Right Care (Domiciliary Care Agency) Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out a comprehensive ratings inspection at Right Care on the 6 October, and 7th November 2016. We gave the provider 48 hours' notice so that we could be sure that someone from the service would be there to greet us.

Right Care is a domiciliary care provider based in Colchester, providing services within this locality and nearby areas. At the time of inspection, the service was caring for 35 people and employed 25 care staff. They provide a variety of care and support to people in their own homes, including supporting people with personal care needs, shopping, and cooking.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of inspection there had been a safeguarding alert raised about the care management of one person at the service. We saw that during the inspection, the provider had made a number of changes because of the concerns that were raised, and this had improved the care management of people receiving a service.

All staff employed by the service had undergone a rigorous employment process and had been safely recruited. Care staff received the appropriate training to meet people's needs safely and in a timely way. Regular unannounced spot checks took place on staff providing care.

Quality assurance systems were in place to check people's risk assessments and care plans were still appropriate for people's needs. Following a safeguarding concern where staff had not been staying for the duration on the call, but the service had invoiced for the full time, the service had implemented a new electronic system for staff to clock in and clock out so they could ensure that people received the care time allocated to them.

Good communication systems were in place and managers kept staff up to date on all changes at the service and with people's individual needs, through meetings and memos.

Care staff contacted other health and social care professionals if people's needs changed in order to ensure people received the right care and treatment.

Following the safeguarding alert, the service had tightened their governance processes and they demonstrated that they had learnt from errors.

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.

Care staff received safeguarding vulnerable adults training and demonstrated good understanding of how to recognise abuse and safeguard people.

The service did not have missed visits and most visits where on time.

Risk assessments were comprehensive and supported staff to keep people safe.

Is the service effective?

Good

The service was effective.

Care staff received a good induction to the service and comprehensive training that was regularly updated.

Staff had a good understanding of mental capacity, consent and promoting independence.

People's nutritional and fluid needs were met in line with their preferences.

Is the service caring?

Good

The service was effective.

Care staff received a good induction to the service and comprehensive training that was regularly updated.

Staff had a good understanding of mental capacity, consent and promoting independence.

People's nutritional and fluid needs were met in line with their preferences.

Is the service responsive?

Good

The service was responsive.

The management team carried out regular care plan reviews with people, including a 24 hour follow up at the start of the service.

Care plans were person centred and reflected peoples' individual needs, wishes, and preferences.

Is the service well-led?

Good

The service was well-led.

The provider had a good oversight of the service

Care staff told us that they loved their jobs, and felt encouraged and supported to provide the best possible service.

The provider demonstrated learning from incidents and complaints.

Robust systems were in place to assure quality and identify any potential improvements to the service.

Right Care (Domiciliary Care Agency) Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6th of October 2016 and we carried out additional phone calls to people using the service on the 7th of November 2016. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was Right Care's first ratings inspection. This inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the service from the Provider Information Return (PIR). The PIR is a form in which we ask the provider to give us some key information about the service, what the service does well, and any improvements they plan to make. We also reviewed other information we held about the service such as from notifications. A notification is information about important events, which the service is required to send us by law.

We also attended a strategy meeting with the local authority, the provider, and relatives who had raised concerns about the service and the care and care management of their loved one.

During the inspection, we spoke to seven members of staff, including the registered manager, the registered provider, team leaders, and office staff and care staff. We spoke with seven people receiving a service from Right Care limited and reviewed information about people's care and how the service was managed. These included five people's care records, and medicine records. We also reviewed five staff files relating to training, support and employment records, and all quality assurance audits, and minutes of team meetings that the provider kept ensuring the quality of the service.

Good

Is the service safe?

Our findings

At the time of inspection all staff at the service had received safeguarding vulnerable adults training and regular training updates. They were able to give good examples of what they would look for in terms of abuse and how they would respond. They understood safeguarding processes well and told us that they would alert the registered manager of any concerns. Care staff told us, "I feel I would be listened to; the registered manager always listens to any concerns I have."

There had been a safeguarding concern raised against the service regarding a vulnerable adult with dementia. Evidence had demonstrated that care staff had not remained for the time allocated, but charged for it, and had not always left the environment safe, for example, leaving an old sandwich out that the person may have eaten, and not ensuring that safety caps on oven switches had been covered. At the time of inspection there had been a safeguarding alert raised about the care management of one person at the service. We saw that during the inspection, the provider had made a number of changes because of the concerns that were raised, and this had improved the care management of people receiving a service.

All care staff beginning at the service had undergone appropriate checks before being offered a post and working with people at the service. They had received two references that included a professional reference, and all gaps in employment and education history were explored. The service carried out specific checks to ensure that potential staff had not had previous criminal convictions that would present a risk to people using the service.

Care staff joining the service had good inductions to their role and the provider's visions and values. Depending on previous experience and knowledge, staff would undergo two to three weeks of induction. Working alongside more experience staff to get used to their role and the people they would be caring for. One person told us, "When new people are being trained, they accompany a regular carer so that we get to know them." This helped to reassure people that staff entering their homes were trained to know their individual needs.

If a member of staff had not been to a person before, a member of care staff they knew introduced them to the person. One person told us, "If someone new comes I get introduced to them so I know who they are." Another person told us, "I feel very safe with them in my home as well know them really well. I get the same carer five days a week so someone different at the at the weekends, but it is always someone that we know.

People received care for care staff that knew them well. One person said, "They normally do a few days and then make changes then someone else does a few days so I know who is coming. It will be someone who has been here before." The service did not operate a keyworker system when care staff would be nominated for people; however, they did provider care to people in small care teams so that people saw the same carers. This supported good continuality of care and communication sharing between the care teams. This supported people to feel safe. One person told us, "I feel safe with them in my home, I trust them."

Risk assessments were robust and met people's needs. They were reviewed yearly which is an extensive

period of time, however, the registered manager phoned people weekly to ascertain if they were happy with their care, and whether there needs had changed. We observed that during such an assessment that a new risk was identified for a person. They had not been their wearing a call alarm pendant. The risk assessment was updated and the care plan reflected that staff should ensure that the person was left with the pendant on so they would summon for assistance if needed.

People's overall care package was reviewed with them every three months and care records were audited monthly so that changes could also be identified at time. When changes were identified risk assessments and care plan interventions were updated to reflect the present needs.

However, In the case of the one safeguarding incident that had resulted in a number of complaints, staff had forgotten to ensure that a specialist lock was placed over a electric outlet for someone who had dementia. This specialist lock was designed so that someone with dementia would be unable to access the electricity when on their own. Forgetting this safety measure, which had been documented in the care plan, left the person at risk. Staff were immediately requested to go back to the property and rectify. However, we saw evidence that this continued to be forgotten resulting in numerous complaints and reminders to staff. During the investigation into this incident, the provider tightened their disciplinary procedures so that staff would be held accountable.

Levels of staffing were good and the service had not reported any missed calls to people. People told us, "Never missed a call, sometimes they are a bit late but they will always phone and let me know"; they come on time, they've never missed a call." "If they are going to be late they will call and let me know." When staff were late, it was within a reasonable time frame and due to traffic problems of being held up with someone who might be unwell. People had not been left at risk of missing meals or medications. The new systems in place to monitor call times alerted the senior care staff and registered manager to potential problems and they would attend to people if delays would place people at risk.

Medicine management procedures were in place and staff were trained to support people to take medications if they needed this. One person told us, "They support me with medicines, get them out of the pack for me." To ensure that staff remained competent to administer medications, regular spot checks took place in people's home. However, monthly medicine administration chart audits (MARS), failed to identify a number of gaps left in people's charts for creams that should have been administered. Because the provider had not noticed these gaps, they had not ensured that people had received the medications they needed to maintain their health.

Good

Is the service effective?

Our findings

Staff were trained by the providers own trainer who had gained a level three teaching qualification. They demonstrated passion and commitment to developing care staff skills so that they could deliver quality care and introduced ideas to support those members of staff who had a learning difficulty such as dyslexia, for example using different coloured paper for tests or providing one to one support in training. This meant that all staff's learning needs were catered for, so that they had the knowledge and skills to understand people's needs. A person told us "They [staff] are really well trained; always know what they are doing." A member of staff told us, "Training is really good because it's mostly face to face so I learn more."

Induction processes were robust and care staff had to complete mandatory training in areas such as moving and handling, infection control and safeguarding vulnerable adults training before working with people. All staff received between at least two to three weeks shadowing a senior member of care staff before being able to support people alone. One person said, "They always bring the new members of staff with them until we are used to them." The time needed to shadowing depended on care staff's experience and abilities. Care staff could also say if they felt they needed additional support and this would be offered. It was a shared decision between the senior carer assessing the person's competence and the new member of staff to as when they had the appropriate skills and confidence.

Care staff joining the service had good inductions to their role and the provider's visions and values. Depending on previous experience and knowledge, staff would undergo two to three weeks of induction. Working alongside more experience staff to get used to their role and the people they would be caring for. One person told us, "When new people are being trained, they accompany a regular carer so that we get to know them." This helped to reassure people that staff entering their homes were trained to know their individual needs.

During the first 12 weeks, the training manager undertook the Care Certificate with all new starters to help them to develop essential skills over a period of three months. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support. For those who had existing qualifications in care, such as a National Vocation Qualification in health and social care level two and three, the training manager still assessed that carer to see if any of the Care certificate standards were needed to support that carer to provide quality care.

A training matrix recorded all care staff's attendance and successful completion of mandatory and additional training. A colour code system informed the training manager when care staff training was due. We saw evidence that when care staff had not successfully completed an online training module they were marked as red and plans were put into place to provide them one to one support to help them to understand and complete the training. The matrix demonstrated that staff had received training and that training was being booked in.

Supervision of staff was carried out every three months with the registered manager. Staff told us that the

manager was very approachable, "I can always ask him if I have any concerns." Supervisions were good, identifying areas of improvement through constructive feedback that took into account the monthly care observations of staff carrying out their role. This included how they engaged with people, whether they offered choice and promoted independence, what information they looked at when supporting people, competencies in supporting people in medicines and record keeping. All staff also had yearly appraisals, setting learning and personal objectives for the following year.

People we spoke to told us that staff always gave them a choice about what they wanted to wear and how they wished to be supported. Staff received mandatory training to help them understand the Mental Capacity Act, 2005 and could demonstrate to us that they had a very good understanding of how they should support people in their care. One member of staff said, "I always support people to choose what they would like to wear." Care plans reflected that people had been asked about their preferences and choices and their capacity to make decisions and they had signed consent to care form to agree to the care plan interventions. We visited people in their homes and observed staff offering choice to people and promoting independence. Six monthly care reviews included people and their loved ones and we saw that people signed to say they had been involved. One person said, "I do what I want to."

During the safeguarding concern raised about the service it was apparent that care staff had neglected to appropriately support a person with dementia to have appropriate diet and fluids throughout the day. Staff did not always encourage the person when they told them that they were not hungry and would make themselves something later. They did not try to encourage the person or suggest that they leave them something in the fridge. They did not appreciate that the person had poor memory and one of the biggest risks is that they would forget to make themselves something to eat.

We saw evidence where the service had introduced diet and fluid charts into people's homes where assistance was required to eat and drink. This was on a family member's request. However, in one chart we observed, staff had not always recorded what a person had had to eat, so it would be difficult to identify what a person had eaten if they had problems with their memory. However, following these concerns the registered manager and provider put into place additional training for staff in dementia awareness, which includes focus on nutritional needs.

People we spoke to told us that staff were attentive to their dietary and nutritional needs and arrived on time to prepare and provide food of their choice. One person told us, "They are quite prompt, they always ask me what I want, and I choose what I have to eat." Other people told us, "They always leave me with a drink." We spoke to staff who were able to tell us what people liked to eat and drink, demonstrating knowledge of people's preferences.

Those using the service were supported to maintain good health, have access to healthcare services, and receive ongoing healthcare. Carers knew that that they needed to read the last 24 hours of care entries before providing care to people to monitor for any change. For example, if it had been identified that a person had a red area on their skin, and what the action had been. GP information was held in people's care files for staff to contact if the person or they had a concern over the persons health. Care staff also contacted the senior carers or registered a manager to notify them of changes in people's health. This was recorded within a service user's communication record. The service supported people to access additional health and social care support, such as phoning up for a person's blood test results when they had not been able to do it themselves.

Good

Is the service caring?

Our findings

People told us that care staff were caring, one person told us, "I'm happy with my current carers, they are kind and caring." Another said, "They are nice people, [care worker] is very chatty and pleasant when she comes in and I like that." Preferences for male and female care staff to support people with personal care were taken seriously. One person said, "They have done everything that I have asked. They regularly check and come round to ask if I'm happy with the service."

We spoke to care staff who gave us examples of how they supported people who sometimes became distressed. For example, one member of staff said, "[Person] can get upset sometimes, but I help by talking about positive things and this helps [person] to feel better, I sometimes give [person] ideas because they need a little prompting, but I never tell [person] what to do."

Small care teams meant that care staff knew people very well. One person said, "They know what I like, my quirks. They are very caring." Staff were able to tell us about the people they looked after and explained how they supported people and met people's preferences. They spoke about people in a kind and considerate way. Care plans encouraged care staff to think about the little things that were important to people's comfort, such as, '[Person] likes a blanket over their knees,' or '[Person] likes a straw with their drink. 'We observed staff providing care in this way during our observations.

Many people had received care from the same care staff for long periods and this meant that they had been able to develop meaningful relationships with staff. One person told us "I always know who is coming and new people are introduced slowly so I can get to know them."

The provider and registered manager had an open door policy and people told us they were consistently listened to. The registered manager made weekly phone calls to people using the service to find out if they were happy with their care; they also paid visits to people regularly. People told us that they felt listened to and that the registered manager always acted on their concerns. People told us if things were not right they were listened too and concerns were acted on. One person told us that they had to have a specific specialist care intervention and had been assured that staff were trained to support them in this. However, when the member of staff arrived they did not know what to do. However, the person told us, "I jumped up and down and a made a fuss and they sourced the appropriate care for me. It was all sorted very amicably." Following this concern the provider ensured that staff attending the person received the training they needed.

Privacy, dignity and respect were core values for the provider and they expected staff to emulate these supporting people in their homes. "They always treat me with dignity and respect when they help me have a wash and get dressed," said one person using the service. Another told us, "They always ask me what I want and what I need; all of them are so kind and respectful." We visited people in their own homes and they told us that staff always respected their wishes. Person centred care plans supported this culture.

People told us that they were supported to remain as independent as possible and staff reflected these values when we spoke to them. Care plans also reflected this ethos and included information such as,

'[person] should be encouraged to comb their own hair,' all care plans we reviewed recorded those personal care tasks that people could do themselves and encouraged staff to support them to continue to be as independent as possible.

Good

Is the service responsive?

Our findings

Care plans contained a lot of person centred detail to enable any carer to support people how they would like to be supported. Risk assessments were thorough and resulted in care plan interventions that focused on how the person would like to be supported in a person centred way. Interventions supported people to remain independent and staff explained how they encouraged people to do as much as they could for themselves. Whilst promoting independence was important, staff also recognised that sometimes people needed a little extra care and support depending on how they felt. For example, one person said, "They will sometimes ask me if I would like them to do the washing up."

The registered manager involved people in the planning of care and within care plan reviews. The registered manager told us, "We try and be as flexible as possible and responsive to individual needs." One person told us, "I wanted some extra help with shopping and I spoke to [registered manager and they are organising an assessment so I can have this extra time." Once a person had taken up a care package the registered manager contacted them after 24 hours to make sure the initial input had been good. They phoned at regular intervals after this time to make sure that people continued to receive a good standard of care.

The provider's website advertising Right care had an icon for people to click on and get instant access to someone to speak to. We saw this being used by relatives. Where they had used this to report problems, right care had ensured that staff would revisit the person immediately to rectify anything any problems.

Most relatives told us that staff were supportive and the relationships the small teams had built with them meant they could work well together. An example of this was when care staff had difficulty in providing care for a person at the service due to their complex needs and often being distressed due to confusion. Instead of terminating the service, staff worked with the relative, and health and social care professionals to come up with a plan to continue to safely support the person with assistance from their loved one.

During the assessment of people's care needs important information about their lives were gained to build a picture of people's individual preferences, hobbies and interests. This prevented staff from seeing people as a series of tasks to be completed and they were able to talk with people about things that they enjoyed. One member of staff told us, "I know that [person] really loves watching [programme] and enjoys swimming and going for a cup of tea. [Person] really just needs some company and we enjoy going out together. I sometimes suggest ideas, but only when they need motivating when they are low in mood."

The registered manager had introduced contact with people at the service every three months to ascertain whether staff were providing care where following the training they had received. They then organised team meetings to discuss if any additional training was needed. The service worked hard to understand the causes for errors and how they could learn from these.

We did see that concerns raised by people and relatives were listened to and used for improvement. Since the safeguarding concern, the provider had tightened their processes to ensure that lessons could be learnt from mistakes. They had used these experiences to implement a better system for monitoring staff time

spent with people so that they were charged the appropriate fee. They audited this robustly and used it as a tool to ensure that visits were timely and not missed.

At the time of inspection the service had not missed any visits. One person told us, "They are very prompt, never missed a visit," another said, "Sometimes they are late because of unavoidable situations like traffic or someone needing help because they become unwell, but they always let me know if they are running late so I don't worry." This was a common response from people we spoke with, one person said, "I've had a number of agencies and its worrying never knowing who will come and when, but I always know with them even if they are running a little behind."

Good

Is the service well-led?

Our findings

The provider had an open door policy to all staff and people using the service and staff and people told us that the registered manager was very approachable. People told us "[Registered manager] is really good, approachable. He has an open door policy." Staff told us that they felt they were listened to by the registered manager and that if they had ideas to improve practice they were confident they would be listened to. One member of staff told us, "I know if I have concerns [registered manager] will listen to me, he's very approachable."

Staff knew there was a whistleblowing policy and that they could report any concerns about care practice. One member of staff told us, "I have no problem speaking to [registered manager] or anyone in the office about poor standards, I always feel listened to and know they will act on my concerns."

People that had complained told us that their concerns had been managed well, however, in one case that had resulted in a safeguarding investigation; we did find that there had been a significant break down of the relationship between both the provider and relatives of a person with dementia. In this case, the provider had not always been proactive in dealing with the concerns raised and this had contributed to the breakdown of communication between the service and the person.

However, the registered manager in regards to a previous safeguarding concern had learnt lessons, where a family felt they had not been listened to, and actions had not been taken to address their concerns. The registered manager had told us that systems of communication had not worked as effectively as they had liked and recognised that they needed to improve this area. Consequently, a new email address had been set up to address all new complaint's, which were accessed by management. Staff had to refer this email for any complaints raised, big or small so that they could be looked at. The manager told us they had found this avoided any missed emails and all staff had been reminded of the complaints procedure.

A caring culture was observed during discussions with the registered manager, staff and visits to people in their homes. The registered manager's regular contacts with people about the quality of their care, and interest in the staff, meant that this culture was nurtured and encouraged and that staff and people using the service felt listened to.

When staff had behaved in a manner that did not meet the expectations of the service, they were managed in line with the services disciplinary policy and received additional supervisions and care observations. The training manager also used individual care certificate standards to ensure that staff received additional training in standards that they were found not to have met.

Appropriate statutory notifications were submitted to relevant authorities such as if there were safeguarding concerns about people using the service, or if incidents were reportable to the CQC. When incidents or safeguarding's occurred the service carried out appropriate investigations to ascertain what had happened, why it happened and what lessons could be learned from the event to improve practice.

We saw that the service had used the experience of safeguarding concerns to learn and improve the service they offered, and put in place measures to prevent as far as possible concerns around staff not attending for their time, and training to support staff to be more attentive to people's needs. Such as if, they had finished tasks whether they could offer people additional social input such as sitting with them and chatting.

The service had contacted all existing people and their relatives to ascertain if they had had similar problems to the complaint and found that in all but one other case people were happy with the care provided. In the additional case identified, the registered manager worked with the person and the family to get the care provision 'right, 'rearranging visit times to reflect the need of the person.

All staff we spoke to told us that the provider ensured they had the resources to do carry out their role, such as uniform, gloves and aprons and training to support their learning and development. They knew what was expected of them and the standard that they were required to meet. We saw evidence of information giving through staff meeting minutes and staff were kept informed of changes and expectations of them during regular supervisions.

The registered manager carried out a variety of quality monitoring audits, such as medication audits, care note reviews and care plans and risk assessments. In doing so, they were able to identify areas of weakness, and where they could improve the service and were proactive in trying to resolve any identified issues.