

South West Home Care Ltd

Right at Home Chippenham

Inspection report

Unit 12a, Cavalier Court
Bumpers Way, Bumpers Farm
Chippenham
SN14 6LH

Tel: 07885599433

Website: www.rightathome.co.uk/chippenham

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Requires Improvement



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

Right at Home Chippenham is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Right at Home Chippenham receives a regulated activity, CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was supporting 35 people under the regulated activity and two people with other types of support.

Right at Home Chippenham is part of a franchise model, that enables entrepreneurs to build their own care service. Owners receive ongoing support within an already established home care framework.

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

Risk assessments were in place but did not always contain enough detail about the management of the risk. We have made a recommendation to the provider to review these and amend where appropriate.

People were positive about the support they received from staff, however some issues around visit times, rotas and previous missed visits were raised. The service had maintained staffing levels during the height of the pandemic.

Systems were in place to reduce the spread of infection. Staff told us they had access to all the necessary protective equipment and had been well supported during the ongoing pandemic. Some people did share reports that at times staff had removed or not worn correctly all the protective equipment.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to keep people safe.

The majority of staff we spoke with felt that they had been well supported by the management team. A few staff and people and their relatives did raise that they felt communication and a timely response to their queries needed to be improved.

Systems were in place to monitor the service people received. This included audits of care plans and medicine records. We saw that some things we had identified had not been picked up previously and raised this with the management team to address going forward.

People had the opportunity to provide feedback about the service they received. We saw that telephone reviews had taken place and the responses received were positive. Actions from people and staff feedback were taken forward to drive improvement within the service.

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

Rating at last inspection

This service was registered with us on 18/09/2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service has not previously been inspected or rated. There is not currently a registered manager, but a manager is in place and in the process of registering with CQC.

We have found evidence that the provider needs to make improvements. Please see the Safe key question of this full report.

This report only covers our findings in relation to the Key Questions of Safe and Well-led. The key questions of Effective, Caring and Responsive were not looked at during this inspection.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Right at Home Chippenham

Detailed findings

Background to this inspection

The inspection

We carried out this focused 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 key questions Safe and Well-led under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, who attended the site visit.

Following the site visit an expert by experience carried out 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 did not at this time have a manager registered with the Care Quality Commission. A manager was in place and was in the process of registering. This means, when they are registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 17 November 2020 and ended on 24 November 2020. We visited the office location on 17 November 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and 13 relatives about their experience of the care provided. We spoke with 15 members of staff including the owner quality director and service manager.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted three health and social care professionals who have worked alongside the service.

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be exposed to potential harm.

Assessing risk, safety monitoring and management

- We saw that people had risk assessments in place for risks around falls, skin integrity and the environment in which care was given. We found that at times these risk assessments needed more detail or to be linked up with supporting documents where further information could be found. For example, one person's falls risk assessment stated they had fallen in 2019. The care plan had been reviewed in October 2020 but did not include that the person had also fallen twice in 2020. This meant staff did not have up to date information available in the care plan about the level of risk for this person.
- Another person who was at risk of choking did not have enough detail included on the measures staff should take if they had a choking incident. The risk assessment stated they were to call 999 but did not detail about providing further support or checking the person's airway. Although no choking incidents had occurred and staff had received training, there was a risk that not all the correct actions might be taken due to a lack of recording.
- One person smoked in their home. We saw a risk assessment was in place and that the person did not smoke when staff were present. This person had been prescribed a paraffin based emollient. Whilst these are safe to use there is an increased fire risk. This had not been included in the risk assessment to make staff aware. We raised this with the management team to update the assessment.
- Staff did raise that communication from the office was not always responded to in a timely way when they raised queries. Staff said, "Previously, the responses from the on-call service were much more efficient", "There were not urgent messages that needed instant attention but were things that needed rectifying the next day. On different occasions I have not received a reply to these messages" and "I have found in the past few months that the on-call system is not very effective and both myself and other carers have had situations where they have not had contact back from on-call."
- We saw that where two people had been involved in a safeguarding and were vulnerable to specific risks from this, there was not a risk assessment in place. We saw that information had been shared to staff to be mindful of the risks and that information was recorded in the safeguarding, but this needed to be fed through to be available for all staff within people's support plans.

We recommend that the provider reviews their risk assessments to ensure that full and necessary information is recorded and available for staff to manage risks safely for people and take the appropriate action when required.

- Environment risk assessments contained good detail about a person's individual location. This included where things like the fuse box or water valve could be located if required and if there would be pets or children present when the care visit took place.

- People and their relatives told us they felt assured that staff knew how to act in the event of an emergency to keep people safe commenting, "I had a fall and they called the ambulance and then spent time with me. Yes, I feel confident" and "I think they would be very professional, I have every confidence. I wasn't feeling well the other day so they told the office. The office phoned back and asked if they could get anything which was very good."
- Staff told us they were kept informed of changes and new risks to people commenting, "If there are any risks then yes we would be told and informed on how we can manage them", "We are informed of some updates about certain clients via email, which I have found useful" and "They are good at updates, I always phone and check first anyway as nothing worse going into a call and not being informed that something has changed."

Staffing and recruitment

- None of the people or relatives we spoke with reported any missed or shortened calls to us. People and relatives were happy with the service received and spoke positively about the staff they saw commenting, "It's one hundred percent better than the previous agency", "They deserve a pat on the back", "If they finish all their work they will make her a drink and have a little chat, which is important", "Yes they stay. I only have to ask if I need anything" and "Yes they stay and do a good job. They cheer me up."
- There were mixed responses from staff regarding having enough time to undertake their visits. Responses included, "The timing of my visits are fine I definitely have enough time to get everything that is needed for my client done in this time frame", "We do have some clients where their visit times do not allow enough time to complete everything. We reported this to the office, it did take a while for this to be actioned however", "There are many occasions where we are not given sufficient travel time to get from one visit to another" and "On most occasions we receive a suitable amount of time to complete our visits."
- The majority of staff reported that there had been times where people had not received their visits due to miscommunication. Staff commented, "I completed a morning visit where there was no visit note for the night before. I reported this to the office but received no response as to what happened", "I have been informed from other carers of occasions where clients have not received their visit" and "There has been times that a visit had been missed, this has been due to the app or because staff that have since left company forgetting the call."
- The management team told us they were aware of these issues and although it was not acceptable that this had happened, no one had experienced harm from these missed visits. The manager said this had happened due to miscommunication and gave one example of when a person went into and returned from hospital. The manager said they were continuing to address these concerns. The office was now open and staffed at the weekend so people could speak directly with someone and raise any concerns about their visits. The system also allowed visits to be tracked so issues could be identified and action taken in response.
- People and relatives consistently raised that they would like to receive a regular staff rota to know who would be supporting them. Comments included, "They do arrive – but it's a gamble. Sometimes I have to ring the office to find out what's going on" and "There is no rota and no routine. If you ring up and ask for something it doesn't happen." We fed these concerns back to the management team to address who told us, "We try to do two weeks in advance, it's not always possible with sickness, we give people postal or an email copy of rotas."
- The service had experienced a high turnover of staff since starting. The management team were open that this was in part down to the restructuring they had implemented, which had not been popular with everyone. The manager told us, "I can tell which staff are here for the right reasons and which weren't. They weren't used to my line of thought that everyone is accountable. For example, if staff were going to be late to a visit they needed to phone in. Some staff didn't like these boundaries." Despite the high staff turnover, the service had managed to continue to operate during the pandemic without the use of agency or

implementing their business continuity plan.

- Each staff member had a recruitment file in place. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. We saw some gaps in the files where health declarations were not always in place. The manager told us that these had been redone and they were in the process of chasing staff to bring them back in. With any new employees this was now completed as part of the induction in the office.
- One staff did not have any employment references in place. It showed that attempts had been made but they had not managed to contact them and the staff member had commenced employment with only a character reference. The management team told us this had occurred early on in their recruitment and setting up phase of the company and that this would not be allowed to happen now. Following this inspection the provider sent further evidence of a second reference.
- Recruitment files contained one page profiles about the staff, which recorded what was important to them, future aspirations and how they liked to be recognised. We saw that staff monitoring and support was completed through supervisions and spot checks and focused on following correct infection prevention controls, medicine administering, the support given during visits and individual progression.

Using medicines safely

- Each person had a medicine care plan and administration record (MAR) in place where required. We reviewed the MAR's for five people and saw they were being completed appropriately and signed by the competent person administering the medicines. The MAR's had recently been changed to read clearer and each medicine administered now had a separate place to be signed for. Where a person had declined or refused their medicine a reason was recorded within the MAR.
- Support with medicines ranged from people self-administering their medicines, minimal prompt support from staff to full staff support. The level of support required was documented in people's care plans. People and relatives told us they were confident in staff's abilities to manage their medicines safely commenting, "Staff help me and I have every confidence in them" and "There is a locked cupboard and staff document everything."
- It was fed back to us from talking with relatives, that some medicine administering procedures were not completed due to staff not having yet completed the correct training. We spoke with the management team about this who explained it had been agreed at the start of the packages these particular services could not yet be undertaken by staff and had not been. The manager said training in these specific areas had been sourced but with the current pandemic it had delayed this being achieved.
- One person who was taking a prescribed medicine 'as required' (PRN), had a list of possible side effects listed in their care plan. We saw that some of these side effects were not applicable to this person and that this had been recorded without focus on the individual. We raised with the management team to address. Following this inspection, the provider informed us that this had now been addressed.
- Staff told us they were happy that if and when a medicine error occurred these would be dealt with appropriately and learnt from. One staff said, "I am not aware of any medicine errors that have happened, but I know they would follow all the right procedures to ensure the error is sorted efficiently." The manager explained, "During medicines training staff are told if there is a gap in MAR they stop what they are doing and immediately inform the office. On that outcome we take actions, inform the GP or call 111, for any adverse reaction or consequence. That would then lead to a notification and staff brought in for supervision and re-training."
- The management team told us for people on time sensitive medicines, their system enabled them to put a clock on a person's call time which meant it could not be moved. The time the medicine was administered would then be recorded on the MAR so the next staff member could ensure there was a suitable time period between doses.

Preventing and controlling infection

- We spoke with 14 people using the service who all told us that staff wore masks, gloves and aprons when visiting and supporting them with care. However, six relatives commented that at times during the year, they had seen staff remove or not wear their face masks. We fed this back to the management team who said they would reiterate with staff about the importance of PPE and focus on this during their spot checks.
- All staff said they had no issues with obtaining Personal Protective Equipment (PPE). Staff said, "There are hundreds of packs of gloves and masks available, I ring and it's on the desk waiting. Always got enough, no issues" and "I have always been able to access enough PPE to ensure I am safe and keeping others safe when working. The office is open seven days a week so we can always go in and collect more which has proven to be very helpful."
- Staff praised the management team and office staff for keeping them up to date with the changing guidance during the continued pandemic. Staff told us, "We had updates and reminders they constantly keep us in the loop", I have felt supported during the pandemic. [Owners name] regularly sent emails regarding PPE updates, offers of support and a thank you as well to everyone. If we were concerned over anything regarding COVID-19, we were able to raise these and receive help too."
- The service had not experienced any cases of COVID-19 amongst people they supported or the staff team at the time of this inspection. Spot checks were completed to ensure that staff were wearing the correct PPE. Staff had completed infection prevention control training and been provided with up to date guidance on safe handwashing, and how to put on and take off PPE correctly. A matrix was in place with various scenarios for staff to know what levels of PPE were required in what circumstances.
- The service had a contingency plan in place which had prioritised people who were most vulnerable and at risk if they contracted COVID-19 and those people that could not manage without a support visit if staffing levels suddenly dropped. We saw that infection control risk assessments were in people's care plans detailing measures staff would take to keep people safe at this time. The owner told us, "We are being safe and staff have really taken it onboard."

Systems and processes to safeguard people from the risk of abuse

- Staff had the knowledge and confidence to identify safeguarding concerns and act on them to keep people safe. Staff told us, "As caregivers we play an important role in safeguarding our clients, protecting their right to live in safety and helping to keep them safe from harm, abuse and neglect", "My job is to protect my clients and myself so if anything needs reporting I wouldn't hesitate to do so" and "I'm not backwards in coming forwards in things like that, I put myself in the position of it being about a family member. I would raise it to anyone in the office."
- People and their relatives told us they felt safe with the staff that came into their homes commenting, "Yes I feel safe, they are always very pleasant", "Yes they just seem to get it right. It's one hundred percent better than the last agency we had", "Yes, absolutely safe. They are kind and caring and very helpful" and "One carer in particular understands his condition, but they are all good in the way they do their job."
- When a person joined the service, a guide was put into their care plan containing useful internal and external contacts, should they need to raise any safeguarding concerns. We reviewed some of the communication messages shared with staff and saw these discussed whistle blowing procedures. The owner told us, "We make it clear that people and staff can go above our heads if they are not happy or think we are giving unsafe care."

Learning lessons when things go wrong

- The management team were keen to promote a culture of 'no blame' when incidents had occurred and use them to develop learning within the team. The owner told us, "We don't isolate incidents, we look at what can happen differently and share it with all staff."
- We saw that although information had been recorded around incidents this was not in the incident log to

show the actions taken following an event. We spoke with the management team about keeping the information in one place to have a clear audit trail. Following this inspection, the provider informed us that this had now been addressed.

- Staff told us they had received training in what to do in the event of an incident or accident and felt confident in this process. One staff told us, "I would call the office or on call service to report the incident. I would make sure to fill out an accident workbook and also call 999 for them to be checked over and assisted backup or to the appropriate place."

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 majority of staff we spoke with felt that they had been well supported by the management team during what had been a difficult time for the health and social care sector. Staff told us, "[Owner's name] is so lovely and approachable, is there for everyone and the thing I enjoy the most is once a week he will send all staff an email letting us all know how much he appreciates our hard work", "I feel the manager is an approachable person and believe that many of the issues I have raised directly with him have been acted on or dealt with appropriately", "It's been amazing working here, the mentoring with [manager's name] has been fantastic and enjoyable" and "I have been massively supported since starting. [Owner's name] was always there to support, he created a few guides to help us retain things."
- Staff told us they enjoyed the role they did and morale amongst the team was positive. One staff member said, "We are fortunate to have care staff who always want the best for clients and constantly go above and beyond. Each Caregiver we have is supportive of one another and are always willing to help each other out."
- A few staff did raise that they felt communication and a timely response to their queries needed to be improved commenting, "I feel there is very little support for carers from the office. I feel they do not send out regular updates or supportive messages" and "I feel that the on-call system needs some improvements, this would offer more reassurance for carers working late into the night and the few carers who work overnight."
- Some of the people and relatives we spoke with also raised that communication within the office could be improved at times saying, "I rang the office with a message for [manager's name] but they didn't pass it on but it's sorted now", "I have rung the office several times to ask for things but they have not come" and "I spoke to the manager and said he should get the office organised but nothing changes. They are not good at communication." The management team spoke openly that the restructuring of the office had created some mixed feelings with people and staff and this was reflected in the feedback we received. The management team explained it was still a transition phase and they hoped that the positive effects of this would start to be reflected in the next feedback survey.
- People and relatives told us the staff were kind and caring and that the management team were approachable and available if needed. Comments included, "[Owner's name] has been out and he phones back if I need anything. They bring new carers out and ask [person's name] who he likes. They keep you informed", "[Manager's name] is lovely, very calm and kind if you need anything. [Owner's name] is lovely too. I have every confidence in the agency", "I have built up a good relationship with the carers. I didn't trust anyone in the previous agency. I think they are wonderful. They are kind and gentle and treat me with dignity and respect" and "They all seem efficient and seem to know what is needed."
- The management team spoke about being committed to the staff team and operated an open door policy

for staff if they needed to talk. There was a counselling service available within the organisation that staff could also utilise should they need to speak with someone outside of the management team. They also spoke about the value of staff having a conversation with people when they supported them and we saw this reflected in the daily records. The manager said, "For a lot of the people we see the staff are the only ones they see and they look forward to them coming and if the staff can't have time to sit and ask how they are, that's going back to the old way of time and task."

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 provider had a duty of candour policy in place. The manager told us, "I do obtain feedback during most calls about people's care. There are always things that can be improved but this is why we ask and communicate to make the service is what they expect."
- A complaints log was in place to ensure people's complaints were managed appropriately and followed up. One person told us, "I have no concerns. I am very pleased."

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

- Systems were in place to monitor the service people received. This included audits of care plans and medicine records. We saw that some things we had identified had not been picked up previously and raised this with the management team to address going forward.
- A tool was in place which followed the CQC's inspection principles to review the service and governance systems in place. This looked at each area and then a service improvement plan was created, with timeframes for any actions required.
- Monthly goals for the staff team around compliance, concerns and improvement were put in place each month to encourage and drive the service forward. The management team explained that this month it had been around maintaining compliance levels and a focus on recruitment and new starters.
- The service was soon to be moving to a different online system, which would allow medicine records to be checked daily instead of monthly and enable care plans to be updated in real time. The owner told us, "This will increase our quality even more."
- In September 2020 one allegation of financial abuse notification was delayed in being submitted to CQC. We used this information to monitor the service and ensure they responded appropriately to keep people safe. We spoke with the management team who are aware of their responsibilities in reporting and what needs to be notified. All other notifications had been submitted appropriately. The manager explained that following this event they completed a piece of work to determine if anyone else using the service had experienced a similar event so they could take any action required.

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

- People had the opportunity to provide feedback about the service they received. We saw that telephone reviews had taken place and the responses received were positive.
- People told us they were happy with the service but several mentioned they hadn't received a rota for a while and liked to know which staff members were visiting when. People told us the service was flexible and that staff were approachable if they needed to talk. One person said, "The office are very helpful. I feel listened to. I like the office being open 24/7 and the on-call system. They periodically ring to see if it's all OK." Everyone we spoke with using the service told us they would recommend the agency. One person told us, "They are pretty good, I have everything I want. Four carers came on my birthday and gave me a cake. Such a lovely surprise."
- Relatives told us they had not been asked to provide any feedback formally but praised the staff for their

care and kindness shown. Comments included, "I have no concerns about [relative's] care. Staff are lovely and kind", "They are reliable, pleasant and have a sense of humour. They make him laugh. It's working out" and "Yes they are kind, like a friend."

- Staff were able to attend meetings which were currently being held online. The manager told us, "We take ideas from staff in supervisions and there is an open agenda in meetings for questions. Client and staff feedback have led to direct changes in services. This communication is working."
- Staff completed feedback surveys and actions and ideas were taken forward from this. The management team would then share with staff 'You said, we did' reports so they were reassured they were being listened too. For example, it had been raised that they wanted someone to reach at weekends so the office was now staffed seven days a week. We saw that staff had been sent thank you cards to recognise their hard work and staff told us this meant a lot to them. Within staff records there was also information captured about how staff liked to be recognised for their achievements.
- Areas of frustration raised around communication and rota changes were already known to the management team who said they had received this feedback in the last survey and were hoping the changes made in restructuring the office team and opening seven days a week would start to see a reduction in these concerns. The management team said they have continued to send updates to people and their next of kin around team changes, how staff have been trained and PPE updates so they know how we are supporting them.

Continuous learning and improving care

- The owner and manager spoke passionately about growing the business and the direction they wanted it to take. The manager told us, "Here quality comes before quantity. When I first came I thought we could do things differently and [Owner's name] has been brilliant at implementing things."
- Examples were given of redesigning the MAR's to make these clearer for staff to complete and positive feedback about these had been received. The office staffing had been restructured with new roles to increase the accountability. The management team told us, "The strategy was to get the office right and then everything else can come after, we are in a transitional phase where staff and people are getting used to the changes."
- People and relatives we spoke with discussed areas of improvement they would like to see in the service. These included having a rota sent regularly, more accuracy around visit times and improved training in specialised areas such as dementia and assisted feeding through a tube, percutaneous endoscopic gastrostomy (PEG). Comments included, "They need better training. They get basic but it should be improved" and "They need to have carers who understand dementia and to organise more training." We fed these points back to the management team to take forward.

Working in partnership with others

- The management team told us they had built positive working relationships with other healthcare professionals. The manager commented, "We have really good relationships with the Local Authority, brokerage and local surgery."
- The service had taken on an apprentice in the office from the local college and were looking to build more links with health and social care students to offer them experience within the organisation, and a gateway to coming into this employment sector.