

Extraordinary Care Ltd

Right at Home West Midlands (South)

Inspection report

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Date of inspection visit: 20 January 2016
Date of publication: 26/04/2016

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 

Overall summary

This inspection took place on 20 January 2016 and was announced. Right at Home provides personal care to eight people who live in their own homes some of whom are living with dementia. This was the services first inspection since they were registered with the Commission in September 2014.

There is no registered manager at the service at present. However, the nominated individual was overseeing the

day to day management of the service and was in the process of applying to become the registered manager themselves. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe whilst receiving support from the service. Staff were able to tell us about the different types of abuse people may be at risk of and described action they would take should they have any concerns. Where risks had been identified to people safe systems of working had been put in place to reduce the risk wherever possible.

People told us they were supported by consistent staff who had got to know them well. People were able to state the times and days they required support and staff told us about the need to work flexibly should people wish to change their times of support.

People were supported to make choices in all aspects of their care. Staff were able to tell us how they supported people in line with the Mental Capacity Act (2005) although this wasn't always correctly reflected in people's care plans.

Staff had received training in medication administration. Although people received their medication safely most of the time improvements were needed in the recording and monitoring of medication administration.

People told us they felt cared for. People were fully involved in planning their care to ensure they could receive support in the way they wished. Peoples care was reviewed with them and care plans were altered accordingly if changes in care were requested.

Staff felt valued and supported in their role and there were systems in place for staff to feedback any suggestions for improvements. Staff had received training around people's specific care needs and we saw that training was planned to ensure staff kept up to date with care knowledge.

People, their relatives and staff were aware of how to raise concerns or complaints. Where concerns had been raised the provider had taken action to resolve the concern for the person.

People were happy with how the service was managed. Systems were in place to monitor the quality and safety of the service although some of these systems were not consistently effective and had failed to identify where improvements were needed in the monitoring of some aspects of the service. The provider sought feedback from people and had used this to further improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were aware of their responsibilities to safeguard people from harm.

People were supported by sufficient staff who knew the identified risks people had due to their healthcare needs.

Medicines were usually managed safely.

Good



Is the service effective?

The service was effective.

Staff understood the principles of the Mental Capacity Act (2005) and supported people in line with this legislation.

Staff had received sufficient training about people's individual needs to help them work effectively.

The service had sought advice from healthcare professionals where needed and had acted on advice given.

Good



Is the service caring?

The service was caring.

People and their relatives gave us positive feedback about the staff who supported them and staff talked about people in a caring way.

People were fully involved in planning their care including stating the times of the day they wanted to receive support.

Good



Is the service responsive?

The service was responsive.

People were able to change the days and times they wanted support.

People were involved in reviewing their care and felt confident that any complaints raised would be dealt with effectively.

Good



Is the service well-led?

The service was well-led.

Although there was no registered manager in post at the time of inspection the nominated individual had provided appropriate managerial cover.

People and their relatives were happy with how the service was managed and staff felt supported in their role.

Some of the systems in place to monitor the quality and safety of the service were not consistently robust.

Good



Right at Home West Midlands (South)

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 20 January and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the

notifications the provider had sent us and any other information we had about the service to help us plan the areas we were going to focus our inspection on. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we sent surveys to people who used the service to gather their views of the service they received. We also sent surveys to people's relatives and staff. Surveys were returned from two people, one relative and six staff.

During our inspection we spoke with the nominated individual and the non-executive director. We looked at records including three people's care plans, three staff files and training records. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised. As part of the inspection we spoke with three people who used the service, four relatives, four staff members and a healthcare professional who supported a person who used the service.

Is the service safe?

Our findings

People who we spoke with felt safe receiving support from the service. One person told us, “I am happy and safe with my carer.” All the relatives we spoke with said their family member was safe and well cared for.

All the staff we spoke with were able to describe the different kinds of abuse people were at risk of and understood their responsibilities to report any concerns they may have. Staff told us and we saw that safeguarding training had taken place to ensure staff had access to current safeguarding practice. The nominated individual was aware of her responsibilities to raise any safeguarding concerns to the appropriate agency.

We gathered information about how the service managed risks to people. Prior to a person receiving support, the service carried out assessments to determine whether they were able to meet the person’s specific needs safely. This ensured that the service only provided support to people who they knew they could meet their needs. We saw that risks to the individual had been identified and measures put in place to keep the person safe. These risks were reviewed regularly with the person and staff fed back any changes that needed to be made to the care plan. Where accidents had happened there were systems in place to investigate the cause of the accident and action was taken to reduce the risk of future occurrences.

People that we spoke with told us they were supported by a consistent staff team. One person told us, “I get the same two staff who I have got to know well.” People were given a schedule, which included photos of the staff that would be supporting them, every week so that people knew which staff member was supporting them each day. The

nominated individual informed us that they would only accept new referrals to the service if they knew they had enough staff available to provide care. The nominated individual also informed us they were currently recruiting staff to ensure designated staffing levels were in place. We saw that the provider’s recruitment process included obtaining Disclosure and Barring Service (DBS) checks prior to staff working with people to ensure staff employed were safe to be working with people. Further checks such as obtaining references from the staff member’s last employer were obtained to check the staff member’s suitability for the role.

We looked at how the service managed medicines. The nominated individual told us that staff who administered medication had been trained to do so and staff confirmed this had taken place. Staff were able to describe safe medication administration processes and told us action they would take should someone refuse their medicines. Audits of medication administration records took place monthly. Through carrying out these audits the nominated individual had highlighted concerns around the correct recording of medication administration. Concerns included un-clear recording of prescribed creams. Upon discovering these concerns the nominated individual had put systems in place to retrain staff and monitor recording of medication administration more closely. We found that although regular audits had taken place they had not highlighted unexplained gaps in administration in three different medication records we looked at. The nominated individual provided explanation of why the records were incomplete, such as no call happening on that particular day, and assured us that medication audits would be reviewed for their effectiveness.

Is the service effective?

Our findings

People and their relatives told us that they were happy with the care they received. One person told us, “Oh god they have made my life a lot easier.”

Staff that we spoke with felt supported in their role and told us they could seek advice when needed. Staff that we spoke with told us they had received training to carry out their role effectively which included training around people’s individual health needs. We saw that new staff had to carry out an induction which included training and working with a senior member of staff to get to know the person they were supporting. The nominated individual informed us that new staff have to complete the care certificate. The care certificate is a nationally recognised induction course which aims to provide staff with a general knowledge of good care practice. We saw that systems were in place to schedule training for staff to ensure knowledge was kept up to date. Staff told us that they received regular supervisions that updated them on key care topics and discussed the support people were receiving.

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 of their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We saw that staff had received training on MCA and staff we spoke with were able to explain how they supported people in line with this legislation. We saw that some people had been identified as lacking capacity but there were no assessments available that detailed what decisions the person was unable to make. In these

instances the service involved relatives in making everyday decisions that were in the person’s best interests. People told us that staff offered them choices. Staff that we spoke with told us how they offered choice to people on a daily basis, based on people’s known preferences. Care plans detailed the importance of offering choice and daily records detailed how this had been carried out.

Staff that we spoke with described how they sought consent from people before supporting them and referenced treating people as an individual.

Although staff supported some people with eating and drinking, relatives were usually responsible for supplying sufficient amounts of food for the person. People commented that staff supported them with various tasks regarding eating and drinking and one person said, “They help me cook my dinner.” Staff that we spoke to told us the importance of offering choices of meals to ensure people had a variety of foods in their diets. Where people needed support with eating and drinking there was some detail available in people’s care plans of the level of support the person needed.

Staff told us that they monitored people’s health and told us action they would take if a person they were supporting became unwell including contacting the person’s relatives. Relatives confirmed that staff had contacted them when their family member had become unwell. The nominated individual gave us examples of when the service had referred people to healthcare professionals for further assessment when a decline of ability in a certain aspect of a person’s care had occurred. One healthcare professional, currently working with a person using the service, explained that the service had responded to advice given and fed back to the healthcare professional whether things suggested were working or not. The healthcare professional described action taken by the service as, “They are putting things into place to help her be safe.”

Is the service caring?

Our findings

People told us that staff, “Are very friendly,” and, “They are very thoughtful and will sit and have a chat with me.” Another person told us, “I’m happy to say they have made a difference.” Relatives told us that people were generally supported by the same staff who were, “Very kind and caring” and another relative told us, “The carers are really suited to mum.”

People that we spoke with told us that they received support from consistent staff. Relatives confirmed that people were supported by the same staff who had got to know their family member well. People were able to state the specific day and time they wished to receive support and the level of support they required. Furthermore, people were able to request the staff member they wished to support them wherever possible. Staff that we spoke with told us they enjoyed their work and spoke about people they supported in a caring way.

We saw that people were involved in developing their plan of care which detailed people’s likes, dislikes and preferences for support. Staff we spoke to could explain people’s likes and preferred methods of support and emphasised the need to treat each person as an individual with different needs. We saw that people’s life histories were documented in their care plans and included information about people who were important to them. Staff told us they used this information in discussions with people they supported. There was detail in people’s care plans about how they communicated to enable clear communication to occur between people and staff. We saw that some care plans lacked detail of the specific support people needed. The nominated individual assured us that

staff worked with people consistently and therefore had got to know people well and their abilities. Staff that we spoke with told us that they generally supported the same people.

The nominated individual gave examples of how they had met people’s cultural needs by providing staff of a person’s preferred cultural background and how a person’s cultural needs had been respected whilst planning and providing care.

The nominated individual gave examples of how the service continued to meet people’s needs when they moved to different care settings. For example, at a person’s request carers had supported the person in a hospice to give their family members respite for short periods. This gave peace of mind to family and provided the person with continuity of support from a team of staff they knew.

Care plans detailed the person’s right to privacy and dignity and staff we spoke with understood what this meant for the people they were supporting. One member of staff told us, “I always ask before I go upstairs as it’s their home.” One person told us, “The care is always very nicely done and staff are thoughtful,” and another person said, “They leave things alone as I know what works for me.”

People had been supported to remain as independent as possible which included re-learning skills after experiencing a fall. Relatives described the support that was given had enabled the family member to stay living at home as had been their wish. The nominated individual was able to give an example where one person had been able to reduce the number of calls they received as a result of gaining independence back in many aspects of their care after support from staff. Staff gave us examples of how they had supported people with their exercises to become stronger to retain their independence. One member of staff described this as a, “Big achievement”.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. One person told us, “They work around what suits me,” and “If I want extra help I can ask them.”

People told us that they were able to request changes in support times. Relatives gave examples of how the service had been responsive to requests for changes in support times and in changes in the support provided. Staff explained they understood the need to be flexible and described action they had taken to ensure people were safe when they had requested reduced call times such as assessing if the person could do the tasks themselves and then reducing the call times gradually.

People and their relatives told us they were involved in reviewing their care. When a person first started using the service care was reviewed more frequently to ensure the care provided was meeting the person’s expectations. We saw that care plans were reviewed regularly and on the most part updated where any changes were requested. We found evidence that some people’s care plans did not contain up to date information despite reviews of care plans taking place. This meant there was a risk that people were not receiving care that was reflective of their most current needs. We spoke to the nominated individual about this and they assured us that people were supported by consistent staff who knew them well and advised that they would update these care plans.

There were systems in place for staff to alert the nominated individual of any changes in the person’s abilities or

changes in requests for care. Following these changes we saw that there were systems to inform all staff of any changes requested to ensure continuity of care for the person. Where people had raised issues within their review we saw that action was taken and recorded to resolve the concern for the person.

We saw that people’s care plans detailed hobbies or interests that the person had. The nominated individual explained that staff used this information to encourage people to take part in their interests as a goal. Any goals set were made by the person. Staff that we spoke with told us of systems in place for staff to communicate daily between themselves to pass on any concerns and therefore ensuring continuity for the person. One relative told us how a staff member had learned a hobby that their relative enjoyed to do so that they could encourage their relative to take part in this.

People told us how they would raise a concern or complaint. When people first started to use the service they were provided with a copy of the complaints procedure that detailed the process to follow. We saw that people were reminded of this process within their reviews. Relatives confirmed that the service was quick to resolve any concerns and gave examples of how concerns were followed up to ensure they had been resolved fully. We saw that where complaints had been raised the provider had taken appropriate action to resolve the complaint for the person. Staff that we spoke with felt able to feedback any concerns to the nominated individual.

Is the service well-led?

Our findings

People and their relatives were happy with how the service was managed and commented that they could always get hold of the management team if they needed to. Staff told us they enjoyed working for the service and told us that the nominated individual, “[Name] has always been very supportive.”

The previous registered manager had left the service in September 2015. We saw that the nominated individual had taken appropriate steps to provide managerial cover in the absence of a registered manager and had submitted their application to become the registered manager themselves. The nominated individual was clear about their responsibilities to inform the Care Quality Commission about certain events that occurred and understood recent changes in regulations and what this meant for the service.

The culture of the service of providing high quality person centred care and going the extra mile was understood and carried out by the staff team. Staff told us that this was the reason they wanted to work for the company and one of the reasons why they enjoyed their work. The nominated individual told us, “Our ethos is that we want to make a difference and provide a person centred service.”

Staff told us they felt supported and one staff member said, “I don’t feel I’m on my own as we work together as a team.” Staff told us that they felt part of the service and improvements were always discussed together and suggestions could be made by staff. We saw that staff meetings took place. Staff could add items they wanted to discuss and the meetings served to share good practice and keep staff up to date with developments in care. After the staff meeting information from the meeting was shared with all staff to ensure those who didn’t attend still had access to the information. The service had introduced awards for staff based on those staff who had gone the extra mile. Staff were nominated by people or by other staff and those who received an award were presented with a certificate.

We saw that the service had carried out surveys to seek feedback from the people receiving the service. The majority of comments we saw were positive. Just under half of the people using the service had responded to the survey. The nominated individual told us that they planned to review the format of the survey to increase responsiveness in the future. Staff had also recently completed a survey although the results were yet to be analysed. We saw that most of the comments were positive and where issues had been raised the nominated individual was in the process of drawing up an action plan to discuss and resolve these issues for staff.

We looked at how the service monitored the quality and safety of the service. Although there were monitoring systems in place they had failed to identify that medication audits were not effective in identifying recording errors and systems to review care plans had not identified that care records did not always accurately reflect people’s current needs.

The nominated individual told us they carried out monitoring checks of staff when they were at a person’s home. The nominated individual told us that these checks were carried out to monitor care practice, speak with the person and to ensure records had been completed accurately.

People told us that staff mostly turned up on time for a call and were rarely late. There were systems in place to alert people if a staff member was running late for a call due to circumstances out of their control. The nominated individual informed us of a new system they were trialing that would allow staff to sign in and out of a call via their mobile phone. The nominated individual explained that they wanted some staff to use the system and feedback comments before using the system for all staff to measure its effectiveness.

The nominated individual told us that they wanted to support more people in the future but they were unwilling to do this until they had additional staff in post. They told us that this would be necessary in order to maintain the quality of the care people received.