

# Country Caregivers Limited

## Right at Home - Mid Hampshire

### Inspection report

Wessex House  
Upper Market Street  
Eastleigh  
Hampshire  
SO50 9FD

Tel: 02380009595

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

Date of inspection visit:

16 October 2019

23 October 2019

Date of publication:

27 December 2019

### Ratings

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

# Summary of findings

## Overall summary

Right at Home (Mid Hants) is a care service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This means help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection 43 people were receiving personal care. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The agency has provided a consistently high quality of care. People and relatives all told us about the excellent care they received. People thought of staff as their friends and felt valued and respected. People felt listened to and fully involved in decisions about their care and were encouraged to be as independent as possible.

Staff had time to get to know people which helped them to be empathetic about their needs and wishes. They were sensitive and supportive, when people were finding things particularly difficult, or when people wanted to celebrate. This made them exceptionally caring.

The agency provided a reliable and flexible service to the people they supported. This had helped some people to stay in their own homes for longer than they had expected to. They had been very good at helping to support people at the end of their lives.

People told us the agency provided care in a safe way. There were sufficient numbers of safely recruited staff. Staff managed medicines in a safe way and effective measures were in place to control the spread of infection. People felt comfortable to raise any concerns they had and the agency made improvements when they had identified things had gone wrong. This ensured the agency provided good care which was safely delivered.

People said this service was effective in providing a good quality of care. Staff understood the support they needed to provide and were provided with suitable training to help them to deliver this care effectively. The agency worked co-operatively with others when people's needs were complex, to ensure all of their health and social care needs were being met.

The agency was well managed with a governance framework in place to ensure responsibilities were clear and that quality performance was reviewed regularly to ensure people received the care they had agreed to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (Published 1 Dec 2016).

## Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Right at Home Mid Hants on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was outstanding in caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Detailed are in our well led findings below.

Good ●

# Right at Home - Mid Hampshire

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection, the registered manager was no longer working at the service. The agency was being managed by the owner/provider with the support of senior staff whilst a new manager was recruited.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 16 October 2019 and ended on 31 October 2019. We visited the office location on 16 and 23 October 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the agency and with one relative. We spoke with eleven staff and with the owner and with a quality compliance manager. We reviewed a range of records. This included six people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision and records relating to the management of the service such as quality audits and surveys.

#### After the inspection

We spoke with eight people or their relatives who used the agency. We also spoke with four more staff. We asked the agency to provide us with further information, such as regarding medicine and staffing matters. The agency provided this information as requested.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same; good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies in place to safeguard people.
- People told us the agency provided safe care and said they were comfortable to discuss any concerns they might have about the service with staff. One relative said. "It reassured all the family to know that (their family member) was safe and was being watched over with thought, respect and dignity".
- Safeguarding and whistleblowing was discussed as part of each staff supervision and appraisal to check if they had any concerns about people's wellbeing. Staff said they would have no hesitation about raising safeguarding concerns. One said "Yes they (managers) listen and do something about it."
- Staff kept information about how to access people's homes safe and there were robust audit procedures in place when staff managed people's money, for example when they were responsible for purchasing household items.
- Spot checks ensured staff were wearing their ID badges.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- People had been assessed for any risks, such as risk of falls or skin breakdown and measures were in place to mitigate these risks.
- Environmental checks were carried out to ensure the safety of people and staff. For example, there were checks on electrical equipment and slip and trip hazards were assessed.
- There was an on-call system which operated when the office was closed which people could contact in the event of an emergency. Staff said the system worked well for example when a person did not answer their door at the weekend.
- The service had a continuity plan which included action to be taken in the event of unforeseeable emergencies such as adverse weather conditions. In this event, people with complex care needs and those who needed support at particular times with their medicines were prioritised, although staff said all people would receive their planned visits.

Staffing and recruitment

- There were sufficient staff employed to meet people's collective assessed needs so people received a reliable and consistent service.
- There was a stable staff team, some of whom had been employed for many years.
- Recruitment procedures were in place which ensured only people suitable to work in a social care setting were employed. Records showed staff had provided a full employment history, previous employment references and proof of identity. All staff had received a criminal check from the Disclosure and Barring Service (DBS). A DBS check helps employers to make safer recruitment decisions.

### Using medicines safely

- Some people required support to take their medicines. Where required, staff ensured people received their medicines as prescribed.
- Medicine errors were few, but those which had occurred had been safely addressed. For example, a medication error where a person received their time critical medicines an hour early was immediately reported to the office and medical advice was requested and followed.
- Staff recorded electronically when they had administered a person's prescribed medicines. Office staff could check almost simultaneously whether care staff had administered medicines as prescribed which served as an extra monitoring check.
- Staff demonstrated a good understanding of people's medication needs, for example one person needed to take their medicine half an hour before their breakfast and staff ensured they were always on time so this could happen.
- Staff were trained in the safe management of medicines and their competencies were checked during supervision. Staff confirmed they were confident they could manage medicines safely.

### Preventing and controlling infection

- Staff managed the control and prevention of infection well.
- Staff confirmed they were supplied with protective clothing such as gloves and aprons which they used when they were providing personal care.
- Spot checks ensured staff were wearing appropriate protective clothing when needed.

### Learning lessons when things go wrong

- There was a record kept of adverse incidents and accidents. These were reviewed by office staff. Action was taken when needed to reduce the risk of reoccurrence, for example staff were provided with further training when there had been a medicine error. Staff always let people know when an incident or accident had occurred and informed them what remedial action they were taking, where this was necessary.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People spoke highly of the care staff and said they supported them in line with their needs and wishes. A representative comment was, "The carers are always prompt and reliable. Nothing is too much trouble for them."
- People received an assessment before a care package was agreed. This helped to ensure the service could meet their care and support needs. The timing and number of visits required was discussed and agreed before the care package started.
- The assessment information was transferred into care plans to provide detailed guidance for staff about how to support people in specific areas of their personal care.
- The service delivered what was agreed. Office staff were alerted if staff were more than 15 minutes late for a visit or if they left more than 15 minutes early and so the support provided was monitored and reviewed.

Staff support: induction, training, skills and experience

- All new staff completed the Care Certificate. This is a nationally recognised standard which all care staff should meet.
- There was a twelve week probationary period during which time staff competencies and skills were monitored closely.
- Established staff received regular training which supported them to keep up to date with their skills and knowledge. They completed training in key health and safety areas as well as specialist training, for example, in dementia care. Staff were offered the opportunity to complete nationally recognised qualifications in health and social care.
- There was a range of training methods and staff were provided with practical training for example when hoisting to ensure they were competent to support people to move safely.
- Staff said training opportunities were good. One said "I'm really impressed with it. We can always ask if we need any more and they will sort it out"
- Records showed staff training was up to date and complete.
- Staff received regular supervision and observation sessions to help monitor and improve their care practice.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people received support with preparing their meals and snacks this was managed effectively.
- Staff discussed the importance of the way they presented food and drink to encourage people to eat and

drink when they had lost their motivation and appetite to do so.

- Where people were at risk of losing weight a record had been kept of food and fluid consumed so staff could monitor the amount effectively. Staff followed guidance from speech and language therapists (SLT) who provided them with guidance when people needed specialist diets.
- Staff received training in food hygiene and in supporting people with their fluids and nutrition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The agency worked cooperatively with health and social care providers to ensure people were well supported. For example, they had a monthly meeting with other professionals for a person with complex needs to ensure they received appropriate care.
- Staff had liaised with adult social services and helped a person to get the extra support they needed.
- People had a hospital passport where this was needed. A hospital passport provides guidance to hospital staff about how people would like to be supported when they are unable to communicate this themselves.

Ensuring consent to care and treatment in line with law and guidance

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. Staff understood their responsibilities under the Act,

- Staff had a good understanding of people's capacity to make decisions about the care and support they needed and understood and respected people had the right to refuse care offered if they had the capacity to do so.
- The agency kept copies of legal authorisations where people's representatives had obtained enduring power of attorney for example to manage people's finances. This helped to ensure staff were clear who would provide consent when a person was not able to do this for themselves.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong person centred culture and people received care which, at times exceeded their expectations.
- Staff demonstrated a real empathy with people they cared for. They spoke warmly and positively about the people they supported, focussing on the person and what their strengths were and not just their care or support needs. One staff for example described what a great a sense of humour a person they regularly supported had. They said "we have a really good laugh together" Another staff, when asked how they supported people, said "No job is too big or too small, or too difficult. It's not a job. It's a pleasure."
- Staff understood how their actions contributed to people's wellbeing. They described for example how they took a person out for a cup of tea after escorting them for a hospital appointment. This brightened their day. Another staff member said when talking about their visits to a particular client "I always take egg custard tarts into (person) as I know they are his favourite."
- Feedback for people who used the agency was equally positive. A representative comment was ."The carers were highly professional but managed to combine this with warmth, kindness and increasingly, friendship".
- On one person's birthday staff carved a water melon to look like a cake. The person had swallowing difficulties and this meant they were unable to eat cake. The water melon was later made into juice so the person could enjoy it. Their relative said "What a lovely thing to do...not only was it such a lovely thoughtful idea but came complete with candles and looked fantastic. We were overwhelmed by (staff) kindness and sense of fun which got (persons) birthday off to a lovely start and always brings a smile to our face when we remember it."
- The minimum time provided by the agency was 45 minutes for each visit. Staff said they always had enough time to provide the care and support people needed. When asked if they ever left after completing their care duties but before their allotted time one member of staff said "We try to stay to the end of the call. It's not only care, it's social interaction. Some people don't have visitors at all."
- Staff looked at the information provided about the person in their care plan and so could talk to the person about what they were interested in. Staff interests and hobbies were also taken into account when they were matched with people so where possible, they had things in common. For example, one member of staff who had a love of motorbikes worked with a person who had similar interests.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to share their views about how they wished to be supported and the agency

worked hard to respect what was important to people. For example, staff took their dogs along to visit a person who had loved dogs all their life and missed their own pet greatly. This gave them much comfort and enjoyment.

- Staff made sure people got the support they needed and provided thoughtful and skilled care. For example, staff were mindful of particular dates which a person they cared for found particularly difficult, such as, the birthday of a departed loved one. They said although many staff knew this person's needs they would send a staff member with a particularly good rapport with the person to support them through this very difficult time.
- The agency provided flexible support to enable people to fulfil their dreams and wishes. For example one staff had accompanied a couple on holiday to enable them to have a break together. On another occasion they had helped them to have a trip out to celebrate their wedding anniversary. Staff said "Its an honour for me to be with them on a special day."

Respecting and promoting people's privacy, dignity and independence

- Feedback received from people and their relatives reflected a very flexible personal care service which could adapt. This had meant at times, people were able to remain in their own homes rather than going into residential care. This included temporary 24 hour care when a person's health and care needs dictated this, for example when they had been discharged from hospital.
- When new staff were introduced to people they always shadowed a staff member who had delivered care to them so they could be properly introduced. One person living with dementia could be frightened by new people and staff described how they sensitively introduced new care workers to them by making this process slow and in the presence of a person familiar to them. The new staff member would not go unaccompanied to support the person until the person concerned was comfortable with them. This could sometimes take some time but the person's feelings were always respected.
- Care plans included guidance for staff about promoting independence and these were followed by staff.
- People could choose the gender of the care worker they preferred to support them.
- People told us staff always respected their privacy and dignity which they valued.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew what people's interests were and supported them to enjoy them. They said, "We team up people together looking at the interests of both clients and carers." For example one person was supported to go on a boat trip on the Solent with a fish and chip lunch afterwards. Staff also organised piano lessons for this person and created links with the local Parkinson's group for them which helped them to follow their interests and increase their social interaction.

- Staff helped a person using the service to organise a surprise birthday treat for his wife by arranging a 50 mile round trip in a motorbike sidecar with afternoon tea. The motorbike was driven by a member of the local motorbike community and was a contact of a staff member. Another staff supported a person to attend a lunch celebration with ex work colleagues.

Care staff accompanied a person using the service to a family wedding which they would otherwise have been unable to attend.

- Staff knew people well. Staff spoke about how they worked as a team to provide support for a person living with dementia who could quickly become anxious and emotional. We met this person with one of their regular care workers. The bond between them was clear and the care worker helped the person to relax with reassurance and loving kindness.

- The agency could provide a 24 hour service and they did for some people. They had some staff who could offer overnight care which meant when people needed extra support, for example when they were discharged from hospital, they could receive this on a flexible basis.

- The support provided meant people could stay in their own homes for as long as possible. This was acknowledged by relatives. One said "You and your team have been nothing but kind, caring and understanding towards (the person) and you really can't put a price on that. If it wasn't for you (the person) would not have been able to stay in her own home for as long as she did"

- People received a reliable service One said for example "I like the fact if they say 8 o'clock they keep to that"

- Assessments of people's needs and support plans and visits were recorded electronically. These records were accessible to people, and with permission, to their relatives. Relatives said it was very useful to be able to access the records remotely as it reassured them visits had taken place as agreed.

- Electronic care records were very detailed and provided staff with clear information how people they liked to be supported, so they could be as comfortable as possible. For example, for one person who was cared for in bed, staff were instructed to "place pillows correctly for comfort and raise the knee part of the bed to prevent me from slipping down"

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff described how they communicated with people they supported who had some communication difficulties – for example for one person they asked questions which just required a yes/no answer and staff said they gave them plenty of time to respond.
- Staff used different methods of communication for example they drew a picture for a person who was moving to a residential care service to wish them well. The person had memory difficulties so would not necessarily remember any verbal good wishes. Staff said "It might trigger something."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The agency had a community profile and staff raised money for local charities and national causes such as completing a sunflower memory walk in aid of the Countess Mountbatten hospice and fundraising for dementia care.
- People who used the agency joined in, for example there was a Right at Home family fun day, an Easter Egg appeal and an over 50s event
- The owner was part of the local dementia action group which met to raise the profile of people living with dementia
- Staff knew who was at risk of isolation and ensured they spent time chatting with people and making sure they were okay. They provided thoughtful care in this respect. For example one said "I took along a photo album of my mums holiday to Canada so (the person) could reminisce about her life there"

Improving care quality in response to complaints or concerns

- A record was kept of concerns and complaints Three complaints had been received in 2019 . These were thoroughly investigated and where it was found the service had been at fault, people received an apology and were told what action had been put in place to improve the service provided. For example one person had complained staff had not cleaned during a visit to an adequate standard. Staff apologised and a new cleaning schedule was put in place.

End of life care and support

- The service was particularly skilled at helping people and their families when they were approaching the end of their lives.
- Staff were given training in End of life care. One staff said "It is an honour to support people at this time".
- Senior staff said "We have a handful of carers we know are perfect for end of life care".
- Staff said "I have spent many hours of my time after several clients have passed away providing support to the families and providing last offices with other members of staff".
- One staff helped a deceased clients family at their wake by preparing and service food and drinks another staff said " When (the person) passed away I stayed with (the family) and cared for her body, made tea and waited for the doctor to arrive and certify death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remains the same, good. This meant the service was consistently managed and well led. Leaders and the culture they created promoted high quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- At the time of the inspection the registered manager had left the service. The owner /provider had temporarily taken over the role of manager, with the assistance of experienced senior staff. The owner/provider said they intended to recruit a new registered manager but wanted to take time over this key appointment.
- There was an effectively functioning team. There was a clear organisational structure and staff understood their roles and responsibilities, for example, team leaders were responsible for spot checks and for supervision.
- There were system in place to monitor the quality and safety of the care provided. This included audits to check how the service was performing and regular checks of, for example, medicines and care planning information.
- The agency was a franchise and there were regular networking meetings with other franchisors of branches in the southern area to provide peer support and to share best practice. We observed part of one meeting where recruitment processes were being discussed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff had the opportunity to attend workshops to increase their knowledge. One staff for example had recently attended a recruitment workshop and had taken ideas from there to improve recruitment processes in the branch.
- Communication was effective – staff had a social media group to share ideas and to keep up to date with service developments.
- Staff were regularly acknowledged and thanked for their contributions. For example, one staff said they were thanked for working an extra weekend by the owner which they appreciated.
- Staff were awarded certificates of achievement and a gift when they were awarded care giver of the month for particularly good work.
- There was a carer well being plan in place which included social and work meetings to ensure staff felt properly supported.
- Many office staff had started as care staff. This gave staff the opportunity to progress to different roles during their career with Right at Home. It also meant that they had a good understanding of people's needs and could, in an emergency, provide care if needed.
- Overall, the morale was good. One staff member said "We have a really good team and the owner is great.

He is always asking what you think about things" Another said "It's the best company I have worked for. There's no day I feel down" Another said "Morale is really good. Everyone is friendly and welcoming It's so warm."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The agency understood their responsibility to ensure where mistakes had been made they were open and transparent, investigated and apologised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service encouraged all people involved to provide feedback on the service they received. All the comments we saw were extremely positive.

- Staff worked closely with other agencies, such as health and social care professionals, to ensure they achieved the best outcomes for people.

Continuous learning and improving care

- The service continually reviewed its performance through spot checks , people's feedback and audits. A service improvement plan was developed to address any areas needing improvement or development. The most recent improvement plan dated October 2019 showed areas identified were up to date, for example client reviews and staff supervisions.