or concerns

- People and their relatives felt they knew how to raise concerns. There was a complaints policy in place available to people and their relatives. The service had yet to receive a complaint. One relative told us how the service responded to an issue. They said, "The rapid response to the situation has been excellent. Even though we live slightly outside the service area, the manager has gone out of their way to help."

End of life care and support

- No-one was receiving end of life care at the time of the inspection. The registered manager told us that in the event of someone requiring end of life support the service had "Worked with relevant healthcare professionals and the local hospice."
- The registered manager explained how people's wishes around end of life care were discussed and documented in their records.

# Is the service well-led?

## Our findings

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

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

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

- The registered manager had supported the staff team to ensure the culture of the service was positive and person centred. All staff spoke positively about the management of the service. Comments included; "[Registered manager] is great, amazing. She is always ready to listen, and then she acts," "My manager is very supportive and listens really well" and "We are such a good team. When I joined, I was made to feel so welcome and I loved it when I saw everyone's prime consideration was clients [people's] care."
- It was evident throughout the inspection that the registered manager worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a positive way and reflected on how they were managing the service.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.

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 was aware of their responsibilities in relation to duty of candour.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities to submit relevant notification appropriately to CQC.

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

- The service was well run and there was a clear staffing structure. Staff were aware of their roles and responsibilities.
- The provider had their own internal auditing system which was effective. This included assessing all areas of the service including health and safety and support plans. We saw actions were recorded. For example, the registered manager used management systems to capture and monitor developments within the service to identify trends and improve quality.
- Staff praised the registered manager and wider management team, and they felt supported in their roles.

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

- People's and relative's views had been sought through regular support plan reviews, where relatives had

opportunities to meet staff and discuss concerns. One person told us, "I think the company is well managed and very accommodating. I have never needed to ring the office, but I know they are only a phone call away. I have had phone calls for feedback about the service and I have just sent a questionnaire back with my positive comments as well. I have no complaints and would recommend this service." A relative commented, "The owner and manager of this service are great. The company is well organised and the office very responsive. I would highly recommend this company."

- Staff were involved in providing feedback and their views and input was valued. One staff member said, "It is a great business. The ethos and culture are caring and person centred. I definitely feel involved, like it is my company, so I want them to do well. I feel we are all well informed."

- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were regularly praised for their hard work and commitment.

#### Continuous learning and improving care

- We found the service had processes in place to continually learn from both negative and positive experiences, such as complaints and compliments.

- The registered manager demonstrated they promoted a continuous learning approach and shared with us the details of the amended governance processes they were in a process of implementing.

#### Working in partnership with others

- The service worked well in partnership with various local health and social care professionals.

- The registered manager told us they attended meetings hosted the Oxfordshire Association of Care Providers (OACP). They were also members of Skills for Care.