

Amkare Limited

# Right at Home Solent

## Inspection report

54b High Street  
Fareham  
PO16 7BG

Tel: 01329233755  
Website: [www.rightathomeuk.co.uk](http://www.rightathomeuk.co.uk)

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

We undertook an announced inspection of Right at Home Solent on 9 August 2018. This was the service's first inspection.

Right at Home Solent is a domiciliary care service providing personal care for people in their own homes in Fareham and the surrounding area. Not everyone using Right at Home Solent receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 68 people were being supported by the service.

There was not a registered manager in post. 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 was led by the manager who had applied to register with the Care Quality Commission.

This service is rated as outstanding because of the extensive evidence of exceptional care and staff going the extra mile to put people at the forefront of all the service hoped to achieve. The feedback from people and relatives was consistently positive and exceptional and it was clear there was a person centred culture.

We were greeted warmly by staff at the service. The atmosphere was extremely open and friendly.

People told us they benefitted from extremely caring relationships with the staff. Staff supported people on a personal level and went the extra mile to improve people's lives. Staff knew the people they supported well and promoted their wellbeing. There were sufficient staff to meet people's needs and people received their care when they expected. Staffing levels and visit schedules were consistently maintained and the service was as flexible as possible with people's visit preferences. The service had safe, robust recruitment processes.

People were treated as individuals by highly motivated staff, committed to respecting people's individual preferences. The service's diversity policy actively supported this culture. Care plans were very person centred and people had been actively involved in developing their support plans.

People experienced high levels of dignity and respect from caring staff. Staff also provided exceptional emotional support and were quick to identify and act on people's emotional support needs.

People were safe. Staff understood their responsibilities in relation to protecting people from the risk of harm. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. A culture of positive risk taking was evident which promoted people's independence. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had a very good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw a complaints policy and procedure was in place. The service had systems to assess the quality of the service provided. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the manager. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the manager and senior staff and directors were approachable and there was an excellent level of communication within the service.

People told us the service was extremely friendly, very responsive and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

## 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.

Staff had a good understanding of safeguarding procedures.

Risks to people were assessed and risk management plans were in place to keep people safe.

There were enough staff to keep people safe.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet people's needs.

The MCA principles were followed and people were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

### Is the service caring?

Outstanding ☆

The service was extremely caring

Staff were highly motivated kind and compassionate showing dedication to improve people's lives.

Staff cared for people in a way that enriched their lives and improved their wellbeing.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service was very proactive in promoting people's independence.

### Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People were at the heart of how the service was run and staff were passionate about responding to people's needs and putting them first.

Staff were proactive in identifying when people's needs changed. The services systems and culture supported staff to respond quickly and effectively on a personal level.

Care plans were very personalised and gave clear guidance for staff on how to support people. Staff went the extra mile to provide personalised care.

People knew how to raise concerns and were confident action would be taken.

People were treated as individuals and their diverse needs respected.

### **Is the service well-led?**

The service was well-led

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made people feel included and well supported.

The provider had systems in place to monitor the quality and safety of the service and drive improvement.

**Good** ●

# Right at Home Solent

## **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 9 August 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. The inspection was carried out by an inspector 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.

Before the inspection we looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. We also reviewed the information we held about the service and the service provider. The registered 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. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with 18 people, five relatives, four care staff, the deputy manager, the manager, the director and the quality and compliance manager. During the inspection we looked at six people's care plans, four staff files, medicine records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. People's comments included; "Oh I'm 100% safe, I trust them", "I have only been receiving care for a couple of months but I feel absolutely safe" and "I do feel safe with the carers from this agency". A relative said, "I trust them [staff] completely, my wife's very safe".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their line manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I'd report to the office and the local authorities" and "I'd initially phone the office and I could call the police, depending on how serious it was". The service had systems in place to investigate and report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at risk of developing pressure ulcers. Staff were guided to monitor the person's skin and apply prescribed creams. A body map was used to ensure staff applied creams to the correct areas of the person's body. Records showed this person did not have a pressure ulcer.

Another person was at risk of falls. The person had limited mobility and used a hoist for all transfers. Two staff were required to safely hoist this person and records confirmed two staff were routinely deployed to support this person. Staff were guided to 'ensure [person] is safe and comfortable in the sling' and to 'communicate with [person] throughout the transfer'. Staff we spoke with were aware of this guidance.

One person spoke with us about positive risk taking. They said, "They [staff] encourage me to be independent and take small risks. They come with me and guide me."

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with Personal Protective Equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE hand washing, safe disposal of sharps and information on infectious diseases.

We spoke with staff about infection control. Their comments included; "I've had the training. I always carry PPE with me, there is plenty. We also have hand sanitiser" and "We have our own bags of PPE, it's a really good system".

There were sufficient staff deployed to meet people's individual needs. One person said, "They definitely have enough staff". Staff visit records confirmed planned staffing levels were consistently maintained. Where two staff were required to support people, we saw they were consistently deployed. People told us staff were punctual and they experienced no missed visits. One person said, "Very much on time, yes. I get a call if they [staff] are delayed or running late".

Staff told us there were sufficient staff deployed to support people. Comments included; "No problems with

staffing here" and "Yes we have enough staff, in fact there is plenty".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

People's visits were monitored using a telephone monitoring system linked to the office computers. The system alerted the registered manager if staff were running late. Data from the monitoring system was analysed to look for patterns and trends and allowed the manager to adjust travel times for staff enabling them to remain punctual. Records confirmed there had been no missed visits.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific individual instructions for administration we saw these instructions were followed. One person told us, "I do self-manage the taking of my medication but one of my carers checks they are all okay and that I have taken the right ones and rings for my repeat prescription for me."

Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. One staff member said, "Yes I do help people with medicine. There are detailed instructions on our phones. I've had spot checks where my competency with medicines is checked".

Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. Staff told us, and records showed, shortfalls were discussed with the aim of learning from them.



# Is the service effective?

## Our findings

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people utilising best practice, such as alignment with the Accessible Information Standard. This standard requires services to ensure people have access to relevant information. For example, care records were held electronically on staff phones and staff told us they showed people their support plans. However, printed copies of people's support plans were available to people in a format of their choosing.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One person said, "The care givers [staff] know what they are doing". Another person said, "My carers are excellent and well trained, I can't fault them. In the five months I have been with them they are consistent". Staff told us they received an induction and completed training when they started working at the service. This training included safeguarding, moving and handling, dementia and infection control. Induction training was linked to the Care Certificate which is a nationally recognised induction programme for the care sector. Staff also shadowed an experienced member of staff before being signed off as being competent to work alone.

Staff spoke with us about their training. Staff comments included; "The training here is brilliant, very hands on. I was actually hoisted so I know what it feels like. It gave me confidence to do my job" and "I can't fault the training".

Staff told us and records confirmed staff received support through regular supervision (a one to one meeting with their line manager). One staff member said, "I am supported, yes, we keep on top of things with regular supervisions which are actually taken seriously here". Another staff member commented, "I am supported, I get spot checks, supervisions and we have focus groups where we can discuss any issues".

Staff were also supported through 'spot checks'. Senior staff observed staff whilst they were supporting people. Observations were recorded and fed back to staff to allow them to learn and improve their practice. Observations were also fed into staff supervisions. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support.

We discussed the Mental Capacity Act (MCA) 2005 with the manager and director. 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. The manager and director were knowledgeable about how to ensure the rights of people who lacked capacity were protected. Records confirmed that where people struggled with certain decisions, appropriate capacity assessments had been carried out.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. One staff

member told us, "The Act protects clients who may lack capacity to make their own decisions so we work in their best interests". Another staff member said, "I always presume clients have capacity. Capacity is decision specific so where clients struggle I support them in their best interests".

The service sought people's consent. Everyone we spoke with told us staff sought their permission before supporting them. One person said, "Yes they do (seek consent). When they come in they ask what I would like them to do and the way I want them to do it." Care plans contained documents evidencing the service had sought people's consent to care. These were signed and dated by the person or their legal representative.

People we spoke with commented on eating and drinking. Their comments included; "They only do my breakfast and it varies as to what I want depending on how I feel. They know I love my cup of tea and they always make sure I have a pot of tea. They leave me with plenty of drinks and tell me to drink more during this very hot weather we are having" and "If I have to be in bed for the nurse coming in they will bring me my breakfast. When my wife was on a respite holiday they did my meals and always asked what I would like. They always leave me with a cup of coffee and a glass of water. They encouraged me to drink more in the hot weather".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families went shopping for them. People had stipulated what nutritional support they needed. For example, one person liked to have porridge for breakfast. The care plan detailed exactly how the person liked to have their porridge cooked and presented. A staff member told us, "I don't support anyone to eat but I prepare clients meals and encourage them to eat and drink".

Where people were at risk of malnutrition or dehydration, care plans guided staff on how to effectively support people. For example, it was noticed one person was reluctant to drink. The person's care plan was updated guiding staff to encourage the person to drink and to leave 'fresh water for [person] at the end of each visit'. Staff recorded their actions and confirmed the person's fluid intake had increased.

The service worked closely with other professionals and organisations to ensure people were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, opticians, dentists, NHS Trusts, social services, occupational therapists and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. Information was provided, including in accessible formats, to help people understand the care available to them. One person told us, "If I am unwell they will sit with me and see if I need anything and if necessary they phone the doctor. They make sure I am alright to be left on my own".

## Is the service caring?

### Our findings

People told us they received exceptional levels of emotional support. One person said, "They know me very well and we have built a good connection with each other. If I am feeling a bit depressed or emotionally upset I try not to tell them but they do pick it up and will chat to me and try and support me and cheer me up". Another person told us how staff supported them immediately following the death of a close friend. They said, "I had a very sad day and tried to be brave about it but they made me a drink and did everything much slower and let me cry whilst helping me retain my dignity which at the time was, and still is paramount". One relative told us how a staff member supported a person in their own time. They said, "When Mum was taken into hospital I was able to get hold of her main carer and let her know, as well as the office. Her main carer went into the hospital to visit mum in her own time and she stayed a good hour or more with her. It was such a nice gesture, this was so kind and thoughtful and over and above their duty. Fantastic".

Staff were passionate about improving people's wellbeing and went the extra mile to enhance their lives. We saw how one person was feeling very low so staff took the person for a 'picnic and ice cream'. This was done in the staff member's own time. The event was recorded and we saw photographs of the person enjoying their day, smiling and laughing with the staff member. This person clearly benefitted from their outing. Another person had not been outside of their home for nearly a year. Over time, staff had encouraged the person to go outdoors and we saw photographs of the person in their garden. We were told the person now enjoys their garden on a regular basis. One staff member explained how they supported a person with anxiety. They said, "One client can sometimes become anxious and depressed. I speak softly to her and distract her. I show her old photographs and we talk about them which always lifts her mood".

People were encouraged to express their views. The provider conducted regular quality assurance telephone surveys where people and their relatives could express their views about all aspects of the service. We saw the results for the latest surveys which were extremely positive. The 2018 survey showed 93% of people had stated the staff had made a 'positive difference to their life'. For example, One person was extremely isolated and was reluctant to allow staff to support them. Over time one staff member established a rapport with the person and encouraged them to reveal the reason they did not trust staff. The trust issues related to a relative of the person and staff used this information to slowly gain the person's trust. Eventually certain staff gained the person's trust and were able to support this person. This resulted in the person being able to get out of bed and use a wheelchair. We saw photographs of this person enjoying time outdoors with their relative. Staff told us this was the first time the person had got out of bed in six years.

One person told staff he loved football and had not been to a match since he was a child. The director made arrangements to take this person to a premier league football match. The person went with the director and received VIP treatment from the club at the director's expense. We saw photographs of the event showing the person was clearly elated with the experience.

People were involved in their care and were kept informed. Daily visit schedules and details of support provided were available to people. Where there were changes to scheduled visits, people were informed.

One person told us, "I was involved in the content of my care plan and I got what I asked for. They do a review every six months but no changes are necessary. The carers do read to me my care plan on their hand held devices and record on their phones what they have done including what I have had to eat and drink and meds taken, in fact anything they feel is relevant".

People told us they benefitted from extremely caring relationships with staff. People's comments included; "The carers are excellent", "One girl shines every time she comes. She really cares for older people", "The staff are more like friends coming to help you. They are superb" and "Their [staffs] social interaction is fantastic and they don't see me as a disabled person, they see me as a person first with a disability. They have a high level of commitment to each client and whatever they do is to a high standard".

People told us staff treated them with a high degree of dignity and respect. Their comments included; "They respect me and I respect them. I can't fault them, they genuinely care for me. I love the consistency as they are not strangers to me anymore and I feel relaxed with them" and "They have respect for me and their communication and concerns are on always on an equal level". When staff spoke about people with us or amongst themselves they were very respectful and they displayed genuine affection. Language used in care plans was respectful. It was clear this respectful culture was embedded throughout the service.

One relative spoke about their experience with the service. They said, "Right at Home (Solent) is on a completely different and higher level to the majority of care services we have had experience with. From communication on what is to be done, with weekly sheets so we know exactly who is coming and at what time, right through to the actual care given, I cannot fault them in any way. Our mum gets on so well with all the carers and receives the very best care from every single one of the visiting staff. They are attentive, punctual and very professional in all their dealings with us and mum. It gives us great peace of mind to know that she is being cared for by this company that is just doing things the right way, with no fuss or drama".

People told us their independence was promoted. People's comments included; "Yes they do allow me to be independent where ever possible", "They tell me not to do certain things but I am starting to manage to do more things on my own. They tell me to be careful when I try standing on my own" and "They [staff] do encourage me to be as independent as I can and take small risks". Care plans supported this practice. One care plan detail how a person was to be supported to be independent in line with their individual wishes. Staff were guided to 'include [person] as much as possible in all tasks'. One staff member said, "I ask if they need my help, I won't just do it. I don't take over their independence".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality and data protection policy was in place and gave staff information about keeping people's information confidential. This policy had been discussed with staff.

## Is the service responsive?

### Our findings

Where people had expressed a preference, their advanced wishes were recorded. People's plans for their end of life included funeral arrangements and whether they wished to be resuscitated. The service also had strong links with a local hospice who had provided training and guidance for staff relating to palliative care. One relative told us how staff cared for his wife [person] at the end of her life. They said, "They [staff] were marvellous with my wife, they really went above and beyond what I could have reasonably expected".

One person was reaching the end of their life and was receiving care in a hospice. The person wished to die at home. Staff attended the hospice to receive the specialist training from palliative nurses that would allow this person to be cared for at home. We noted care staff are not normally expected to deliver this level of specialist care. The service also contacted the pharmacy to ensure specialist medicines were available. Two staff attended and supported this person four times a day until they died at home. The director told us, "It was a great relief for his wife and family knowing that he was at home where he wanted to be and that he was being taken care of". The service also continued to liaise with the hospice on the best way to support this person's family following their death.

Staff provided personalised care that not only met their needs but enhanced their lives. For example, one relative told us how a staff member responded when the person's condition deteriorated. They said, "My wife finally became practically bed bound, she couldn't go out and lost her spirit. [Staff member] somehow discovered my wife loved to use plasticine so she brought some and used to come in and sit with her and play with it together. My wife absolutely loved it. [Staff] wasn't told to do this, she just did it off her own back. It made a huge difference to my wife and I can't thank [staff] enough".

Another person had a long history of depression and anxiety and had struggled to find support that was consistent and that met their needs. This added to their anxiety and resulted in the person becoming socially isolated, refusing to leave their home. The person was also prescribed high levels of anti-depressant medicine. The service identified a staff member with similar interests to the person and instigated regular and consistent support visits. Over time a clear bond developed with the person who felt confident to share their interest of arts and crafts with staff. The result of this responsive action by Right at Home was that this person now runs arts and craft classes for other service users and they regularly attend coffee mornings and other social events run by the service. We saw photographs of this person happily engaging in social activities and attending a friend's wedding. We also noted this person was no longer taking anti-depressant medicine. Right at Home had clearly improved this person's life.

The service also provided support and respite for relatives. One person was being care for by a relative who was struggling to cope as the person's condition was putting pressure on their relationship. However, this relative was reluctant to hand over this person's care. A staff member was carefully selected and introduced to the family and time was taken to ensure both the person and the relative were confident with the staff member and the level of care provided. Over time, trust was formed inspite of this person's condition slowly deteriorating resulting in increased support needs. This included a period of 'live in' care the service provided at short notice when the relative had to be away. Eventually the person's needs required a

residential care home setting and the staff member was trusted with researching and finding the most suitable home for the person and packing the person's belongings prior to the move. The staff member was also called upon to support the person to emergency hospital appointments that the relative was unable to attend. Not only did this person receive the support they needed but their relative was able to live their own life, safe in the knowledge the person was very well cared for. The person provided feedback to the service from hospital stating, '[Staff member], your smile is worth a week's recovery'.

People benefited from a service that put them at the heart of how it was run. People and their relatives repeatedly told us how the service went over and above to meet the needs of people. One relative said, "I am away during the week and was rather concerned as she [person] had a few accidents but with this company I have peace of mind. I can log in and access her care plan on line and see what the carers have written each time. How they look after mum is fantastic". Another relative said, "One carer is like a daughter to my mum and she makes sure new carers know what to do for mum".

We asked people if they would recommend the service to others. Their comments included; "Yes I would definitely recommend this Agency to others", "At the end of the day people have a job to get good carers and I would recommend this agency" and "Yes, they are so much better than any other agencies I have been with. They are also so much better at caring than our hospital." Two relatives commented; "Now things have settled down and mums care is at its best at the moment I would recommend them" and "Yes I would, they are wonderful".

People were assessed to ensure their care plans met their individual needs. One person said, "Yes I am treated as an individual. Everything is geared towards me, it's excellent". Staff were extremely knowledgeable about people's needs and told us they supported people as individuals, respecting their diversity. "We treat people as individuals, 100%. The profiles in the care plans are individualised". We saw how one person had suffered a stroke and struggled to get out of their home. A staff member told us, "I have managed to get [person] out to play bowls and to attend a post stroke exercise class. We were the first to get him out following the stroke and he loves it". Records confirmed staff had received diversity and equality training.

The service was responsive to people's changing needs. For example, when people had medical or private appointments they were able to adjust care visit times to suit their needs. We saw numerous examples of where people had requested changes to their schedules and the service had responded. One person told us how the service had improved their life. They said, "I was a bit low as I could no longer get out and about on my own. My carer asked me why I didn't request a double shift as he would be happy to take me out. I rang the office and this was done. He is wonderful and I can now feel part of the community, we have our lunch out, I get to go to the bank and to do my own shopping. He is so good and we get on so well".

People were encouraged to attend social events to prevent social isolation. For example, events were organised in local community centres and people and their families were invited. Records showed the provider encouraged staff to remind people of such events or of local clubs they could join and staff were informed they could 'attend with your client if they agree'.

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. One person said, "I know that if I had any problems and I rang and told them about it that something would be done about it". Another person said, "I am confident they do take concerns seriously, they sorted out the difficulties we had when my wife made a complaint about one of our carers and I am sure they would be as responsive if we had other issues in the future".

The service had received two formal complaints in 2018, both had been investigated and resolved in line with the provider's policy on complaints. The service had also received numerous compliments from people and their relatives. For example; 'Thank you for your excellent service', 'The care provided to my mum is better than I could ever have hoped for' and 'No words can describe how absolutely marvellous you have been. I remain indebted to you for ever'. These sentiments demonstrated the culture and ethos the service maintained by putting people first. One member of staff told us this culture was the reason they joined Right at Home. They said, "I have worked in care for twenty years and at my interview [the director] said he wanted to provide a service that was fit for his mother. That's never been said to me before but it is a way of working I have believed in for years. This company genuinely believes this and encourages us staff to work in this way".



## Is the service well-led?

### Our findings

There was not a registered manager in post. 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 was well-led by the manager who had applied to register with the Care Quality Commission. This was the services first inspection.

People we spoke with knew the manager and director and felt the service was well run. Comments included; "They [management] are really good and always available. It's an honest, well run service", "I do know the manager's name and I have seen him and another lady. They pop in now and again when they have time and I can talk to them as I know they listen to me" and "I know they have a new one (manager) now who I have not seen yet. He is supposed to be coming to see me. The previous manager used to come and see me and we would have a chat." One person went on to say, "They are exceptional, I love the way it is managed. They have respect for people and communicate on equal terms and levels."

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "The management are very supportive, they listen to me. It's an upfront service" and "I really like the management here, I feel valued and very much part of the team. It's definitely an open and honest organisation, there is no culture of blame at all".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the manager, director and the quality and compliance manager spoke openly and honestly about the service and the challenges they faced.

The service was operating a new, electronic care plan, monitoring and management system. This system allowed care plans to instantly be updated with relevant information about people's support needs and allowed the manager to allocate, monitor and manage support visits on an hourly basis. This allowed the service to be flexible with journey and visit times enabling people to alter their support visits to suit their own schedules and needs. Any updates to people's needs would be highlighted with prompts for staff who would record they had seen, and taken appropriate action. Unactioned prompts resulted in an alert being sent to the office. This ensured people received up to date support from well informed staff.

The manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Information from these audits was used to improve the service. For example, following one audit, it was identified there were some issues staff had raised relating people's medicines. GPs were contacted to review people's medicines and the pharmacy was contacted to change the way medicines were provided to reduce the risk of errors. Another issue was identified relating to the settings on staff's mobile phones. A message was immediately sent to all staff with instructions to adjust the settings ensuring the system was operating effectively.



Staff told us learning was shared at staff meetings, supervisions and through an electronic messaging service. People's care was discussed and staff could make suggestions or raise issues. One staff member said, "It's a brilliant system that gives me immediate updates. We also have meetings so I would say I am well informed".

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The service worked in partnership with local authorities, GPs, district nurses, healthcare professionals and social services. The service also had strong links with a local hospice who provided training and guidance to the service relating to end of life care.