Right Kare Limited

Right at Home (Maidenhead and Slough District)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Right at Home (Maidenhead and Slough District) provides personal care to older adults, some of whom have dementia throughout Maidenhead, Marlow, Windsor and surrounding areas. The office is located in a residential area on the River Thames in Maidenhead, Berkshire. Staff provide care to people within their own homes. Services provided range from assistance in the morning (including helping people get out of bed, wash, get dressed and have breakfast) shopping, preparation of food, medication prompting and assistance with evening care routines.

At the time of the inspection, there was a registered manager. 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.

The service's previous routine inspection was on 2 September 2014. At the time all five outcomes inspected were found compliant. A full history of the service's inspections and reports is available on our website. This is the first inspection of the location under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and rating required by the Care Act 2014.

At the time of the inspection, 35 people used the service and there were 32 staff. People received care visits in the morning, at lunch time, at supper and in the evening. The service also operated 24 hours a day, seven days a week and people, relatives, staff and healthcare professionals could telephone the office anytime to receive support. After hours, calls were diverted to the on-call manager's mobile telephone.

People were protected against abuse or neglect. Staff we spoke with were professional and caring and enjoyed working with people who used the service. People's and relatives' opinions of the care provided were overall positive. There were sufficient staff to meet people's needs and the service appropriately determined correct staff deployment. Feedback from people and relatives indicated that staff were sometimes late to calls, and the service showed us the statistics they recorded for about this. People's medicines were administered, stored and documented appropriately.

We found staff received induction, training, supervision and performance appraisals. The service utilised Skills for Care's 'Care Certificate' for new carers and there was evidence that staff had successfully completed the 15 modules. However, we found staff did not receive appropriate amounts of training, supervision and performance review. We made a recommendation in the report about staff training and development. Recruitment and selection of new staff members was robust and ensured safety for people who used the service. Consent was gained before care was commenced and people's right to refuse care was respected by care workers. However consent was not always gained lawfully by the service from the relevant person. We made a recommendation in the report regarding gaining lawful consent.

Staff were kind and caring. People's comments showed they were satisfied with the care they received. Staff

told us they respected people's privacy and dignity, and ensured people remained as independent as possible. People had regular opportunities to provide feedback to the service and also have a say in their care package.

The service was responsive to people's needs. People had the ability to share their compliments, concerns and complaints in an open and transparent manner. Where feedback was provided by people or relatives, management would undertake necessary investigations, make changes to their care package and report back to the person. People's care plans were person-centred and changed as necessary. We found evidence that the care documentation was a good reflection of the person who was cared for.

All of the people and staff we spoke with as part of the inspection commented that the service was well-led. They felt that the managers took time to listen and would take action to make improvements when needed. Staff felt that management were approachable and had a visible presence in the operation of the service. This was because the registered manager and nominated individual participated in the provision of personal care of people. We found that the management conducted checks to assess the standard of care. This included satisfaction surveys where people consistently rated the service very good.

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 were protected from abuse or neglect.

The service adequately assessed and mitigated risks.

The service deployed satisfactory numbers of staff.

The service safely managed people's medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff training, supervision and performance appraisal was unsatisfactory.

People's consent for care was obtained but the service was not consistently compliant with the provisions of the Mental Capacity Act 2005.

People were supported to maintain a healthy balanced diet.

People were supported to have access to healthcare services and receive ongoing support from community professionals.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

People were involved in their care planning.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People's care was personalised and documented appropriately.

Staff had good knowledge about people they cared for.

People's had the right to make complaints and knew how to.

Is the service well-led?

Good

The service was well-led.

The service had clear objectives and values.

Staff expressed management were approachable and listened to them.

People who used the service felt that the service was well-led.

There was a system of quality assurance to promote good care for people.

Right at Home (Maidenhead and Slough District)

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.

The inspection was undertaken by one adult social care inspector, took place on 9 September 2016 and was announced. The provider was given 48 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

For this inspection we asked the provider to complete 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 reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also looked at feedback we received from members of the public leading up to the inspection.

Prior to the office inspection, we sent a total of 29 surveys to people who use the service, relatives and friends, staff and community health professionals. We received eight survey responses. We have included information from the surveys in our report.

At the inspection, we spoke with the registered manager and the nominated individual. We also spoke with two people who used the service, two relatives and ten care workers. We did not visit people's homes as part of this inspection.

We looked at eight sets of records related to people's individual care needs. These included support plans, risk assessments, medicines administration records (MARs) and daily care worker notes. We also looked at

four staff personnel files and records associated with the management of the service, including quality audits.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us they felt safe when care workers supported them in their homes. They told us they liked having support from the staff members and felt reassured that care workers supported them with tasks they needed assistance with. When asked if they felt safe with the care provided one person told us, "I feel safe. I always feel safe with the care. They are very good. They usually get here on time. One time a girl [care worker] had a car accident and I rang the office and they sent someone else instead." Another person stated, "Yes, I feel safe. They know their job and they help me. It works very well." Staff promoted the feeling of safety for people who received the care.

Systems were in place to prevent abuse and neglect. The provider had appropriate policies for safeguarding and staff whistleblowing, and these were up-to-date. The service's policies were amended after the commencement of the Care Act 2014. This showed the service made changes in their procedures to protect people when legislation changed. The service kept a copy of the Berkshire safeguarding adults procedures, which contained the necessary information about dealing with and reporting abuse or neglect. The registered manager and nominated individual were clear about their part in managing safeguarding concerns. Care worker inductions and training included safeguarding. The service reported safeguarding allegations to the local authority and us, in line with procedure and regulations.

The service assessed and managed people's risks of personal care. We found care documents contained satisfactory risk assessments and management plans. We looked at care records for people who used the service. In the risk assessments and care plans we examined, we saw a comprehensive range of documents. Examples of risks recorded included environmental hazards in people's homes, moving and handling, falls, medicines administration and nutrition and hydration. Staff documented incidents or accidents when they occurred, and these were reviewed by the registered manager.

People's feedback indicated prior to the inspection that there was some dissatisfaction about timing and promptness of calls. One person wrote, "In the last few weeks, care workers have not been as consistent and the office staff haven't been great at changing the rota to accommodate [our] wishes. I am aware the nature of this industry is difficult to recruit and keep staff." Another person told us, "Sometimes they turn up only an hour and a half after leaving here, which is no use at all, except to come and sign their logbook. Times seem to be random; suit their purpose of filling their empty slots." We checked whether deployment of staff was safe. The minimum amount of time allocated to personal care calls was 30 minutes. The registered manager told us that care workers completed between four and six hours of calls per day. Travel time was factored into planning of people's calls with care workers. The nominated individual explained that 10 minutes or 2.5 miles was the average travel time or distance between calls. Staff we spoke with expressed that travel times often exceeded this for a number of reasons, for example unexpected traffic delays. We looked at data from the service about late and missed calls. We saw that from 2 July 2016 to 4 September 2016, there were 7,184 calls. Of those calls, 213 or 3% were late by more than 15 minutes and 0.9% were late by more than 30 minutes. In addition, we found six missed calls during that period. This was a low rate of late or missed calls for people who used the service. The service deployed safe staffing levels.

The service displayed strong recruitment and selection procedures. We looked at four personnel files for care workers. We found personnel files contained all of the necessary information required by the regulations and no documents or checks were missing. We found this included criminal history checks via the Disclosure and Barring Service (DBS), checks of previous conduct in other roles, and proof of identification. The service recorded staff's right to work in the UK.

People's medicines were safely managed. We were told that in people's homes, medicines were often pre-packed into blister packs by the dispensing pharmacy. Some people took medicines without assistance. Staff supported people to take medicines only if they required assistance or were unable themselves. Staff completed training in medicines safety. Staff training included both theory and practical demonstrations of medicines administration. The provider had written a medicines management policy which was last reviewed in April 2016. We looked at four people's medicines administration records (MARs). We saw that on a few occasions, the care worker administered medicines but failed to sign. Other care workers at following calls reported this, and the responsible care worker was required to attend the person's house and sign the MAR.

Requires Improvement

Is the service effective?

Our findings

We asked two people and two relatives whether they felt that staff were trained appropriately to help with their personal care needs. The people and relatives we spoke with agreed that staff were knowledgeable and competent. For example, one relative stated, "They train their people and they even trained me. The [nominated individual] is keen, and they use the right equipment." One person commented, "They seem to be pretty well trained. They seem to know what is to be done. They ask for my consent." This showed people had a positive opinion about the staff's skills.

We saw new care workers received induction and support to establish their knowledge and skills to carry out their role. Care workers attended two days of induction in the office. After this, care workers shadowed another experienced care worker for eight hours, depending on their prior experience working in adult social care. The registered manager then conducted a competency check of the care worker to ensure they could effectively complete personal care. The registered manager then completed an unannounced 'spot check' of the care worker's performance approximately two weeks later.

We found appropriate subjects related to being a care worker were covered during induction. The service used industry-wide training methods for adult social care staff, such as Skills for Care's 'Care Certificate'. New care workers were required to undertake the required 'Care Certificate' to ensure they were able to carry out their roles and responsibilities. The service showed us an adapted induction programme derived from the 'Care Certificate' which they planned to implement. The programme covered the same modules as the 'Care Certificate' and was more specific to the service.

The service recorded staff training in a database which showed the due date for it to be completed and the date it was completed. Staff completed ongoing training throughout their employment at the service. Topics included manual handling, infection control, health and safety and safeguarding vulnerable adults. We found 15 out of 32 staff had completed or were in the process of completing formal qualifications in health and social care. We wrote to the service after the inspection to request further staff training information, which they sent to us. The staff training information showed that for some individual staff, training in a number of topics was overdue. In addition, we found that for some topics there was a large number of staff who were overdue for their training. For example, we saw that safeguarding training and practical medicines training were out of date. We also found that an unsatisfactory number of staff had completed performance appraisals, based on the information the service provided. The nominated individual told us that the service planned quarterly supervisions for staff. However, we found that there were not an appropriate amount of supervision sessions for all staff. This meant staff were not provided with appropriate knowledge, skills and support to ensure people received effective personal care.

We recommend that the provider reviews processes to ensure appropriate staff training, supervision and performance appraisal.

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 so that they can 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.

The service did not consistently work in line the requirements set by the MCA and the associated Codes of Practice. We found consent was always gained for people's care. However, the consent was not always that of people who had satisfactory mental capacity to make the decision themselves at the time. In these circumstances the service relied on relatives or 'next of kin' for agreement and signatures on consent forms. The service did not obtain proof that the relevant person could consent on behalf of the person who received the care. For example, the service did not check copies of documents like power of attorney or court-appointed deputies. Where there was no one who could legally consent for a person, the service had a best interest decision-making form. This meant that consent, in limited examples we viewed, was not valid.

We recommend that the service reviews consent procedures and implements steps to comply with the requirements set by the MCA and associated Codes of Practice.

Some people who used the service received support with food shopping, eating and drinking and the preparation of their meals. Where necessary, the person was encouraged to be as independent as possible in heating, cooking and eating their meals. People's records contained assessment forms about swallowing difficulties. Where necessary, meal logs recorded what people had to eat and drink. Staff called health professionals if people with diabetes, dementia and other chronic illnesses did not consume sufficient food. In two people's care records, we found that preferences for meals were recorded.

We saw people were supported by the service to attend all necessary medical and healthcare appointments away from their own homes. Examples of good support to people related to healthcare included assistance with GP visits, dentists and opticians. In two people's care records, we observed that support from a physiotherapist was documented and that staff supported people to undertake exercises the health professional recommended.

Good

Is the service caring?

Our findings

People we surveyed and spoke with felt that care they received was kind. Survey responses prior to our inspection indicated people were happy with the care and support received from the service. After the inspection, when we telephoned people and relatives to ask if the service was caring they agreed. Examples of feedback included, "He gets on well with them. He likes when they come to do the care." Another person stated, "They have a good attitude, cheerful and helpful." People were satisfied by the caring relationships they shared with staff.

We found on an internet review site for the service that a very high percentage of people felt the service was caring. There were 15 reviews logged where on average, people rated the service with a score of 9.9 out of 10. We saw relatives' comments on the website from 2016 included, "This has been an immense support for mother, not only is she familiar with the Punjabi speaking carers but communicates regularly with the carers. I am grateful that Right at Home understand the needs of the client with dignity and passion." Another relative's comment was, "On the whole the carers have been good or excellent. I have been very pleased with the service of Right at Home. After excellent help yesterday [date], I have upgraded good to excellent for overall standard." A person who used the service wrote, "Very happy with the service; it is excellent cannot fault it. Regular carer goes out of her way to help me. Nothing is too much trouble." In addition, one community healthcare professional that replied to our request for information replied they thought the service was caring. We found people and relatives were satisfied with the care from the service.

We found the service was committed to building positive bonds with people who used the service. We were told that when a person's new care package commenced the service endeavoured to match care workers with similar interests and personalities. In addition, people that commenced receipt of care were introduced to their care workers prior to the care package starting. This established a rapport between people who used the service and their care worker. We saw there were also 'key workers' for each person who used the service. The 'key worker's function was to ensure that important information about the person was shared with other care workers and management, as needed. One example of good care we found was when a care worker stayed on in February 2016 for a person who was ill. A relative wrote to the service and stated, "I am very grateful that [care worker] visited my wife in an emergency call to provide care outside the PM call."

People expressed their views about care and were actively involved in making decisions about their care. The registered manager told us, "They are the ones that make the care plan." We looked at people's care documentation. We found there were one-page profiles about each person who used the service. The document detailed information about the person including their background, work history and what was important to them. The purpose of people's profiles was to give a brief overview of the person to anyone who read it and show the overall outcomes the person wanted from their care. The service visited people one day after their care package commenced. The service then reviewed whether the care package was appropriate for the person and anything that needed to change. In addition, each person was contacted quarterly to check that the service provided a high standard of care. Again, the person was able to alter the care if it was not suitable to them.

We did not visit people's homes as part of this inspection. However, we found that when personal care was provided, care workers ensured people's privacy and closed bedroom doors and curtains in people's homes. Confidentiality in all formats such as paper-based and computer-based documents was maintained. People's confidential personal information was regularly removed from the care file in their house and placed into secure storage at the service's office. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. We saw evidence of the ICO registration on the day of the inspection.

Good

Is the service responsive?

Our findings

A community health professional we spoke with explained that the service provided person-centred care. They stated, "Recently we have worked closely with the agency to manage a complex service user. The manager has been extremely effective in managing the issues surrounding the case." People and relatives we spoke with agreed that care plans were written with them and explained what they wanted from the care package.

People who used the service had their personal needs and preferences taken into account before care commenced and throughout continuation of their support. We looked at people's care documentation to check that care was responsive. We found that people were free to choose what aspects of care they needed assistance with, and the service would allow people to remain as independent as possible. The nominated individual explained that first visits asked for information to ensure the person received a care package dedicated to them. The nominated individual also stated that care changes were made to take people's views into account if they changed. Care reviews were conducted every six weeks by the registered manager, nominated individual or senior care workers. This meant the service adapted to people's changing needs or requests.

The service listened to and learnt from people's experiences, concerns and complaints. The service user guide explained to people how they could provide feedback to the service. The complaints policy and procedure contained the information for various staff members regarding their role in acknowledging and managing complaints. The registered manager was required to acknowledge complaints within three days after receipt and submit an outcome to the person within 28 days. We found if complaints investigations were delayed, a 'holding' letter was sent to explain further time was needed for investigation. There was the ability to escalate complaints within the organisation if people felt their complaint was not handled well.

We viewed the location's complaints register during the inspection and looked through a complaint from 2016. We found the registered manager and nominated individual conducted an appropriate investigation, provided a written response to the person and made changes to prevent the issue reoccurring. The policy for the service stated that quarterly reports should be prepared and meetings held between management to discuss people's comments, complaints and compliments. The purpose of the report and subsequent meeting was to identify trends in people's feedback and determine whether procedural changes were required. We asked the service whether this happened but the registered manager stated that at the time of the inspection it did not. The registered manager and nominated individual agreed to check with the franchisor the process for this procedure. Regardless of this, we found that there were a low number of complaints and that these were satisfactorily handled by the management.

Good

Is the service well-led?

Our findings

Our pre-inspection survey and post-inspection telephone calls with people and relatives confirmed the service was well-led.

Prior to the inspection, surveys were sent out to staff by us for their opinions about the service. From 22 surveys, we received a total of 5 responses. Overall, the staff comments were positive. For example, one staff member wrote, "I am happy that I have chosen to work for Right at Home. The company is very well organised and gives us support in any way we need. The manager listens to every word we say. The communication between us is very good, which I think is very important." Another staff member replied, "It's a great place to work and I feel supported in all aspects of my work." A third care worker stated, "I have been able to work on behalf of Right at Home and have been encouraged by how specific they are on the level of care they expect to be delivered to their clients. The client is always first and any issues in regard to client support from staff reports are dealt with promptly to ensure that clients' needs are never compromised." Finally, a staff member responded, "We provide an excellent service because we all actually care about the clients. Most of the clients are so used to us, they treat us like family. I feel supported in my role by management and I am happy." The feedback by staff demonstrated a positive workplace culture and a commitment by the service to a caring atmosphere for people.

Surveys of staff were conducted by the service. We viewed the results of the survey completed in July 2016. There were 25 responses from staff in relation to a survey of 42 questions. The survey questions included checking whether staff knew what safeguarding meant, whether staff knew about policies and procedures, and if managers were easy to talk to. We saw for all of the questions asked in the survey, there were no responses of disagree or strongly agree. We found an action plan was created by the service following staff feedback. The action plan detailed steps the service planned to take with staff to improve their experience and the care of people. We saw one example in the action plan was for the managers to call care workers who did not visit the office during the week. This would ensure that the care worker did not feel isolated and increase communication of any issues with managers. Another action in the plan included asking staff better ways of communicating with them in addition to meetings and newsletters.

There was a good connection between the management and care workers. We attended a staff meeting on the day of the inspection to listen to topics discussed. The registered manager discussed the importance of ensuring care workers spent the dedicated length of the call with the person. This was because people told care workers they could go after all care was provided, and some had finished the call early. Staff were instead encouraged to spend the remainder of the call time socialising with the person or performing other tasks for the person. We heard the registered manager remind staff about planned training in the Mental Capacity Act 2005, manual handling, infection prevention and control and behaviour that challenged the service. This reminded staff that training sessions were scheduled and the importance of attendance. During the staff meeting, we observed staff and managers spoke about particular problems of people who used the service. We found that staff were knowledgeable about the people they spoke of, and suggested solutions to problems that existed. This was a good indication that the service attempted to deliver high quality care.

At the inspection, we reviewed the service's statement of purpose. A statement of purpose is a document required by regulations that must include a standard set of information about a service. The statement of purpose must include details such as the aims and objectives provided by the service. The statement of purpose was appropriate. The aim of the service was, "…to provide high quality care and support in a way which supports the independence of individuals and enables them to remain in their own homes for as long as possible." The service's statement of purpose contained outdated information at the time of the inspection as the registered manager's details were not current. We asked the service to send an updated version following the inspection and this was received and reviewed.

A registered manager was in post at the time of our inspection who had managed the regulated activity since 9 May 2015. This met the conditions of the provider's registration for the regulated activity. The nominated individual was in place since registration of the service on 11 April 2013. Our inspection methodology meant a significant portion of our time was spent with the registered manager asking questions and examining evidence. We found the management of the service was transparent, approachable and knowledgeable. We received positive feedback from staff about the manager and the overall leadership of the organisation. We found the registered manager and nominated individual displayed good insight and readily provided detailed information about the staff team, people who used the service, the service's strengths and areas for improvement. Therefore we found the service demonstrated good management and leadership.

Due to the type of service provided, there were a limited amount of times that the provider needed to legally notify us of certain events in the service. When we spoke with the registered manager at the inspection, they were able to explain the circumstances under which they would send notifications to us. However, we found a recent notification of a safety event was not sent to us by the service 'without delay'. This meant that we did not receive information in a timely way, in line with the relevant regulation. We provided feedback to the nominated individual regarding this, and they stated they noted the legal requirement for notifications. The notifications sent to us by the service were the same as those received by the local authority and this showed managers worked with relevant other agencies.

People who used the service were surveyed for their feedback about the care they received. The last survey was conducted in August 2016 and 20 people or relatives responded. One question asked, "My care givers are well matched to your needs?" Fifteen people agreed or strongly agreed with this. Another question asked people whether staff were friendly, polite and respected them. All 20 respondents agreed with this question. The service created an action plan following the results of the survey. The service showed a commitment to improve the quality of care that people received.

There were a variety of quality checks undertaken by the management to ensure good care. We looked at completed audits which included people's care files, first visit checks, and review visit checks. We found necessary changes were made with regards to the checks on care. Care workers also had random visits ('spot checks') by managers during care delivery, to ensure people's care was provided safely and effectively. We found the service checked daily notes from care workers when they returned to the office, completion of medicines administration records, risk assessments and care plans. The managers of the service were dedicated to people's safety through a robust quality assurance programme.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information

and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with the requirements of the duty of candour and was able to clearly explain their legal obligations in the duty of candour process. The provider did not yet have an occasion where the duty of candour requirements needed to be utilised. At the time of the inspection, the service had a satisfactory corporate duty of candour policy.

There was evidence of the service's engagement with people and community organisations. In summer 2016, the service hosted a BBQ at the office where 17 people who used the service attended, as well as 4 families, care workers and their families. The service supported the Sequela Foundation with resources. Sequela was set up in 2013 to provide support for people with conditions such as Parkinson's disease, multiple sclerosis, dementia and others. Each Tuesday a care worker was provided to the charity to assist people with Zumba, deep relaxation, singing and debating. The nominated individual was a dementia 'champion' and delivered awareness training to the local community. The service had created a dementia training programme called 'Dementia DELAY' with a dementia specialist. The purpose of the programme was to train and educate some of the service's care workers to provide a specialised dementia care service with people who required additional support. In 2016, the service planned to roll out the course and train some care workers who had shown an interest in dementia care. The service showed partnership with other agencies could increase the positive impact of care for people who used the service.