

7Jay Home Care Ltd

Right at Home (Derby)

Inspection report

50 Canal Street

Derby

DE1 2RJ

Tel: : 01332 913232

Website: www.rightathomeUK.com/Derby

Date of inspection visit: 24 November 2015

Date of publication: 18/02/2016

Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We inspected this service on 24 November 2015 and the inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived.

Right at Home (Derby) provides personal care and support to younger adults and older people living in their own homes or in care settings in Derby and Derbyshire.

This included people with learning disabilities, mental health or autism. At the time of this inspection there were 66 people using the service, which included up to 25 people who received personal care.

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 2008 and associated Regulations about how the service is run.

People using the service were protected from abuse because the provider had taken steps to minimise the risk

Summary of findings

of abuse. Staff understood what constituted abuse and systems and processes were in place to protect people from the risk of harm. Sufficient staff were available to meet people's needs.

Risk assessments and care plans had been developed with the involvement of people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. People had equipment in place when needed such as a hoist or wheelchair, so that staff could assist them safely. Systems were in place to ensure people received their medicines in a safe way.

The provider had undertaken pre-employment checks to ensure the staff employed were suitable to support people using the service.

People's needs were assessed prior to the service being offered. The managing director understood their

responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions.

People told us that staff treated them in a caring way and respected their privacy and supported them to maintain their dignity.

The provider's complaints policy and procedure were accessible to people who used the service and their relatives. People knew how to make a complaint.

Some people using the service and their relatives told us that communication with the office had not always been consistent or resolved issues satisfactorily.

Arrangements were in place to assess and monitor the quality of the service, so that actions could be put in place to drive improvement.

Summary of findings

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.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm.

Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans.

The managing director informed us that staffing levels were kept under review, to ensure there were sufficient staff to support people.

Recruitment procedures ensured that the staff employed were suitable to work with people.

People were supported to take their medicines as prescribed.

Good



Is the service effective?

Staff felt competent in their role as they told us that they had completed relevant training to enable them to care for people effectively.

Staff had an understanding of the principles of the Mental Capacity Act

2005 to enable people's best interests to be met.

People were supported to eat and drink enough to maintain their health.

Staff monitored people's health to ensure any changing health needs were met.

Good



Is the service caring?

The service was caring.

People were treated with respect and dignity.

Staff supported people to maintain their dignity and privacy.

People's personal preferences were met and they were supported to maintain their independence.

Good



Is the service responsive?

The service was responsive.

The support people received generally met their needs and preferences and was updated when changes were identified.

The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns.

Good



Summary of findings

Is the service well-led?

The service was not always well-led.

The service had a registered manager in post. However some people using the service and their relatives felt that the service was not always managed effectively.

Staff understood their roles and responsibilities.

Some people did not receive appropriate communication from office staff and felt that complaints were not always well managed.

Systems were in place to monitor the quality of the service provided.

Requires improvement



Right at Home (Derby)

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 24 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert-by-Experience did not attend the office base of the service, but spoke by telephone with people who used the service and relatives of people that used the service.

Prior to our inspection, we reviewed the information we held about the service. We contacted commissioners and asked them for their views about the service.

Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with five people who used the service. We also spoke with 13 relatives of other people that used the service by telephone. We spoke with the managing director, training manager, care co-ordinator and seven care staff.

We reviewed records held at the service's office, which included four people's care records to see how their care and treatment was planned and delivered. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

Records we looked at showed that staff had identified that one particular medication had been administered by a staff member, to a person which was not in the original packaging that it had been prescribed in. This did not provide assurance that the correct medicine was being administered as instructed by the prescriber. We discussed this with the managing director who confirmed that this would be addressed. Shortly after the inspection we received confirmation from the managing director, that they had taken action to address this. We were told by the managing director that this person's medicine was now being dispensed in the appropriate format by the prescriber, with clear labelled instructions to ensure safe administration.

We looked at how staff supported people to take their medicines. Some people we spoke with told us that they were either supported by staff or their family to take their medicines. They also told us when staff administered their medicines they recorded this. For people who required support with their medicines records were kept of when medicines were administered to them. Staff we spoke with told us that the medicines administration record was kept in the person's home and that this would be signed when people had taken their medicine. This ensured that an audit trail was in place to monitor when people had taken their prescribed medicines. Most staff told us they had undertaken medicine training and records confirmed this. One member of staff told us that they were waiting to undertake training in this area. The training manager told us that staff were required to report any anomalies with medicines administration record to managers for appropriate investigation. Staff we spoke with confirmed this.

Some people told us that staff supported them with the administration of medicines. A relative told us that their family member was supported with their medicines by staff from the service. The relative said, "I have an arrangement with the local pharmacy to send out [Name] tablets. Sometimes they make an error but the carers are on top of it. This morning they found that the medicine had run out because the pharmacy hadn't sent them in time. I had a call from Right at Home (Derby) and we have managed to get them. The manager was on the case right away."

People told us they felt safe with the staff that supported them. One person said, "My carers are fantastic." A relative told us, "There are no problems at all. They are generally on time or if running a little late I get a call."

Staff confirmed they attended safeguarding training. The members of staff we spoke with were able to tell us what actions they would take if they had concerns for the safety of people who used the service. Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. Most of the staff we spoke with were aware of the whistle blowing procedure, so that they could report concerns about poor care in their organisation. However one member of staff told us that they were not aware of this procedure.

People told us that they were supported by staff or family to alleviate risks and provide the feeling of confidence and independence in their own home. There were risk assessments in place in the care records we looked at. One person with complex needs had comprehensive risk assessments in place relating to significant issues which posed a high risk for the person and anyone supporting them. The risk assessments were detailed and signed by each member of staff supporting the person. Only staff who had undertaken behaviour management training were placed to work with this person. Staff we spoke with confirmed this. This was to ensure safety for the person and also for staff. However for another person there was no anxiety management risk assessment in place. We discussed this with the managing director who told us that action would be taken to address this. We spoke with a member of staff who supported this person; they had a good understanding of the person's needs and any trigger factors which may have an impact on their behaviour.

Prior to the inspection visit we received information of concern which suggested that staffing levels were not sufficient and that staff were working long hours. This information was shared with the local authority who visited the service. These concerns were not substantiated.

Most people and relatives who spoke with told us that there had been numerous staff changes in the past 18 months within management and the recruitment of care staff. One relative said, "There was a blip over the summer period when we had various carers and a change in management. However they did respond to our concerns and sorted matters out to our satisfaction. Another relative stated "There have been absolutely no problems. If any

Is the service safe?

emergency cover is needed it is provided at short notice. I would rate them as 9 out of 10. I can't really fault them. [Name] really likes the carer and its peace of mind for me." However another person's relatives felt that the service did not always have sufficient staffing levels, which they believe had resulted in care not being delivered in accordance with the care plan.

We discussed staffing with the managing director, who confirmed that they had an on-going recruitment drive and it was important to recruit the right staff. The managing director stated that in the last four to five months there had been changes in staffing due to people leaving. We were told by the managing director that at the recruitment stage staff were profiled. This enabled management to identify who a prospective staff member would be best matched to support. Some staff we spoke with confirmed that they were matched to people they supported according to personalities and experience. Staff also told us that some people using the service assisted in the recruitment process This was to promote positive working relationships and ensure consistency was provided. One member of staff told us "[Name] interviewed me, as I was initially interviewed to support them."

Comments from staff regarding staffing levels included, "I feel that there are enough staff. You meet the perspective person you will be supporting before you are included on the rota," "I have no reason to think there are not enough staff," "The management are looking for an extra staff member to support [Name], to ensure continuity of care during sickness" and "Staffing levels are fine. If there is any sickness other carer's chip in."

However a few staff felt that the staffing levels were not always adequate. Comments included "Before we support anyone we should have a meet and greet or do a shadow call. This does not always happen," "There are not enough staff in the mornings or afternoon to support [name]. I am

very worried about the safety of people supporting this person" and "[Name] should be supported by two staff from the agency but this does not always happen." We received conflicting information regarding the number of staff which were to be provided by the service at each call to support this person. Staff we spoke with told us that their understanding was that Right at Home (Derby) were to provide two members of staff for each call that they provided.

We contacted the management at the service about this, who informed us that this was not the case as they could not always provide two members of staff due to the complexity of the package. They told us that this information had been shared with the person's representatives. We found overall that there were sufficient numbers of staff to ensure people were kept safe.

People we spoke with and relatives for other people using the service told us that staff carried identification badges. This meant that people using the service were assured that they were being supported by staff from Right at Home (Derby).

Staff told us that they were provided with adequate levels of personal protective equipment by the provider. People we spoke with and relatives for other people using the service confirmed this. They told us that staff wore gloves and aprons when carrying out tasks and they felt that staff were conscious of the need for infection control.

Staff were recruited appropriately to keep people safe. Staff recruitment records we looked at showed the provider had completed checks to assure themselves people employed were suitable to work in the service. All of the staff we spoke with told us that they provided references and completed disclosure and barring (DBS) checks before they started to support people in the community.

Is the service effective?

Our findings

People we spoke with felt that most of the staff providing the service were, friendly, and professional. They also told us that the staff were efficient in the care they provided. A relative stated, “I can see that they [staff] are experienced. They give me advice on any new equipment, such as the electronic bed and are very helpful.”

Staff we spoke with had clear knowledge about people’s individual needs and choices. Staff were aware of people’s health care needs and how they should be supported to maintain their wellbeing and promote their independence. One member of staff said, “The care plans are detailed they clearly tell you what support a person requires and how this will need to be provided.”

We received some information of concern during September 2015 which suggested that the managing director had not undertaken training to support people using the service. This information was shared with the local authority who investigated and informed us that the allegation was not substantiated. As part of this inspection we looked at a sample of training records for the managing director who occasionally supported people in the community. The training records confirmed that the managing director had received training for example in moving and handling and attended SCIP (Strategies for Crisis Intervention and Prevention) training.”

The managing director told us that they had introduced the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. Training records we looked at showed that some staff had completed the Care Certificate, whilst others were working towards the completion of the certificate. This demonstrated staff were supported to develop and keep their learning up to date. Staff told us that they shadowed an experienced member of staff before they started to work alone and that they would usually be introduced to a person as part of a “Meet and greet” before they started to support them.

Most of the staff we spoke with told us that they received the training they needed to care for people. One member of staff said “The training here is on going, it has been really helpful in supporting people. I would say it’s the best training I have had.” Another member of staff stated “The training I have received has helped me to understand

people’s needs and it has been relevant to my role.” However one member of staff stated “The service are not always employing the right staff, they do not have the understanding of complex needs. We have e-learning, which is not an effective way of learning.”

Staff confirmed they had received supervision. Supervisions provide staff with an opportunity to discuss any issues and receive feedback on their performance, which ensures people are cared for by staff that are well supported. One member of staff said, “I have had regular supervision’s with the manager, it’s an opportunity for me to discuss practice issues.” Two members of staff who had recently commenced employment told us that they had not received supervision. They told us that supervision had been planned for them. Following the inspection visit the managing director confirmed supervision had been planned and arranged for these staff members.

Care records we looked at showed that people with high dependency needs had behavioural management plans in place to ensure their safety and the safety of others. Staff we spoke with were able to give detail of how behaviours were managed. Staff who were supporting a person with complex needs had received specialist training to avoid escalation of behaviours. A staff member told us, “It is important to know what triggers potential difficult behaviours. We are aware of these and they are written into behaviour support plans. We divert [Name] to avoid a potentially difficult or harmful situation.”

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 people 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. The managing director confirmed that none of the people the service currently supported lacked capacity to make their own decisions. Records seen demonstrated that people’s capacity to make decisions was incorporated with their support plans. For example care records for one person confirmed that had capacity and stated, “[Name] is able to make own decisions and choices.”

Is the service effective?

Most staff confirmed they had undertaken training in relation to the MCA. Two staff members told us that they had not received training in MCA. The staff spoke with us about people's capacity to make decisions and they demonstrated a basic understanding about the Act. Staff told us that they explained what they were doing and sought people's consent before they provided them with support.

When people needed help with preparing their meals and beverages information was recorded in their records to enable staff to do this in the person's preferred way. This ensured people were supported to maintain a diet that met their needs.

People's health care needs were documented as part of their care plan. People told us that they had access to health care professionals when they needed them, such as the District Nurses, Occupational Therapists or GP. People stated that these were generally co-ordinated by family members or staff from Right at Home (Derby) ensuring appointments were kept. For example people told us that they would be escorted to the surgery by staff where required. Staff confirmed that if they had any concerns about people's health they would inform the manager or the office staff.

Is the service caring?

Our findings

People using the service and other people's relatives described the care and support provided by staff as good. People felt that their privacy, dignity and independence was respected by the staff, who acted in a professional manner. People who received support with personal care told us that staff dealt with this as discreetly as possible. One relative said, "They [staff] have built up a good relationship with [Name]."

Staff we spoke with gave us examples of how they respected people's privacy. One member of staff said, "I will cover the person with a towel when I am supporting them with personal care."

Another member of staff told us, "Respecting people's privacy and dignity is very important, if the person is in the bathroom I will wait outside and will go back when the person is ready." This demonstrated that staff treated people in a dignified manner, respecting their privacy and dignity.

Staff told us that they supported people to maintain as much independence as possible. One member of staff said, "I encourage people to be independent, so long as though they are safe." Another member of staff stated "I encourage people to be independent, giving them time to complete tasks. Another member of staff told us that they were interviewed by a person using the service.

The majority of people we spoke with confirmed that their care records were kept at their home and discussions about general needs took place with the staff. Any new information or changes for example in medication were co-ordinated via the staff to the office. One relative, "I write in the log too, it's a good two way communication between carers and us."

Records showed that the staff worked in partnership with people to ensure they were treated as individuals with their own interests, values and preferences. Information was provided about each person regarding what people liked and how best to support them. Care records we saw showed that people's preferences in relation to their preferred names were recorded in their care records to ensure staff addressed them in their preferred way.

Is the service responsive?

Our findings

Some people told us that they felt the service was responsive. Care records we looked at showed that people's needs were assessed and determined before the service was offered, to ensure people received the right support for them. These records were detailed and person centred, informing staff of the level of support and assistance people required. A relative told us, "A manager talked us through the care plan and it has been reviewed a few times. The office are flexible we can go there or they will come to the house." Another relative said, "Compared to the previous company, they [Right at Home (Derby)] are reliable." Another relative told us that they and their family member had been involved in updating the care plan, so that staff were very clear on how to support the person.

Care records we looked at confirmed this. For example one person's care records showed that there had been a recent review of the package by a senior staff member, family member and the person receiving the service. All aspects of the care plan had been reviewed. The staff also acknowledged that sometimes reviews went to 12 months. Staff responsible for reviewing care packages told us that, reviews usually took place every six month or sooner if there were any change in a person's needs. This showed that peoples care plans were kept under review.

Staff supported and enabled people to take part in interests that were important to them. Staff we spoke with

knew people's preferences for care; this enabled them to provide care that was tailored to people's choices. The care plans we looked at contained information about people's social history and their likes and dislikes.

We saw that people were supported to follow their interests and access community facilities. Care records showed that staff supported some people to access the local community facilities.

A complaints procedure was in place. We were told by the managing director that this information was included in the information given to people when they started receiving a service. Staff we spoke with knew how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share this with the management at the service. All the people we spoke with told us they felt comfortable in expressing any concerns or complaints.

A relative told us that they were not happy with the support that was provided to their family member, they raised this with the service and the matter was resolved. Another relative stated that they had raised issues with the management and there were some improvements.

A system was in place to record any complaints received by the service, this ensured the action taken and outcome was recorded. We looked at a sample of complaints records which showed that these were investigated and responded to appropriately. This showed us that the provider had systems in place to support people in raising concerns or complaints.

Is the service well-led?

Our findings

People using the service and their relatives were clear who the registered manager was. Some people told us that they felt the service was managed well. A relative stated, “I think they are all excellent. The new manager is responsive and certainly making a difference.” However a few people felt that the service was not always being managed well. One person using the service said “It was brilliant before the current changes in management.” Another person stated the staff were not always on time and their calls were not always covered. They said the agency did not notify them on the occasions that they were not able to deliver the care in accordance with the care plan. A relative stated, “The manager listens but doesn’t always take action upon what’s been raised.” Another relative said, “When I ring the office I always speak with a different member of staff so there is never any familiarity. There is still a problem with staff lateness, the care staff don’t turn up on time. The communication is bad, issues are never actioned.”

Some people and their relatives told us communication from the office was not always good. They felt that it was difficult to contact the office staff. For example they told us that when contacting the office on numerous occasions the phone remained unanswered and more especially when trying to obtain the on call service. One member of staff stated, “There are a few inconsistencies with communication, information sharing between office staff and care staff is not always good.” Another member of staff told us “The communication is really bad amongst the staff in the office.”

There was a registered manager at the service, who had been registered with CQC since September 2015. A registered manager is a person who has registered with the CQC to manage the service. Some staff told us they were supported by the management team and said that the registered manager and co-ordinators were supportive. One staff member told us, “Communication is a lot better now, with all the changes in management things are settled.” Comments from other staff we spoke with included, “The manager has been helpful. [name] will help and guide you,” “It’s a brilliant agency, we do make a difference to people’s lives” and “The management are supportive and keep you informed of any changes.” However other staff we spoke with felt that the management were not effective. One member of staff

stated, “The management of the service is not brilliant.” Another member of staff told us, “Since the current manager has been in post, the service is not well-led. Staff no longer have specific roles.” Another member of staff stated, “Management don’t listen to you and are not supportive.” This showed that systems were not always thorough, to ensure effective communication between people using the service, staff and management.

People using the service and some relatives felt that the care provided by the care staff was good. Some people told us that the rota system had improved. One relative said, “They [staff] stick to the rota and are good time keepers.” Another relative told us, “The rota has improved and they send [Name] a copy as well as a copy to myself.” However a few people told us that there were still frequent changes with the rota. Some relatives told us that after notifying the office staff of constant changes to rota’s they saw no improvement. They also felt that there was some inconsistency in the staff that supported them, as in any one week they could have been visited by several different staff from the service. Two of the staff members felt that the current rota system could improve. One member of staff said, “The rota system is not good; we receive the rota on the Thursday which is to be in place the following week. We only have up until Friday morning to notify the office of any changes.” Another member of staff stated, “The rotas do get changed a lot due to staff availability.” This did not ensure that people received continuity in their care.

Regular audits were undertaken to check that people received good quality care. The training manager explained that monthly checks of completed medicine records were carried out; this enabled them to analyse and identify any trends in errors. For example in a recent audit issues were identified and the member of staff responsible was reminded on the importance of completing medicines records accurately when they had administered medicines.

Records showed that incidents, that may have included interventions by staff, were recorded in detail. The records and outcomes were reviewed by senior staff to identify whether lessons could be learned in relation to future behaviours and changes made to the person’s behavioural support plan if needed.

The people who used the service and their families were asked for their views about the

Is the service well-led?

care and support delivered. The managing director told us that they carried out internal and external quality audits. The internal audit carried out by head of compliance took place May 2015, which was generally positive about the service. Satisfaction surveys for 2015 showed that overall people were satisfied with the service provided. We saw that this system was used on an ongoing basis to monitor the service provided and take action as required to improve the service.

The data management systems at the office base ensured only authorised persons had access to records. People's confidential records and staff personnel records were kept securely.