

High Quality Care and Companionship Ltd

Right at home (Harrow)

Inspection report

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Ratings

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

Summary of findings

Overall summary

We undertook an announced inspection of Right at Home (Harrow) on 13 June 2016. Right at Home (Harrow) is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection the service provided care to approximately 58 people.

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.

The service was registered with the CQC in June 2014. This inspection on 13 June 2016 was the first inspection for the service.

Some people who used the service were unable to verbally communicate with us due to their mental capacity. We therefore spoke with relatives of people who used the service. People and relatives told us that they were satisfied with the care and services provided. They said they were confident that people were treated with respect and they were safe when cared for by care workers. They spoke positively about care workers and management at the service.

Systems and processes were in place to help protect people from the risk of harm and care workers demonstrated that they were aware of these. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risk assessments had been carried out and care workers were aware of potential risks to people and how to protect people from harm. These included details of the triggers and warning signs which indicated when people were upset and how to support people appropriately.

We checked the arrangements in place in respect of medicines. Care workers had received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that all with the exception of one of these were completed fully. We found the service had an effective medicines audit in place.

People told us their care workers turned up on time and they received the same care worker on a regular basis and had consistency in the level of care they received. This was also confirmed by relatives we spoke with. The service had a system in place to monitor care workers punctuality.

People and relatives told us that they were confident that care workers had the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working for the service and said that they received support from management and morale amongst staff was positive.

Care workers had a good understanding of and were aware of the importance of treating people with respect and dignity. Feedback from relatives indicated that positive relationships had developed between people using the service and their care worker and people were treated with dignity and respect.

People received care that was responsive to their needs. People's daily routines were reflected in their care plans and the service encouraged and prompted people's independence. Care plans included information about people's preferences.

The service had a complaints procedure and there was a record of complaints received. People and relatives spoke positively about the service and told us they thought it was well managed. There was a clear management structure in place with a team of care workers, office staff, the registered manager and the director.

Staff were informed of changes occurring within the service through regular staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service people received through review meetings, telephone monitoring and satisfaction surveys. Records showed positive feedback had been provided about the service. The service also undertook a range of checks and audits of the quality of the service and took action to improve the service as a result.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People and relatives we spoke with told us that they were confident that people were safe around care workers and raised no concerns in respect of this.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service.

Is the service effective?

Good ●

The service was effective. Staff were aware that when a person lacked the capacity to make a specific decision, people's families and health and social care professionals would be involved in making a decision in the person's best interests.

Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt well supported by their peers and the registered manager.

People's health care needs and medical history were detailed in their care plans.

Is the service caring?

Good ●

The service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity.

Staff told us they gave people privacy whilst they undertook aspects of personal care.

Staff were able to form positive relationships with people.

Is the service responsive?

Good ●

The service was responsive. Care plans included information about people's individual needs and choices.

The service carried out regular reviews of care to enable people to express their views and make suggestions.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well led. Relatives spoke positively about the management of the service.

The service had a clear management structure in place with a team of care workers, office staff and the registered manager.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

Right at home (Harrow)

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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 13 June 2016. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people.

During our inspection we went to the provider's office. We reviewed seven people's care plans, eight staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Some people who used the service were unable to verbally communicate with us due to their mental capacity. We therefore spoke with some people's relatives. We spoke with four people who used the service and four relatives of people who used the service. We also spoke with seven members of staff including three care workers, one senior support worker, one office staff, the registered manager and director.

Is the service safe?

Our findings

People who used the service told us that they felt safe around care workers. One person said, "I am absolutely safe." Another person told us, "Yes I do really feel safe." Another person said, "I certainly feel safe." Relatives of people who used the service told us they were confident that people were safe around care workers and they raised no concerns about the safety of people. One relative said, "My [relative] is definitely safe around the care staff." Another relative said, "I am confident my [relative] is safe."

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. The policy referred to the local authority, police and the CQC. Information about safeguarding procedures within the service was clearly detailed in the service user guide which was provided to all people who used the service. Care workers had received training in safeguarding people and training records confirmed this. Care workers were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the CQC.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff we spoke with were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service for example in relation to falls prevention, the environment, medicines and moving and handling. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for care workers on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition and we saw evidence of this.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The director and registered manager told us that they were safely able to meet people's needs with the current number of care support staff they had. People received care from the same care workers on a regular basis and had consistency in the level of care they received. One person told us, "I mostly have the same carer and they are always on time." Another person said, "They arrive on time and I have a regular care worker." Relatives also confirmed to us there were no issues with timekeeping. One relative said, "They are never late. They always arrive on time."

We asked the director and registered manager how the service monitored care worker's timekeeping and whether they turned up on time or were late. They told us the service used an electronic homecare monitoring system which would flag up if staff had not logged a call to indicate they had arrived at the

person's home or that they were running late. If this was the case, the registered manager told us they would ring the care worker to ascertain why a call had not been logged and take necessary action there and then if needed.

We looked at the recruitment process to see if the required checks had been carried out before care workers started working with people who used the service. We looked at the recruitment records for eight members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for care workers.

There were suitable arrangements for the administration and recording of medicines. There was a comprehensive policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines and knew the importance of ensuring that administration records were signed and medicines were administered. We looked at a sample of eight medicine administration records (MARs) for various people and saw that seven of these had no gaps. One MAR had gaps but we noted that these gaps were on days where the service did not provide care to the person. We spoke with the director and registered manager about this and they explained that they would ensure that MARs clearly detailed that these medicines were not administered when care workers did not provide care on those days. We also noted that some of the MARs we looked at had a "X" marked in some boxes. It was however not clear on the MARs what this meant. The registered manager explained that this meant that care was not provided to the person on that particular day. She confirmed that this would be made clear on the MARs in future.

We saw evidence that the service had a system for auditing medicines. We also noted that where the service had identified any mistakes or issues with the MARs, they recorded the action required and what actions had been completed.

The service had an infection control policy which included guidance on the management of infectious diseases. Care workers were aware of infection control measures and said they had access to gloves, aprons and other protective clothing. People who used the service told us that care workers observed hygienic practices when providing care.

Is the service effective?

Our findings

People who used the service told us that they had confidence in care workers and the service. One person said, "I am exceedingly pleased with the care. They are absolutely wonderful. I can't fault them." Another person told us, "I am very happy with the care. The care is excellent." Relatives of people who used the service told us they were satisfied with the care provided. One relative said, "I am happy with the care. I am so pleased with the care. It is fantastic. Brilliant." Another relative told us, "Overall I am satisfied with the care. It is a high standard of care."

People and relatives also told us that they were confident that staff had the necessary knowledge and skills to carry out their roles effectively. One person told us, "They really know what they are doing." One relative said, "They are super experienced. They know what they are doing."

Records showed that care workers had undertaken an induction when they started work and completed training in areas that helped them to provide the support people needed. We asked care workers if they thought the induction they received was adequate and prepared them to do their job effectively and they confirmed this. All care workers spoke positively of the induction. One care worker told us, "The induction was brilliant. It was helpful. I learnt a lot."

Care workers received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training records showed that care workers had completed training in areas that helped them to meet people's needs. Topics included moving and handling, safeguarding adults, infection control, first aid and health and safety. All care workers spoke positively about the training they received and said that they had received the training they needed to complete their role effectively. One care worker said, "The training was so helpful compared to other places I have worked. The standard of training is very good here." Some care support workers were in the process of completing the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

There was evidence that care workers had received regular supervision sessions and this was confirmed by care workers we spoke with. The registered manager explained to us that care workers received a supervision session every twelve weeks and a spot check every eight weeks. She explained that they supervised staff through a mix of supervision sessions and spot checks. Supervision sessions enabled care workers to discuss their personal development objectives and goals. We also saw evidence that care workers had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

Staff we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the service. One member of staff told us, "I have progressed here and moved up. I enjoy it here. Management are hands on and staff appreciate this. Management are very much supportive." Another member of staff said, "This is a great place to work. Management recognise our work and tell us about positive feedback we receive. We work well as a team. Morale is good." Staff told us that they felt that

there were good opportunities for them at the service and said that there were progression opportunities. The director explained that when recruiting staff they looked for people who were "caring and willing to go the extra mile."

Care workers told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans contained information about people's health and medical conditions.

We spoke with the director and office manager about how the service monitored people's health and nutrition. They explained that care workers prepared food for people where this was detailed in their care plan. We saw evidence that the service kept a record of people's food intake on the daily communication sheet. The director explained that if care workers had concerns about people's weight they were trained to contact the office immediately and inform management about this. Care workers we spoke with confirmed this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin. People spoke positively about the food that care workers prepared. They told us that they asked them what they wanted to eat. One person told us, "The food is excellent. They prepare what I like."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had knowledge of the MCA and training records confirmed that they had received training in this area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

Care plans included information about people's mental health and their levels of capacity to make decisions and provide consent to their care. We found that care plans were signed by people or their representative to indicate that they had consented to the care provided.

Is the service caring?

Our findings

People and relatives we spoke with told us that they felt the service was caring and spoke positively about care workers. One person said, "My carer is respectful, caring and polite. They brighten up my day." Another person told us, "Care staff are kind and caring. They are very, very good." Another person told us, "Staff are caring and patient. They go over, above and beyond." One relative said, "They are genuinely caring. They are so careful and patient."

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Each care plan included information about cultural and spiritual values. One relative we spoke with told us, "They really respect our cultural needs." The service had a policy on ensuring equality and valuing diversity. Staff informed us that they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances. The director explained to us that equality and diversity was at the forefront of the care they provided. She explained that staff always asked people about their preferences and respected each person's individual needs.

We saw that each member of staff had signed a document titled "Right at Home care giver promise". This was a declaration signed by staff to promise that they would provide care that was focused on quality, reliability, communication, safeguarding, equality, diversity and confidentiality. The director explained that this document ensured that staff were aware of their responsibilities and what was expected of them when working for the service.

There was documented evidence that people's care was reviewed regularly with the involvement of people and their relatives and this was confirmed by people and relatives we spoke with. These meetings enabled people and their relative's discuss and review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

People and relatives we spoke with were all familiar with the director and the registered manager and said that they were able to contact management if they had any queries. The director explained that they ensured that staff discussed people's care with them and tailored their care according to what their individual needs were.

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about the ethos of the service which was, "Our mission is to improve the quality of life for those we serve." The director also explained that the service aimed to be "perfect" and provide a personal touch when caring for people.

Care workers were aware of the importance of ensuring people were given a choice and promoting their independence. Care workers were also aware of the importance of respecting people's privacy and maintaining their dignity. Care workers told us they gave people privacy whilst they undertook aspects of personal care. They gave us examples of how they maintained people's dignity and respected their wishes.

One member of staff told us, "I always talk to people about what they would like and make sure their needs are met. I always ensure people are treated with respect and dignity when providing personal care. I treat people as individuals." Another member of staff said, "It is important to promote people's choice and independence and encourage them to do as much as they can. Choice is important."

Is the service responsive?

Our findings

People and relatives of people who used the service told us that they were satisfied with the care provided by the service and said that the service listened to them if they had any concerns. One person said, "They listen to me and respond to what I want and need." One relative told us, "They really respond to my [relative's] needs." Another relative said, "My [relative] has complex needs and they really do know how to manage her. Staff know what they are doing."

We looked at seven people's care plans as part of our inspection. Care plans consisted of a care needs assessment, a support plan and risk assessments. The care needs assessments provided information about people's medical background, details of medical diagnoses and social history. The care needs assessment also outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. The director stated that before providing care, the service assessed each person and discussed their care with them and their relatives and this was confirmed by relatives we spoke with. The director also said, "We only take people if we can provide good care to them."

Individual care plans were then prepared and they addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. We found that these were individualised and specific to each person and their needs. Care plans included information about people's preferences, their likes and dislikes. We found that each person had a "one page profile" that detailed who the person is, what is important to them, their overall goals and daily goals.

Daily communication records were in place which recorded visit notes, daily outcomes achieved, meal log and medication support. The registered manager explained that these assisted the service to monitor people's progress. We noted that these were completed in detail and were up to date.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed reviews of people's care plans and care provided had been conducted. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

The service has clear procedures for receiving, handling and responding to comments and complaints. People and relatives we spoke with told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed. Records showed that the registered manager investigated and responded appropriately when complaints were received and resolved matters satisfactorily.

Is the service well-led?

Our findings

People and relatives spoke positively about the service and told us they thought it was well managed. One person said, "Management are very hands on. They are fantastic and easy to talk to." Another person told us, "Excellent management. They go over, above and beyond." One relative said, "Management are good. They listen and take things on board." Another relative told us, "They are transparent and really do take things on board and listen. I am confident that management would deal with issues and I have confidence in the [director]."

There was a clear management structure in place with a team of care workers, senior support worker, office staff, registered manager and the director. Staff spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns. They also told us that the service was organised well. One care worker told us, "The agency is very well organised. They listen to me and I feel able to go to them with queries. They are approachable and professional." Another care worker said, "It is brilliant working here. It is organised very well. I feel appreciated by management." Another care worker told us, "Communication is excellent. They pass information to us."

Staff were informed of changes occurring within the service through staff meetings and we saw evidence that these meetings occurred regularly. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. Weekly management meetings were held so that the management team could discuss higher level issues. Staff we spoke with confirmed this and told us that there was an open culture at the service.

Systems were in place to monitor and improve the quality of the service. We found the service had a system in place to obtain feedback from people about the quality of the service they received through review meetings, telephone and visit monitoring. These were all documented and confirmed by staff we spoke with.

Records showed that spot checks were carried out to assess care worker's performance when assisting people with personal care in the person's home. The checks were comprehensive and staff were assessed in areas such as timekeeping, how they communicated with people and how efficiently tasks were undertaken.

The service carried out a yearly satisfaction survey for people who used the service and relatives. The last survey was carried out in November 2015 and we noted the feedback obtained was positive. The results indicated that 100% of people were "likely to recommend the service" and 95% of people questioned "agree that care givers have an excellent understanding of their care needs."

The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, complaints/compliments, staff files, medicines and training.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

The service had a system for recording accidents and incidents and then analysing them to prevent them reoccurring and to encourage staff and management to learn from these.

People's care records and staff personal records were stored securely in the provider's office which meant people could be assured that their personal information remained confidential.