

Hillingdon And Uxbridge Homecare Limited

Right at Home (Hillingdon & Uxbridge)

Inspection report

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Tel: 01895876600

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 26 June 2017 and was announced. At the last inspection on 8 and 9 June 2015 we found the service was rated 'Good' in all key questions and overall. At this inspection, we found the service remained rated 'Good' overall.

Right at Home (Hillingdon and Uxbridge) is a domiciliary care agency providing a range of services including personal care for people in their own homes. The people using the service were either privately funding their own care or used direct payments.

At the time of our inspection, the agency provided approximately 600 hours of support on a weekly basis to 19 people.

The agency had ensured staff attended all scheduled calls, however, at times staff arrived later than agreed. The agency was working towards addressing this matter through recruitment of new staff members and modifying current rotas in order to extend travel time between calls and to ensure all visits took place on time and as agreed.

The management team appropriately dealt with all safeguarding concerns, accidents, incidents and complaints raised by the people using the service and their relatives. By doing so, they ensured the concerns were fully investigated and actions were taken to prevent such situations from happening in the future.

The agency had assessed risks to the health and wellbeing of people who used the service and staff had clear guidelines on how to support people safely.

The provider had an appropriate recruitment procedure in place which they implemented to ensure only suitable staff were appointed to work with people who used the service.

The provider had arrangements to ensure medicines were managed in a safe way and people received their medicines as prescribed.

Staff received regular training and support so they developed the skills and knowledge they needed to carry out their roles and responsibilities effectively.

The agency was working within the principles of the Mental Capacity Act 2005 (MCA) and care had been planned in the best interests of people who used the service. Staff asked people's consent before providing care and support.

People's health and wellbeing was monitored on a daily basis and staff alerted the agency and other professionals if someone's health needs changed.

People told us that the staff really cared for them and they treated them with care and respect at all times. Staff spoke with compassion and warmth about people they cared for. The service delivered sensitive and caring support to people.

The service had a strong and visible person-centred culture to ensure that people felt they were valued and they mattered. Staff continuously empowered people to enable them to live better and comfortable lives.

People received person centred care that reflected their care needs and individual preferences. People told us their care and support had been discussed with them and they took part in the planning and reviewing of their care.

The provider had a complaints policy and people and their relatives were satisfied with how the agency had dealt with any concerns they had raised. The provider had asked people about their feedback on care and support provided by the agency to identify any areas that might need to be improved.

The management team promoted an open door policy where they encouraged staff to have their say about any issues and difficulties they might have in relation to their professional role and responsibilities.

Staff thought the agency was well-led and they praised the support they received from both the provider and the registered manager.

Staff told us they worked well as a team and there was on-going and effective communication between the staff and the managers.

The provider had a variety of effective systems in place to monitor the quality of the service provision.

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.

The agency was working towards making sure all scheduled calls took place on time and as agreed.

The agency had procedures regarding safeguarding adults and the staff were aware of these.

The agency had assessed risks to the health and wellbeing of people who used the service and staff had guidelines on how to support people safely.

The agency had robust recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service.

The provider had arrangements to ensure people received their medicines in a safe way.

Good 

Is the service effective?

The service was effective.

Staff received appropriate induction and training and were able to meet people's needs effectively.

Staff received regular supervision and appraisal of their work to ensure the best possible support was provided for people they cared for.

The agency was working within the principles of the MCA and care had been planned in the best interests of people who used the service.

Staff supported people in maintaining good health and in having access to healthcare professionals when required.

Good 

Is the service caring?

The service was exceptionally caring.

Outstanding 

People told us that the staff really care for them and they treated them with care and respect at all times. The agency regularly went above and beyond the agreed care package to deliver sensitive and caring support to people.

The service had a strong, visible person-centred culture and went the extra mile to ensure that people felt they were valued and they mattered.

Staff continuously empowered people to enable them to live better and comfortable lives.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care that reflected their care needs and individual preferences.

People's care was regularly reviewed and people and their relatives were involved in the review process.

The agency had a complaints procedure in place and dealt with complaints in a timely manner.

The provider had regularly asked people about their feedback on the care and support provided by the agency to identify any areas that might need to be improved.

Is the service well-led?

Good ●

The service was well led.

The management team promoted an open door policy and staff were encouraged to discuss any matters related to their professional role and responsibilities.

Staff were pleased with the support they received from both the provider and the registered manager.

Staff worked well as a team and there was on-going and effective communication between the staff and the managers.

The provider had a variety of effective systems in place to monitor the quality of the service provision.

Right at Home (Hillingdon & Uxbridge)

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 26 June 2017 and was announced. We gave the agency 48 hours' notice because the location provides a domiciliary care agency and we wanted to make sure someone was available to talk to us during our inspection.

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we carried out telephone interviews with nine people using the service and one relative of a person.

Additionally, we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit, we spoke with the managing director, the registered manager and two members of the staff team.

We looked at records which included three people's care records, recruitment records for four staff members, training and supervision records for four staff members, and other documents relating to the management of the service, such as, medicines, recruitment, staff training and supervision audits.

Following the inspection, we contacted two staff members who gave us their feedback on their experiences

of working for the agency. We also contacted five external professionals, three of whom gave us feedback on the agency.

Is the service safe?

Our findings

People told us that staff had always attended agreed calls, however, at times staff were late. People's comments included, "They try their best to get here on time but that is not always possible. Not that often just now and again and they will always get here" and "Sometimes they can be a little late but usually they come on time. So far they have never missed a visit." The provider had a computer-based system in place to enable the registered manager to monitor calls and to ensure that all calls were covered and staff members knew who they were assigned to visit that week. The system showed live information about where each staff member was and if they were late for a visit this set off an alert which the registered manager responded to. The registered manager told us they were currently working towards reducing staff's lateness. They were in the process of recruiting new staff members and modifying current rotas in order to extend travel time between calls and to ensure all visits took place on time and as agreed.

People who used the service told us they felt safe with staff that supported them. People's comments included, "I have had nothing to be alarmed about." and "Yes I do [feel safe], they know how to take care of me."

The provider had policies and procedures to help keep people safe from harm and abuse. The management team carried out investigations into all safeguarding concerns which were recorded and stored in the agency's central safeguarding folder. Since our last inspection the agency has had two safeguarding concerns that had been dealt with according with the agency's safeguarding policy.

Staff members we spoke with were able to describe potential signs of abuse and were aware of the agency's safeguarding policies and procedures. Staff's comments included, "We need to ensure that people who use the service are safe from any potential harm. If I had any concern I would immediately speak to my manager or relevant external services" and "Safeguarding means ensuring safety of our clients and being aware of any signs of potential abuse. If I had any concerns I would first ensure that the person was safe and I would inform my manager immediately." Records showed that all staff employed by the agency had received safeguarding training.

The agency had assessed risks to the health and wellbeing of people who used the service. Assessed risks included management plans which gave staff information on how to support people in order to minimise identified risks. Risk assessments we saw included the risks associated with the environment people lived in, manual handling, falls prevention and medicines administration. All of the risks had been reviewed in six monthly care reviews or earlier if a person's risks had changed.

Staff we spoke with told us they were aware of identified risks to the health and wellbeing of people they cared for as they read people's care files and spoke to people or their relatives about it. One staff member told us, "I know about the risks as I read people's medical history and I checked their care files for details."

The provider had an appropriate recruitment procedure in place to ensure only suitable staff were appointed to work with people who used the service. We looked in the personal files for four staff members

and we saw that required recruitment paperwork was in place. These included up to date criminal record checks, references from previous employers and a detailed history of previous education and employment.

Staff supported some people with their prescribed medicines. Staff recorded each medicine's administration on Medicines Administration Charts (MARs). We looked at a sample of such records for one person and we saw that they were completed as required. Records showed that all staff employed by the agency received medicines administration training. All of the staff we spoke with were able to demonstrate a good understanding of the agency's policies and procedures relating to the safe management of medicines.

Is the service effective?

Our findings

People who used the service and their relatives thought staff had the skills to support people effectively. People's comments included, "Yes I am happy with the work they do, they take care of me" and "They work really hard and try to do all the things I need."

New staff undertook an in-depth induction that consisted of training the provider considered mandatory and shadowing more experienced colleagues. The registered manager told us they accompanied new staff members during their initial visit at people's homes in order to assess their skills and identify if any additional training was required. Records showed and all of the staff we spoke with confirmed that their competencies were checked before being allowed to work with people independently.

Other staff received regular mandatory, refresher training and additional training that was required to support people in a safe and effective way. These included moving and handling, first aid, safeguarding, medicines administration and resuscitation training.

All of the staff we spoke with told us they felt supported by other staff members and the management team. Their comments included, "Oh yes, we are fully supported. The management team is approachable and they take note of everything you tell them. We also have a communication group on our mobiles and we effectively communicate about anything work related" and "I have regular contact with the registered manager who is often in the field supporting staff. They are always at the end of the phone to help."

Records showed that staff received regular supervision and a yearly appraisal of their work. Staff were also supported through regular spot checks as well as mobile phone group chat and team meetings where staff could discuss matters relating to their professional role and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found the agency was working within the principles of the MCA. The majority of people receiving support from the agency had capacity to make decisions about their care and treatment. The registered manager told us if someone using the service had been identified as not having capacity, a mental capacity assessment was carried out and outcomes were recorded in people's care files. By doing so, the agency ensured where people lacked capacity to make decisions and were unable to consent, there was a record showing that care had been planned in their best interests by the agency and the person's representative. We looked in people's files and we saw evidence that records were maintained where a mental capacity

assessment and best interests decision had been carried out.

People told us staff asked their consent before providing care and support. People comments included, "Staff talk to me about what I want before helping me. Like do you want a shower or a cup of tea or something else" , "Yes they ask me first before we do anything" and "Yes of course they have to otherwise I would complain."

Staff received the MCA training and they were able to demonstrate good awareness of the principles of the Act. Staff comments included, "If a person does not have capacity to make decisions, you always need to give them a choice as they can make decisions relating to their everyday life", "We need to respect that people have the right to make their own decisions. Every decision must be made in a person's best interests."

People were supported to maintain a nutritious and balanced diet. Some people required staff support at mealtimes, such as warming up already prepared food of their choice. People's nutritional needs and personal preferences were recorded in their care plans. People confirmed staff supported them with food and drink as agreed in their care plans. People's comments included, "They will give me breakfast and will heat something up in the evening" and "Yes they will heat up microwave meals for me".

People using the service confirmed that staff looked after them when they needed additional support. One person using the service told us, "They have called a doctor before when I felt unwell." People's healthcare needs were recorded in care plans and the daily care notes indicated that staff monitored these. We saw evidence that staff had taken prompt action to support people and appropriate referrals had been made when people felt unwell and their health needs had changed. For example, one person using the service had been using specialist equipment to maintain good health and wellbeing. A staff member noticed the equipment was not working properly and the person was at risk of their health rapidly deteriorating. The staff had immediately raised the alarm with a health professional who visited and supported the person the same day.

Is the service caring?

Our findings

People using the service told us they liked the staff who supported them and they felt really cared for. Some of the comments included, "[Staff are] very nice and helpful and will try and do whatever they can for me", "I like most of them, really helpful and friendly. Very caring" and "Yes they are always very respectful to me. In the way they talk to me and understand my needs."

Staff spoke with care, compassion and respect about people they cared for. Their comments included, "All of us love our clients. When they are in hospital, we bring them food, if they don't have food at home we buy it for them. We do it from our heart", "I love my job. I think it is because I make a difference to people's life" and "We visit people in their homes. Whatever we do we need to reassure them that this is their home and they make all decisions here."

We saw evidence of and heard about examples where staff had gone the extra mile to support people and had made a difference in people's lives. For example, one person's health had rapidly deteriorated and they were taken to hospital where they stayed for few days, as their health was not improving. The family had contacted the agency asking if a staff member could visit this person in hospital. They thought the person had a positive relationship with the staff and their presence could help the person to get better. The registered manager went to the hospital and spent some time with the person, holding their hand and saying their name. The person had responded by moving their head and opening their eyes. The person's health soon improved. The family commented that it was the registered manager's presence that influenced positively the person's wellbeing.

In another example, a staff member had alerted the agency that a person using the service had been living in very poor conditions. The agency had alerted relevant services and without further delay, they had attended the person's home, cleaned it and put appropriate arrangements in place to ensure the person was safe and comfortable. The agency had also covered all costs included in addressing the issue. The registered manager told us, "The cost in calling [external services] was not of importance to Right at Home Uxbridge at the time. We were only thinking of our client's safety."

The service had a strong, visible person-centred culture and went the extra mile to ensure that people felt they were valued and they mattered. For example, one person using the service had not had close family and friends to support them. The agency's staff went beyond their care duties to offer care that was kind and considerate. On the person's birthday, the agency's staff had bought a present and organised a surprised birthday party for them. The person later commented that this was the only birthday acknowledgement that they received on that day and they felt very happy. A second person using the service had a very important event to attend but they had nobody to support them. This made them very anxious and upset. They had contacted the agency asking if staff could accompany them to the event. The agency had arranged transportation for the person and allocated a staff member to accompany them to the event. The person later on said that this had made their day.

The registered manager told us about other occasions when staff celebrated with people their birthdays and a variety of traditional festivals. We saw photographs of these various events confirming that people had been involved in such activities and they enjoyed them.

The agency ensured that people were looked after in the best possible way at any stage of their engagement with the agency. The registered manager told us they ensured that when people were to be discharged from hospital the agency would contact the ward to enquire if all arrangements had been put in place for the person to return home. The staff would also do grocery shopping and visit the person shortly after their arrival home. This meant there was a friendly face welcoming them and they had sufficient food and drink at home.

Staff supported people to make decisions about their own care, treatment and support. For example, the provider told us about one person using the service who had the capacity to make decisions regarding their care and treatment and they decided they did not want to attend doctor's health checks. The agency's staff discussed this with the person and respecting the person's choice staff offered them the support to build the person's confidence and lower the anxiety when attending health appointments. Staff accompanied the person to numerous doctor's visits, consequently the person's confidence increased and they later said they were proud of their progress.

We looked at samples of quality assurance questionnaires where people had expressed their appreciation and satisfaction with the support received from staff that cared for them. We saw that people felt empowered by staff to live better and comfortable lives. Some of the comments included, "When I came from hospital I couldn't bath, but staff encouraged me and now I bath every day" and "staff motivate me a lot and this has made my life a quality kind of life that I love." Staff we spoke with told us they aspired to empower people and promote their independence at all times. They said, "I encourage people at all times to be independent and to do what they can, for example, make food and wash themselves. I will reassure them saying, 'You can do it'", "I always encourage people and give them the choice. Sometimes if you do things for people, they don't like it. I just sit next to them and support them" and "We always give people choice, for example what they would like to wear or eat."

People using the service and their family members told us staff respected people's privacy and dignity. Their comments included, "Yes they will close the door when I am getting changed" and "Yes they always pull the curtains when they are changing my relative". All staff we spoke with told us, respecting people's privacy and dignity was important to them. They said, "If I help with personal care I make sure I ask people how they would like things to be done. I want to enable them to take the lead" and "I always encourage people to do as much as possible for themselves so they feel valued and they are in control."

Is the service responsive?

Our findings

People received person centred care that reflected their care needs and individual preferences. The registered manager told us they had visited each new person before the start of their care package in order to assess the person's care needs and ascertain their preferences, to ensure that the agency was able to offer the support required. The information gathered was then used to formulate a person's care plan. We saw that care plans were holistic, person centred, and they contained information on people's care needs and preferences. These included people's dietary requirements, mobility levels, daily goals and routines. The care plans we saw, also included information on people's past occupation, social links and circumstances and religious and cultural preferences.

People told us their care and support had been discussed with them and they took part in planning and reviewing of their care. Some of their comments included, "Yes I created one [care plan] together with them [the agency] when I started" and "Yes me and my relatives sat with them [the agency] and we did it together". A relative told us, "Yes the care plan is in my relative's folder. Yes, we sat down and sorted out what care my relative needed and what stage they were at."

The care plans we looked at were comprehensive and consisted of detailed guidelines for staff on how to support people in the way that was responsive to their needs. For example, one person's care plans stated that the person was independent but needed some support with preparing their meals. Their care plan consisted of detailed information for staff on how the person liked their meals to be served. A second person's care plan stated they needed staff support, as they were not able to mobilise independently. Their care plan included details for staff on how to move the person and what equipment was required to transfer the person safely.

Staff told us they knew about people's care needs and preferences as they read people's care plans and regularly spoke to them and their relatives. Staff also told us they communicated well as a team to ensure every staff member was aware of people's changing needs. Some of staff comments included, "I read care plans to get to know a person and find out what their needs are", "I read about people's history and I check their folder for any care plan updates. People like me because I always ask how they would like things to be done." and "Before I work with a new person I always read their care plan. It tells me exactly how people want us to support them."

Records showed that care plans had been reviewed regularly and the review documents consisted of comprehensive information on changes relating to person's care and the support required.

The provider had commissioned an external organisation to carry out an independent survey of people's experiences of the care and support provided by the agency. The registered manager told us they were still awaiting the results from the survey. We looked at other documents containing feedback about the support received by people who used the service. These included completed quality assurance questionnaires and "thank you" cards received by the agency from people and their relatives. The overall feedback was positive and people spoke with compliments about the care and support received from the agency. Some of the

comments included, "I am getting the best care I need and I know if there is any concern I can speak to the registered manager" and "The care and compassion extended to my relative over recent days has been very much appreciated."

The provider had a complaints procedure that was made available to people at the start of their care package. People using the service and their relatives told us they knew who to speak with if they had any concerns and felt they were listened to. Some of their comments included, "I haven't needed to complain. I would phone the office and talk to the manager" and "I have complained once. I didn't like one of the carers. I have never seen them again so I think it was dealt with."

Is the service well-led?

Our findings

The agency was run by the provider and by the registered manager. They both had a good knowledge of their roles and responsibilities about managing the service they provided.

Both the provider and the registered manager spoke fondly about people using the service and the staff and they recognised the importance of supportive and firm leadership. They told us they promoted an open door policy where they encouraged staff to have their say about any issues and difficulties they might have had in relation to their role and responsibilities. The provider told us, "Our care staff are our ambassadors and we need to look after them."

Staff employed by the agency thought the agency was well-led and they spoke in a complimentary way about the support they received from both the provider and the registered manager. Some of staff comments included, "I think the agency is well-led. I feel confident being led by both managers", "The managers go beyond and above what they need to. They are very good and always at the end of the phone" and "Staff do not argue. Top management is organised, therefore, bottom team is also organised."

Staff told us they worked well as a team and there was an on-going and effective communication between the staff and the managers. The provider and the registered manager told us they ensured staff were always informed about any matters relating to the service provision. This was achieved through regular team meetings, and a mobile communication group that was set up to quickly share information about the changing care needs of people who used the service. Some of the staff's comments included, "The team communicates brilliantly and very quickly", "There is good communication between staff and management. Oh yes there is a good team work. We have meetings once a month and we chat on the mobile phone group" and "We can raise our concerns on the mobile phone group and the management consults us if they want us to do things differently with clients."

The provider had a variety of systems in place for monitoring the quality of the service provision. These included medicines, recruitment, staff training and supervision audits. The registered manager also provided us with a copy of the latest action plan formulated as a result of an audit carried out by an external auditor in November 2016. The action plan consisted of clear information on what area of the service delivery required improvement and date by when the improvements were to be completed. The registered manager informed us that the majority of identified areas had already been addressed.

The registered manager undertook regular spot checks of care staff at people's homes to monitor the way the staff engaged and cared for people who use the service and to check if there were any concerns or issues that needed to be addressed, such as whether there were additional training needs for staff. Records showed that the agency had dealt promptly with any issues raised and people and their relatives had been happy with the actions that had been taken.

The Care Quality Commission (CQC) awards rating following each inspection of a registered service. The law requires providers to display this rating conspicuously and legibly at each location delivering a regulated

service and on their website. Prior to the inspection we had checked the provider's website and found that the rating from the last inspection in June 2015 had been appropriately displayed with a link to the inspection report.