

Sofin Care Limited

Right at Home (Ealing, Hounslow, Hammersmith and Fulham)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 1 May 2018 and was unannounced. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

This was the first inspection of the service since it was registered at the current location in August 2017. Before this the provider ran the same service from a different location. The most recent inspection at that location was in July 2016 when we rated the service Good.

Right at Home (Ealing, Hounslow, Hammersmith and Fulham) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The provider supported some people with shopping and housekeeping. The Care Quality Commission (CQC) only regulates the personal care element of the service. At the time of our inspection 24 people were using the service. The majority of people were older adults, some who were living with the experience of dementia. The provider also offered a service to younger adults with physical disabilities, learning disabilities and mental health needs. Some people using the service had care and support from staff who lived with them. The provider employed these staff through an international company and provided them with training, support and supervision whilst they were working in this role.

This was the only location for the registered provider Sofin Care Limited. The provider was operating the service as a franchise which was part of the Right at Home group. The franchisor supported the individual providers including developing policies and procedures and with quality assurance. The individual franchisees were able to make decisions about their own service and how this was run. The owner of Sofin Care Limited was the nominated individual. They worked closely as part of the management team at the service, providing support, training and information for staff.

The staff employed to provide care for people were known as care givers.

There was 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 and associated Regulations about how the service is run.

People using the service were happy with the care and support they received. They said that they felt their needs were being met by kind, caring and compassionate staff. They had been asked to contribute to their care plans and had consented to their care and treatment. They explained that care needs were regularly reviewed and they had contact with the office staff who kept them informed about any changes to their care package. Care givers arrived on time and stayed for the agreed amount of time.

The care givers felt supported by the provider, registered manager and senior staff. They said they had

enough information to carry out their roles safely. They had opportunities for training and regular meetings with the registered manager. There were procedures which ensured that the staff who were recruited were suitable and had an induction into their role. There were regular spot checks to make sure the care givers were supporting people appropriately.

The provider had procedures designed to safeguard people from abuse and for dealing with accidents, incidents and complaints. Risks to people's safety and wellbeing had been assessed and planned for. People received their medicines in a safe way and as prescribed.

People's needs were assessed and care plans were developed to show how the agency would meet these assessed needs. They were regularly reviewed and updated to reflected changes in people's needs or conditions. People were supported to access healthcare services and there was evidence the staff had liaised with other healthcare professionals when they needed to. Some people received support to eat and drink and they were happy with this support.

The provider had effective systems for identifying risks, monitoring and improving the quality of the service. There were regular management meetings where the nominated individual and registered manager planned ways to improve and develop the service. People using the service and other stakeholders were invited to give their feedback about the service, and this was incorporated into planning for the future.

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.

The provider had systems and processes designed to protect people from abuse.

Risks to people had been assessed and planned for.

There were enough staff to meet people's needs and keep them safe.

People received their medicines in a safe way and as prescribed.

People were protected by the prevention and control of infection.

Lessons were learnt and improvements made when things went wrong.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were appropriately assessed.

People were cared for by staff who were trained, supported and supervised.

People had consented to their care and treatment.

People were supported to access healthcare services.

People who needed support to eat and drink received this.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and compassion.

The staff respected people's privacy, dignity and independence.

People were able to make choices about their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which met their needs.

People's concerns and complaints were listened to and responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

There was a positive culture which promoted person centred care.

People using the service and other stakeholders were able to contribute their opinions about the service.

There were effective systems for monitoring and improving the quality of the service.

Right at Home (Ealing, Hounslow, Hammersmith and Fulham)

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 checked 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 1 May 2018. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

The inspection visit was conducted by one inspector. As part of the inspection we contacted people using the service and their relatives by telephone. Some of these telephone calls were conducted by 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.

We spoke with two people who used the service and the relatives of 10 other people.

Before the inspection visit we looked at all the information we held about the service. This included information about the service when it operated at a different location. We also looked at notifications which we had received since the service was registered in 2017. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. The provider completed a Provider Information Return (PIR) in March 2018. The PIR 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 looked at the provider's website and other public information about the provider, which included an independent review website. As part of the inspection we contacted care givers to ask for their feedback about working for the provider. We spoke with or received emails from seven care givers. We received feedback from two external organisations who worked with the provider, including one of the local authority commissioning departments.

We met the registered manager, nominated individual, care coordinator, recruitment coordinator and two care givers.

During the visit we looked at records used by the provider for managing the service. These included the care records for four people, staff recruitment, training and support records for four members of staff, computerised records and the provider's quality monitoring, analysis and audits.

At the end of the visit we spoke about our findings with the registered manager and nominated individual.

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe. Some of their comments included, "I feel very safe with the carer", "Yes, I feel [my relative] is safe and the manager pops in regularly to make sure [my relative] is ok", "I feel safe I have an excellent carer she's been with me a while we built up a really good trusting relationship" and "We feel safe as we have the same two carers all the time."

The provider had procedures to safeguard people from abuse and whistle blowing. Information about these was available in the office alongside the safeguarding procedures from each of the local authorities where the care givers worked. The induction training for the staff included information about how to report abuse and different types of abuse. The registered manager knew what to do if there was an allegation of abuse, however there had not been any since the service had been registered.

The risks to people's safety and wellbeing were assessed and planned for. Some of the relatives of people using the service told us about ways the staff managed risks. One person said, "The carers make sure [my relative] has got [their] stick and always make sure the environment is clear and safe for [them] to walk." Another relative commented, "They have written risk assessments and these have just been updated, they keep on top of any changes."

We saw that the provider had carried out assessments of risks relating to people's physical and mental health, moving safely, falls prevention, skin integrity, nutritional risks and risks associated with the home environment. These assessments included plans for supporting people to minimise these risks and promote their independence. Risk assessments had been agreed by the person, or their representative, and were regularly reviewed. The assessments were thorough and took account of people's individual needs and abilities.

There were enough staff to keep people safe and meet their needs. The registered manager told us that they did not accept new people needing a service if they did not have enough care givers to support them. People using the service were assigned a regular care giver, or group of care givers. People using the service and their relatives told us they had the same regular care givers. They explained that if there were any changes they were informed by the provider. They also told us they received a rota in advance so they knew which care givers to expect. Care givers usually arrived on time and stayed for the correct amount of time. Some of the comments from people using the service and their relatives included, "I get a rota every week; they are good time keepers - if they are going to be late they let us know", "They always arrive on time", "We sometimes have a different carer but they always let us know and we get a schedule the week before", "Even in the snow [the care giver] came" and "They always arrive on time."

The procedures for recruiting new staff were designed to make sure they were suitable. Checks were carried out which included, checks on their identity and eligibility to work in the United Kingdom, a full employment history with references from previous employers and checks on any criminal records through the Disclosure and Barring Service. Where staff had previous convictions, or other concerns identified through the recruitment process, the registered manager carried out a risk assessment and developed a plan which

ensured they received the correct level of supervision and support to keep people using the service safe. All new staff attended a formal interview at the service and were subject to an induction before they started work with people.

People received their medicines in a safe way and as prescribed. People who were supported with this or their relatives told us they were happy with the support. One relative explained how the care givers helped make sure their family member had enough medicines and how they helped sort out problems when the person had run out of medicines. There was a medicines risk assessment and management plan for each person receiving support with this. The plan contained clear information about their specific needs. The staff received training in medicines management and had their competency at administering medicines assessed during their induction and again at regular intervals. The staff completed administration records and these were regularly audited by the senior staff. Any problems were addressed with the member of staff and additional training and support was provided when needed.

People were protected by the prevention and control of infection. People using the service and their relatives explained that the staff followed good practice with regards to infection control. Some of their comments included, "The carer uses gloves and aprons", "Hygiene is excellent" and "They wear gloves and are good with infection control; for example, where [my relative] was being cared for before [they] developed seven urinary tract infections. But since being cared for by this agency [they] have not had any."

The care givers we spoke with confirmed they had received training about infection control and good hand hygiene. They said they had ample supply of gloves, aprons and shoe covers and were able to request more of these when needed. The onsite assessments of staff competency by the registered manager and senior staff included an assessment of how they followed good hygiene practices.

The provider had systems for learning from when things went wrong. The staff knew how to record and report accidents and incidents. The registered manager analysed these and any complaints to identify what could have been done differently and how changes could be made to the service. The provider had a contingency plan which outlined how they would continue to provide a service when something went wrong, for example during adverse weather, staff shortages and public transport difficulties.

Is the service effective?

Our findings

People's needs and choices were assessed so that care and treatment which met these needs could be provided. People using the service and their representatives told us that they had contributed to the assessments. The registered manager explained the process for assessment. People who had expressed an interest in the service were sent information in advance of a visit by the registered manager or nominated individual. During the initial meeting the provider carried out an assessment of people's needs and preferences. They spoke with the person and their family about the sort of care they wanted including the gender of their care giver, language needs and what sort of personality they wanted from a care giver. The provider also assessed their needs in line with good practice guidance to make sure they understood about the person's health and wellbeing. The assessments were comprehensive and were developed into care plans. People using the service told us that these reflected their needs and they were assigned care givers who matched their preferences.

People were cared for by staff who had the skills, knowledge and support they needed. People using the service and their representatives told us they thought the staff were "professional" and "well trained." The care givers we spoke with explained they had enough information, training and support to carry out their roles.

New members of staff were invited to attend training at the office location. The registered manager, nominated individual and care coordinator were all qualified trainers. They provided induction training over three days which covered all the required areas for the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The staff competency and knowledge was then assessed.

The provider organised for regular training updates for all staff. These ensured that the care givers followed best practice and had up to date knowledge. In addition to the classroom based training and assessments, all staff carried out on line training. The registered manager explained that they were in the process of updating the training for all staff and showed us information around the training programme which was appropriate. Staff were also supported to undertake vocational qualifications in care. Some staff confirmed they were completing these.

New members of staff shadowed experience workers before they were allowed to work on their own. Their competency was assessed by senior staff at the end of this shadowing period and then again at regular intervals. The staff were able to log into the provider's on line dashboard which included policies and procedures and other essential information. The care givers we spoke with confirmed they had access to the information they needed. The registered manager and care coordinator carried out regular onsite observations of care givers supporting people and also met with them for formal reviews of their work. Minutes of these meetings showed that care givers were offered advice and support as well as opportunities for professional development and training.

There was good communication between the office staff and care givers. They had regular contact through

emails, telephone calls and because the care givers visited the office. They confirmed that they were well informed about changes and anything they needed to know. They also said they had opportunities to speak with the registered manager and nominated individual whenever they needed.

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 and found that they were.

The provider had carried out assessments of people's mental capacity. These included information about how people could be supported to understand and make decisions. People who had been assessed as having capacity had signed agreement with their care plans and assessments. They were regularly consulted via the telephone and visits to make sure they were happy with the care and support they were receiving. Where people had legal representatives this had been recorded and there was evidence to show who the representatives were. Some people lacked the mental capacity to make decisions about their care. In these cases, the provider had liaised with people's representatives and made decisions in their best interests about the care they should receive. This was recorded.

People were supported to access healthcare services and the provider monitored their health and wellbeing. The relative of one person explained how the care givers escorted their family member to healthcare appointments when needed, including lengthy hospital appointments. People using the service and their relatives told us that care givers noticed changes in people's health conditions and acted on this. One family member commented, "They are quick to contact the GP if [my relative] is out of sorts." Another relative said, "The carer noticed a sore on [person's] toe and they contacted the community nurse so she could take a look."

Care plans included information on specific healthcare conditions and the staff had training in these. For example, when people's needs had changed in hospital the provider had organised for the care givers to receive training regarding people's new needs or equipment. The records of care provided showed that care givers had recorded any changes in people's condition and had contacted the office staff who had informed the person's relatives and, if needed, GP. One relative confirmed this, explaining how the care giver had become concerned about their family member. They said the provider had been in touch and advised them to contact the GP. They explained that the staff at the agency had followed up to make sure the person received the healthcare support they needed.

Some people received support at mealtimes. They confirmed that the care givers provided the support they needed. One relative said, "The care givers know what [person] likes to eat." Another relative commented, "The carer makes sure [person] has fruit and the food [they] like, they always make sure [person] is drinking enough." Care plans included information about meeting nutritional and hydration needs and the care givers recorded what and how much people had eaten and drunk within log books.

Is the service caring?

Our findings

People using the service were treated with kindness, respect and compassion. They, and their relatives confirmed this. Some of the comments they made included, "I've been very pleased with the care - they are very caring I would recommend them and I have", "They are person centred and treat [my relative] as an individual", "The carer is absolutely amazing and definitely caring and kind", "They are just the right age for [my relative] and get on very well with [them]", "These are people who are caring, they just know what [my relative] likes and needs and do it without being asked", "They are very patient, kind and caring", "We have been most lucky with the wonderful carers", "They look after us and we have a great relationships with them", "The carer knows all [person's] likes and dislikes", "They really care and are very warm, calming and soothing" and "We have got carers who you can have a laugh with."

People told us about the kindness and care from individual care givers telling us how this had made a difference in their lives. One relative explained that the care giver looked after the spouse of the person being cared for as well. They said, "Even though she isn't there for [person's spouse], she prompts [them] too, when she gets food ready for [the person being cared for] the carer makes something for [person's spouse] as well – it is brilliant, it helps them both." Another relative described how the person being cared for had been resistant to having any care. They told us the care giver had worked at the person's pace building up trust and empowering the person to make decisions. The provider's own records confirmed this showing how care had been provided at the person's own pace and how their relative had been in regular communication to review how this was going.

An independent homecare review website included other examples where people using the service and their relatives had expressed how they felt the service was caring. Some of their comments included, "My [relative] always looked forward to the care workers coming in", "The lady that helps goes above and beyond her duties. She treats [my relative] like a person, not 'a job'. She is thoughtful, punctual, reliable, intelligent and has common sense, things that have been lacking with other firms we've used in the past", "The carers at Right At Home are really polite, professional, punctual and proficient. They're not just carers the ladies actually care" and "The care team were absolutely wonderful! The professional ladies who came in to take care of [my relative's] needs had so much patience and love for their job, whilst being efficient, they were respectful of [their] dignity and feelings."

The registered manager told us that they shared compliments and examples of good practice amongst the care giver team so that they could learn from each other and understand how best to provide personalised care and support. The provider kept a record of compliments and testimonials from people who were using the service or their relatives. Comments from these included, "[Care giver] has been truly dedicated to taking care of [person]. She has always been loving and caring", "So kind and helpful" and "Just amazing."

People were supported to express their views and be actively involved in decision making about their care and support. Some of the feedback we received from people using the service and their relatives included, "Yes we've been involved in the care assessments and the care plan", "[Person] is fully involved in the care - they know what [relative] likes", "They gave me a choice of carers and they let me know any problems" and

"I am involved in planning [my relative's] care – they always keep me updated and let me know how [person] is doing." Care plans included information about people's choices and preferences. These were regularly reviewed in consultation with the person and their family. The logs written by care givers showed that people were offered choices and had made decisions about their care during each visit.

The care givers respected people's privacy. People using the service and their relatives confirmed this. Some of their comments included, "[The care giver] is fussy about how [person] looks and treats [them] with dignity and respect", "They always talk [person] through things and ask permission before they help [them]" and "They respect our privacy and dignity – they always keep us covered up and ask for our agreement."

People were supported to maintain their independence. A person using the service said, " They encourage me to be as independent as I can safely be. I like to try myself." One relative told us, "The carer initially helped [my relative] with medicines but now [they] can do it themselves. The carer encourages [person] to do as much as they can." Another relative commented, "The carer encourages [person] to do things for [themselves] and with all the things [they] can manage."

People's cultural needs were recorded within their care plans and there was evidence that care givers had supported people to meet these needs. For example, one care giver had found out information about a person's national day and had arranged for a special meal laid out in the traditional way to help them celebrate that day. The care giver was not from the same country or culture but they had also started to learn some of the person's first language to enhance communication with them. People's preferences for same gender care givers were recorded and respected.

Is the service responsive?

Our findings

People's needs were being met and they were receiving personalised care. People using the service and their relatives confirmed this with comments which included, "They are very proactive and we have seen a massive improvement in [person's] wellbeing", "[Person needs to do exercises and the carers do these with [them] everyday", "There has been an improvement in [person's] mobility since [they] started with this agency", "They cope really well and react very quickly if person has a seizure – the carers know exactly what to do" and "The manager wrote everything down in the folder and we have regular reviews, the carers do what they are supposed to."

People's needs were recorded in care plans, which they had a copy of. The care plans included personalised details, for example, the radio station they liked, how they wanted their curtains drawn, things the person struggled with and comments such as "[Person] does not like others fussing over them." These details helped to create plans for how each person wished to be cared for and supported. People confirmed that these care plans were regularly reviewed and that they could request changes if they wanted.

The relatives of people told us they were well informed by the agency if someone was not well or something changed. Their comments included, "If something changes they let me know", "If there's any problems they always let me know. I discuss [person's] care needs with the care coordinator and the reviews are on-going", "They email or phone to discuss things and we can always ring them" and "I can talk to the staff as often as I like about [person's] care."

The service had responded to people's changing needs. For example, following a hospital stay one person had returned home with new equipment and different needs. The provider had made sure the staff received training to meet these different needs. The provider offered a service for younger adults wanting support to access the community as well as escorting people for appointments. One relative explained that the provider had organised additional care at short notice to support a person needing to attend hospital. Another person told us that they needed care at different times and sometimes at short notice. They said that the provider was always able to accommodate this. Some of the relatives of people using the service told us they found their relative's health and wellbeing had improved since they started receiving care.

People told us they knew how to make a complaint or raise a concern. Those that had expressed concerns with the provider were happy with the way in which these had been handled. One person told us, "We have the most wonderful carers with one exception I spoke to the office person, they didn't sweep it under the carpet. It got sorted straight away." The provider had received one formal complaint since the service was registered. We saw that they had appropriately investigated this, fed back to the complainant and put things right.

No one was receiving care at the end of their lives at the time of our inspection. However, all care givers received training in end of life care and the registered manager told us they were updating this.

Is the service well-led?

Our findings

People using the service and their relatives told us they were happy with the service they received. Some of their comments included, "The service is outstanding - no words can express how I feel", "We have a good relationship with the agency", "They are very professional", "The communication is excellent", "They are reliable", "If I am worried at any time or need something I know I can speak with them", "I wouldn't change anything - I am very happy with them", "They take on board constructive criticism", "The manager is very approachable", "They do a great job", "I rate them very highly", "The manager is very professional and a good listener" and "We are so happy with the care we are getting, I would recommend them and I have to my friends."

There was a positive culture and the staff felt part of this with some of them commenting that they thought the standard of the service was very good and they would be happy for a loved one to be cared for by the agency. The staff told us the registered manager and nominated individual were approachable and supportive. Some of their comments included, "I can speak with my manager whenever I need and she listens to me and helps me", "I feel supported and know they will call me back if I need them", "I feel that Right at Home demonstrates dedication and commitment to every client", "All the office staff are good listeners and they are truly understanding", "I enjoy my job very much and being a carer involves having a genuine concern and desire to make a positive difference in someone's life", "If I had to describe my job in one word it would be privilege", "My manager always listens to my point of view" and "I like caring for my clients and knowing I am making a difference in their lives."

An independent homecare review website included 14 reviews from people using the service and their relatives about Right at Home (Ealing, Hounslow, Hammersmith and Fulham). They all stated that they felt the service was excellent and they would recommend them to others. Some of the comments from reviews left in 2017 and 2018 included, "Right at Home Ealing have been extremely helpful for our family and we could not cope with this difficult situation without them. They are not the first care company that we have used. Previous companies only provided the bare minimum...Right at Home have gone over and above the care required and the carers are friendly, helpful and hardworking", "The management are really professional and do their utmost to accommodate all our additional requirements", "I give this agency 100% top star rating" and "They are always there if I need any help. Would recommend them to all." The review website had ranked the agency as one of the top 20 rated agencies within London for 2018.

The registered manager had worked at the service since early 2017. They had initially supported the previous registered manager to make improvements at the service, and had then taken on the role as full time manager later in the year. People using the service and staff told us that the registered manager was approachable and they could contact them whenever they needed. The registered manager explained that they helped carry out the training for new care givers and refresher training for all staff. They told us that this helped them get to know each member of staff.

The registered manager, nominated individual and other office staff worked closely together sharing ideas and training. They also all supported the care givers in delivering care to people when this was needed. The

registered manager described how they were improving the agency through constant assessment and evaluation of the service. The registered manager and nominated individual carried out their own audits and invited people using the service and other stakeholders to complete satisfaction surveys. The most recent response to surveys was in January 2018 when 11 people using the service and 21 care givers completed surveys. The results were mostly positive. Where people had identified they were not happy with an aspect of the service or felt this could be improved, the registered manager had developed an action plan to show how they would meet this need. Other improvements to the service in 2018 included updating all of the care plans and risk assessments, improving training for the staff, better systems for communication amongst the staff and clearer definitions of the roles and responsibilities of the office team.

The provider had plans for further improvements which included introducing a new electronic care planning and medicines administration record. The provider had piloted one of two systems proposed by the Right at Home Group and were planning to start using the preferred system later in 2018.

In addition to annual satisfaction surveys, the provider engaged with people using the service and others, asking for their feedback. People were involved in developing their care plans and the provider contacted them by telephone and through visits at regular intervals to hear how they felt the service was going.

The nominated individual had worked with representatives from one of the local authorities to provide talks and information sessions about supporting people living with dementia at local venues. They were planning information sessions, about subjects such as palliative care, for the friends and families of people using the service, and other community members, to be held at their office location. One of the community professionals who gave us feedback told us they had worked with the nominated individual to look at delivering suitable care packages to extra care schemes.

The nominated individual told us that the franchisor had a hub where different providers and managers could meet to discuss good practice and plan together to make improvements. Both the registered manager and nominated individual had taken part in recent training which looked at how they could engage with people using the service and families more so that care planning could become even more personalised. They told us this had been useful and they were cascading the training to other staff.

The provider kept themselves updated with changes in legislation and guidance and took action when needed to make changes to the service. For example, they had started to contact people using the service and others regarding changes to data protection legislation which was coming into force later in 2018.

Records used by the provider were clear, up to date and well maintained. They carried out audits of medicines administration records, records of financial transactions and the logs made by care givers at each visit.