

JMP Quality Homecare Limited

Right at Home (Preston & South Ribble)

Inspection report

5 Old Church House
110 Liverpool Old Road
Walmer Bridge, Preston
Lancashire
PR4 5GE

Tel: 01772615227

Date of inspection visit:

14 July 2016

18 July 2016

Date of publication:

05 September 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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 14 and 18 July 2016 and was announced to ensure that the Registered Manager and appropriate staff were available to speak with.

The Registered Manager was present during the visit to the registered premises and was cooperative throughout the inspection process. 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.

Right at Home Preston & South Ribble was first registered with the Care quality Commission on 8 June 2015. This was the services first inspection since its registration.

Right at Home Preston & South Ribble is a domiciliary care agency registered to provide personal care for people in their own homes. The agency operates from an office situated in the village of Walmer Bridge, which is located on the outskirts of the city of Preston and is close to the towns of Leyland, Penwortham and Tarleton.

At the time of our inspection the service was delivering approximately 700 hours of care per week to 106 people. There were 42 members of care staff employed by the agency at the time of our inspection. The number of hours delivered and staff employed, shortly prior to our inspection, had approximately double in size due to taking a large amount of care packages from another local domiciliary care provider. The new packages of care and staff had transferred to Right at Home on 9 June 2016 after a short period of due diligence.

There had been issues covering some of the new care packages when the transfer of business had occurred which meant the service had to give notice to the Local Authority during the first week for four people as staff were not in place to cover the new care packages. At the time of our inspection these issues had settled down and appropriate action plans were in place. One additional person care had been served notice on their care since the initial four care packages had ceased and meetings had been held with the Local Authority contracts team to ensure provision was in place to meet all the other people's needs who received care from the agency.

We spoke with the franchise owner and Registered Manager regarding this issue who accepted that the period of due diligence had not been as thorough as it should have been. The agency had subsequently sought legal advice due to the issues experienced as they felt they had not been given the appropriate information from the previous provider and this was ongoing at the time of the inspection.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with

said they would not hesitate to report any concerns they had about care practices.

We looked at the systems for medicines management. We saw that appropriate risk assessments were in place for people who managed their own medication and it was made very clear in people's care plans if assistance was required with medication management.

The service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people.

Staff we spoke with told us they felt supported in their role and they received regular supervision with their manager. We saw evidence of a robust training programme and that staff were up to date with training requirements. Staff we spoke with confirmed this to be the case.

We saw evidence that the service was working within the principles of the Mental Capacity Act. Staff we spoke with understood the legislation and how it affected their caring role.

People we spoke with told us they were happy with the care they received from the service and that the approach of all staff was caring, compassionate and dignified.

All the care plans we looked at contained a detailed care needs assessment carried out by the agency. We found care plans to be person centred and individual to each person. People had a one page profile in place which meant that staff could, at a glance, see people's history and preferences. A one page profile had been developed for staff which assisted with matching people who used the service and caregivers.

We saw that the service had a detailed complaints policy in place. People we spoke with and their relatives told us they knew how to raise issues, including how to make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed.

People we spoke with talked positively about the service they received. People spoke positively about the management of the service and the communication within the service. All the people we spoke with knew who the registered manager was as did most of the relatives we spoke with.

A range of Quality Audit systems were in place at the service which we saw evidence of. We saw that audits and quality assurance systems feedback into improving the service.

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.

People told us they felt safe when staff visited them to provide their care because they had regular staff who they recognised.

Employees were asked to undertake checks prior to employment to ensure that they were not a risk to vulnerable people.

Staff were aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow.

Is the service effective?

Good 

People received the care and support they needed.

Staff were skilled and received comprehensive training to ensure they could meet the people's needs.

There was evidence of staff supervisions, appraisals and observations of staff competence.

Is the service caring?

Good 

The service was caring.

People and their relatives were very pleased with the staff who supported them and the care they received.

Staff engaged with people in a person centred way and had developed warm engaging relationships.

People were supported by staff who treated them with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

People told us they were happy that they received personalised care and support.

Assessments were completed prior to agreement of services.

Care plans were completed and reviewed in accordance with the persons changing needs.

Is the service well-led?

The service was not always Well-Led.

A range of quality audits and risk assessments had been conducted by the registered manager.

There had not been a sufficient period of due diligence prior to the service taking over a substantial amount of hours from another provider. This had resulted in some visits being missed and some care packages having to be handed back to the Local Authority at short notice.

People, relatives and staff spoke positively about the owner and registered manager.

Requires Improvement 

Right at Home (Preston & South Ribble)

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 14 and 18 July 2016. We told the provider two working days before our initial visit that we would be coming. This was to ensure the registered manager and other members of staff would be available to answer our questions during the inspection.

The inspection team consisted of the lead adult social care inspector for the service and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made phone calls to people and relatives on the 18 July to talk with them about their experience of the service. The lead inspector visited the registered office on the 14 July to look at records, which included four people's care records, four staff files, training records and records relating to the management of the agency which included audits for the service.

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.

We spoke with a range of people about the service, this included six members of staff, including the Registered Manager, franchise owner and four care givers. We also spoke with three people who used the service and five relatives of people who used the service.

We contacted the Local Authority contracts team and safeguarding team to obtain their views on the service.

Is the service safe?

Our findings

All of the people we spoke with who received care from Right at Home told us that they felt safe. One person told us, "Oh yes. I'd know if I wasn't safe cos I'd fall." Another person said, "I always feel safe. I have a keysafe and they let themselves in." Relatives we spoke with also had no concerns with the safety of their loved ones. One relative told us, Absolutely, no doubt about that. She gets care three times a day. They are scrupulous in looking after her. I'm always here. Any hesitation and they're not absolutely sure, they'll always call me." Another relative said, "Oh yes, yes. They are well aware of her condition and what her limitations are."

The service had safeguarding and whistleblowing policies in place. This meant that staff had clear guidance to enable them to recognise different types of abuse and who to report it to if suspected. We spoke with staff about the agencies' safeguarding procedures. They were all aware of the safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. They were also able to tell us who they would report issues to outside of the agency if they felt that appropriate action was not being taken and displayed good knowledge of local safeguarding protocols. We saw that staff undertook regular safeguarding training to keep their knowledge up to date and relevant.

There had been seven safeguarding issues reported via the PIR return which had all been notified to the Care Quality Commission in line with the agency's regulatory responsibilities. Since the PIR had been returned there had been other safeguarding notifications received as a result of the recent takeover of new business. We saw that appropriate action had been taken to safeguard people as soon as issues had been identified.

We looked at the systems for medicines management. We saw clear audits were regularly conducted and detailed policies and procedures were in place. All the people we spoke with managed their own medicines. We saw that appropriate risk assessments were in place for people who managed their own medication and it was made very clear in people's care plans if assistance was required with medication management. Risk assessments for medicines management covered obtaining medication, the ability to read labels and instructions, the ability to take medicines out of the container, any difficulties taking medication, storage, side effects and people's ability to remember to take them. This risk assessment was in place regardless of if people were self-medicating, had assistance from families or if the agency were administering or assisting people. If the agency was assisting people then the level of support was identified and if any specialist techniques were needed. No controlled drugs were administered by the agency.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of four staff members and found that robust recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks and suitable references being sought.

Further to people undergoing the usual recruitment procedures of completing an application form and

attending an interview prospective employees were asked to fill in a psychometric profiling tool which was analysed through an external company. This helped the agency to recruit people with the right attitude and skills to work in care. The franchise owner told us that this tool had already provided useful and prospective employees had not been offered a job following results of the psychometric testing process being analysed.

We discussed staffing levels with the Registered Manager. They told us that due to the recent takeover of new business this had been an area of concern in the short term period as the information they had been given by the previous provider in terms of staff numbers, abilities and competence had not been accurate. However the service had acted quickly by identifying the need to contact the Local Authority and serve notice on four peoples care packages to combat this. Detailed and robust action plans had been set up in conjunction with the Local Authority to ensure that people using the service continued to receive good quality consistent care. We reviewed the latest action plan which had identified staffing availability, scheduling efficiency and recruitment priorities. Completed actions had been dated and completion dates had been set for those issues still outstanding. We found that the management team had acted appropriately and in a timely manner once they had identified gaps in staffing hours.

We saw that people had a pre-assessment, which included appropriate risk assessments, in place prior to their care starting and then again soon after. This included areas such as medication, people's physical abilities including the risk of falling, continence and mental capacity. Environmental risk assessments were also in place for people's home and their immediate environment including pathways, lighting and pets in the home. This meant that safety risks were identified and addressed for people to increase their own safety as well as for staff delivering their care.

We saw evidence that accidents and incidents were recorded effectively and investigated appropriately. Records of all accidents and incidents were kept at the registered offices and this information formed part of the services health and safety checks and auditing processes.

Is the service effective?

Our findings

People we talked with spoke highly of the staff that supported them and told us that they believed the staff to be competent, caring and approachable. One person told us, "Most of them are, absolutely. They're more mature, they're not 18 year olds. They're very competent." Another person said, "I've no complaints really. They vary a little bit but they all do their job. Some do it more naturally than others." We asked relative the same question and again received positive responses back, one relative said, "Oh absolutely. If I had any reservations I would let those reservations be known to them, but I have no reason. They're absolutely wonderful." Another relative told us, "When they handle [name], they know exactly what to do. [name] was in a care home previously and the carers were very young. 'Right at Home' have more mature carers. I think they've got life experience. They have that confidence about them that gives me confidence about their care."

We asked staff if they were supported in their role. One member of staff told us, "Yes I'm more than happy, no problems at all in that respect. We get good training and are always asked if we want or need anything." Another member of staff said, "Absolutely, yes. I previously worked for another agency and the induction and levels of training here are so much better in comparison. If I have any questions or issues I can call at any time." We spoke with one member of staff who was off work with long term sickness issues. They told us they had been supported throughout this period and that the agency had kept in touch regularly. They told us that there had been no pressure put on them at any time to return to work and that organisation had showed genuine concern towards them. We spoke with another member of staff whose first language was not English. They told us that Right At Home had, "Supported them brilliantly."

We saw that staff attended regular training when looking at staff files and speaking with staff who all told us they felt they attended enough good quality training in order to carry out the job effectively. We were sent the agency's training matrix which showed that staff attended training across a range of areas including; safeguarding, medication, moving and handling, infection prevention control health and safety and basic life support. All staff were enrolled to undertake the Care Certificate. The Care Certificate covers the 15 care standards underlined by Health Education England and Skills for Care, and is a replacement for the Common Induction Standards and National Minimum Training Standards that were previously in place. A training plan had been put in place to bring the staff who had transferred over from the recent acquisition of business to the same levels as staff who had been with the agency longer term. This was part of a wider action plan that had been devised by the management team following this process.

We saw evidence of a thorough induction process taking place. This was confirmed when speaking with staff who all told us they received an induction which included shadowing experienced members of staff. Staff told us that they were always introduced to people before providing care unless it was to provide cover in an emergency or at short notice due to another member of staff being unavailable. People we spoke with confirmed this to be the case. Staff had access to an e-learning portal which mainly served as refresher training following attendance at face to face courses. To support staff with e-learning the agency had recently opened the office on a Sunday.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We spoke with staff regarding their understanding of the MCA, the responses we received were good in terms of their understanding of the legislation and staff were very knowledgeable when discussing the issue of consent. All were very knowledgeable about how to ensure consent was gained from people prior to them assisting people. We asked care staff to talk us through how they would support people with personal care and they were able to do this effectively whilst giving us confidence that this type of assistance would be done with compassion and dignity. People we talked with spoke very positively about how staff communicated with them.

We saw that people's capacity was assessed as part of the pre-assessment process. The Registered Manager was a registered nurse and carried out all pre-assessments for people before their service started. Care agreements were signed by people who had the capacity and ability to do so.

We spoke with people about their nutritional needs. Everyone we spoke with were happy with how staff assisted them with eating and drinking if this formed part of their care needs. Staff were knowledgeable about people's needs including what they liked to eat and drink. We saw that meal logs were kept as part of people's communications logs, were appropriate, to monitor their food and fluid intake.

Is the service caring?

Our findings

People we spoke with told us they were happy with the care they received from the service and that the approach of all staff was caring, compassionate and dignified. One person told us, "'Professional, discreet, kind and cheerful. They're fine.'" Another person told us, "I look forward to them coming. They're pleasant. They've made my life much easier." Relatives we spoke with had no concerns with the approach of staff.

We spoke with staff on issues such as confidentiality, privacy, dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk through practical examples with us. People and their relatives told us that they had no concerns with their or their loved ones dignity being compromised. One relative we spoke with told us, "Yes, very much so. They always keep him covered and try to make him feel not embarrassed, They always tell him what they're going to do."

The agency attempted to match care staff with people based on hobbies, interests, personality and background information. Both people using the service and care givers had a one page profile in place to assist with the matching process. Profiles for staff formed part of the initial assessment so people and families could consider which staff best matched them or their loved ones. Once matches were made then initial introductory visit were undertaken in most cases unless the service had begun within a time frame which meant this was not possible. People, relatives and staff told us that they felt this process worked well. One member of staff we spoke with told us, "I tend to work with the same people. I have a really good rapport with people." We received similar comments from people when we asked them about continuity of staff and how this affected their care. One person told us, "I see about four to six different people a week. Basically, I see the same ones between these four to six". None of the people we spoke with had an issue with this arrangement and did not feel they would benefit from having the same carer as they understood that this was not possible as staff could not work every day.

The agency had a preferred minimum visit time of one hour. Half hour visits could be included as part of an overall care package and if it was people's choice to have a shorter visiting time this was considered. Staff we spoke with told us that if a visit was commissioned for one hour then this is the amount of time they stayed for regardless of if all care tasks had been completed. One member of staff told us, "We definitely get enough time with people. If it is an hour we are told to be there for an hour. We stay and have a chat if we have finished." No one we spoke with who received a service raised any issues with the length of visits.

The agency, working in conjunction with a local hospice, provide a specialist end of life service so people can die at home if this is their choice. Staff attended joint training sessions with hospice staff and the service was looking to plan joint community events and initiatives with them over the next 12 month period.

No one at the time of our inspection was using the service of an independent advocate. An advocate is an independent person, who will act on behalf of those needing support to make decisions. We were told that if people required assistance with accessing an advocate then the service would assist with this.

Good information was provided for people who were interested in using the service. The agency has an internet site and provided people with a service user guide. The guide covered a wide range of areas including; Care Plan and Records, Confidentiality, Complaints, Quality Management, Financial information and the ethics and mission statement for the agency. People we spoke with told us they had a copy of the guide and knew what information was available within it.

People told us they felt they were involved in making decisions about their care via regular reviews and from speaking with caregivers. We saw that people and their relatives were involved in care planning if they wished to be. Regular spot checks were made to assess the quality of staff which also served as an opportunity to see if people were happy with the care they received and people we spoke with told us they could impact their service as a result of these visits and the communication they had with the office.

Is the service responsive?

Our findings

We found that people's needs were being met in a person centred manner and reflected their personal preferences. One person we spoke with told us, "They're friendly but also professional and courteous; they listen to what I need." Another person said, "I'm more than happy with them (carers). If I ask them to do or change anything then they would do." Relatives we spoke with gave similar responses, one relative said, "My wife can't communicate, but they listen to me, oh yes." Another said, "[Name] communicates with his face, and they get to know his needs through that." This showed that staff knew people's needs and provided a tailored service to each individual.

We looked at four people's care plans. All the care plans we looked at contained a detailed care needs assessment carried out by the agency. We found care plans to be person centred and individual to each person. People had a one page profile in place which gave a brief summary of people's life, working history, hobbies and favourite activities. One page profiles also included daily and overall goals for people. These profiles meant that staff could, at a glance, get an idea of people's history and preferences.

Care plans for the people who had transferred over as part of the recent takeover were, at the time of the inspection, still not to the same standard as the agency's other care plans. We saw that this piece of work formed part of the action plan that was in place and that care plans for those people had begun to be re-written in line with the agency's expected standards. Assurances were made to us that this work was continuing to be a priority.

We saw that the service had a detailed complaints policy in place. There were no themes or trends within the complaints received and we were told that all complaints were investigated thoroughly and any learning was communicated to the whole team to improve the service. We saw from the information provided to us prior to our inspection from the 'Provider Information Return' (PIR) that there had been three complaints received into the service in the twelve month period prior to the PIR being returned. We checked the services internal records during the inspection and saw that complaints were acknowledged and responded to in accordance with the agency's policy.

People we spoke with and their relatives told us they knew how to raise issues, including how to make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. None of the people we spoke with had made a formal complaint to the service. Staff we spoke with knew the complaints procedure and how to assist people if they needed to raise any concerns. There were four written compliments recorded although we were told that not all verbal compliments were recorded and that this happened frequently either via discussion on the telephone or when people and relatives spoke with staff.

Details of the services complaints process was contained within the Service User Guide. The guide also contained contact details for the agency's 'out of hours' or 'on-call' service which was available 24 hours a day seven days per week. People we spoke with who had used this service confirmed that there was always someone available to talk to if they had any concerns. There were also contact details for external agencies

such as the Care Quality Commission for if people felt their issues were not satisfactorily resolved via the service itself.

As well as delivering personal care service to people Right at Home offered companionship services to people to prevent social isolation. We saw several examples within care plans that showed people were assisted to access the community. Appropriate risk assessments were in place and processes were also in place with regards to handling people's monies if this formed part of the care package. People told us that staff did spend time with them and that the length of visits were conducive to this. As stated previously in this report the agency operated a preferred minimum visit time of one hour to ensure that care was not rushed and that people had an opportunity to talk with staff as for some people it may have been the only human contact they had in their day.

Is the service well-led?

Our findings

People we spoke with talked positively about the service they received. People spoke positively about the management of the service and the communication within the service. All the people we spoke with knew who the registered manager was as did most of the relatives we spoke with. Some of the comments we received when we asked people if they knew who the manager was and what their opinion of them were as follows; "She seems quite proficient, she seems to know her job.", "Yes, there was one day when [registered manager] tried to contact me by phone on two occasions, but I wasn't able to get to the phone in time [because of person's disability]. She came round to the house to make sure I was alright." and "She's very good. Sensible, down-to-earth and very approachable"

The month prior to the inspection Right at Home had approximately doubled the amount of hours they delivered by taking over the business of another local provider who had diversified into another type of service provision. The transfer of business had happened quickly, approximately two weeks from the initial proposal to do so. This had resulted in four care packages being handed back to the Local Authority and another care package had been served notice on at the time of this inspection. Meetings had been held with the Local Authority contracts team and we were shown evidence of these meetings and the discussions that had been held. Action plans were in place as some safeguarding issues had arisen in the weeks immediately following new people being transferred over to right at Home. This was due to staffing levels not being in place to meet the level of visits required therefore some visits had been missed.

We could see that the service had acted quickly once the gap in staffing hours had been recognised, which was in the first few days of taking over the new business and robust action plans were in place to address the gaps as well as some packages of care being served notice on. The franchise owner told us that they were concerned about the information they had been given by the previous care provider and that they were taking legal action as a result. We questioned the franchise owner and registered manager if they felt the period of due diligence prior to taking over the new care was sufficient and they agreed it was not. The franchise owner told us, "There needed to be a longer period of due diligence. It's been a learning curve but the driver for us is to ensure people get the care they deserve. We will, and are, getting there." The owner was carrying out care visit to look at the quality of care plans and associated paperwork and to assess the competence of staff transferred over from the previous provider and to gauge people's satisfaction with their care as part of the action planning process.

Even though we saw that the owner and registered manager had acted quickly in recognising issues once the transfer of business had occurred and that some of the information during the brief period of due diligence was not as detailed or robust as they had expected this was in breach of regulation 17 (1), (2), (a), (b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance. Systems and processes were not operated effectively to ensure compliance with this regulation.

A range of Quality Audit systems were in place at the service which we saw evidence of. All communication sheets and Medication Administration Record Sheets (MARs) were brought into the office on a monthly basis

and gone through to look for any errors or issues. We saw specific audit forms for both which noted any concerns and actions to remedy issues. The main issues identified were missed signatures, dates or times. As a result of the audits a small number of staff had been identified as needing additional support to complete the forms accurately.

Random spot checks were carried out on staff to check their competency in all areas of care delivery. As with audits this resulted in actions being set for staff which included additional training and support being given as necessary. Staff we spoke with told us that they were regularly checked and that they welcomed this as part of their ongoing development.

Following the acquisition of the new business the franchise owner told us that they quickly recognised the registered manager needed additional support. This had resulted in the appointment of a deputy manager role. This was at the time of the inspection an interim role as the management structure was being reviewed following the growth of the business. The deputy manager was carrying out spot checks, assessments, quality assurance checks and mentoring of new staff to assist the registered manager. The agency had also purchased additional administration hours from head office to help with systems management and the transfer of paperwork for people coming over from the previous provider.

We saw that plans were in place going forward and an agreement Right at Home head office had been reached to move into the existing head office which was located underneath the agency's current office. Head office were moving into Liverpool City Centre in October 2016 at which point the move would take place. This meant that there would be a designated training room and a working space more conducive to the now larger business.

We saw a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines. All policies and procedures included a review date. This meant staff had clear information to guide them on good practice in relation to people's care.

We received very positive comments about the registered manager and owner from the staff we spoke with. We were told that both were approachable, listened to what staff and people had to say and were always contactable if needed.