

Red Rose Homecare Ltd

# Right At Home (East Lancashire & Ribble Valley)

## Inspection report

15 Whalley Road  
Wilpshire  
Blackburn  
Lancashire  
BB1 9LQ

Tel: 01254658899

Date of inspection visit:  
07 December 2017

Date of publication:  
09 January 2018

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

# Summary of findings

## Overall summary

The inspection visit took place on 07 December 2017 and was announced.

Right At Home (East Lancashire & Ribble Valley) is a domiciliary care agency. It provides personal care to people living in their own houses, flats in the community and specialist housing. It provides a service to older adults and younger disabled adults. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for people supported in their own homes; this inspection looked at people's personal care and support. At the time of the visit there were 45 people who used the service. Staff employed at this service were referred to as 'caregivers'.

At the last inspection in October 2015 the service was rated 'Good' with outstanding in responsive and was meeting the regulatory requirements relevant at that time. At this inspection in December 2017, the service had successfully retained an outstanding rating in responsive. The service remained 'Good'.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Recruitment checks were carried out to ensure suitable people were employed to work at the service.

Staff skills knowledge, training and support demonstrated a commitment to providing outstanding care which was embedded into the practices of the staff and the management team. The service put people's views at the forefront of the service and designed the service around their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Risk assessments had been developed to minimise the potential risk of harm to people who used the service. These had been kept under review and were relevant to the care and support people required.

Care plans were well written in a person centred manner detailing how people wished to be supported. People who received support, or where appropriate their relatives, were involved in decisions and consented to their care. People's independence and choice was promoted. There was an exceptional drive to maximise people's independence and significant efforts to promote social inclusion. This was supported by a highly motivated staff team that took a person centred approach to their role. Feedback and comments from people was extremely positive.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

We found people had been assisted to have access to healthcare professionals and their healthcare needs were met.

We received mixed feedback from people regarding visiting times. However, there was no significant impact on people's outcomes.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered manager and the nominated individual used a variety of methods to assess and monitor the quality of service provided to people. These included regular internal audits of the service, satisfaction surveys to seek the views of people about the quality of care being provided. The feedback from the surveys was exceptionally positive.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains outstanding.	<b>Outstanding</b> ☆
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Right At Home (East Lancashire & Ribble Valley)

## **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 site visit took place on 07 December 2017 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 07 December 2017 to see the manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of one adult social care inspector and one 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 service.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service.

The inspection was also informed by feedback from questionnaires completed by a number of people using services. This complimented the service and its staff on their ability to provide consistent care

demonstrating excellent skills and knowledge.

We contacted nine people who used the service, via telephone interviews. We also spoke to two staff members face to face. In addition we emailed all staff who worked at the service and received feedback from seven staff. We spoke with the managing director, care coordinator, the franchise director, training officer and the registered manager.

We looked at the care records of five people who used the service, training and four recruitment records of staff members and records relating to the management of the service. We also contacted the safeguarding department at the local authority and Healthwatch to ask them about their opinion of the service.

## Is the service safe?

### Our findings

People told us they felt safe using the service because they trusted the staff that supported them. Comments from individuals who used the service included, "Yes I feel absolutely safe. We have a great team of carers. I would speak to the manager if I had any concerns."; "I'm absolutely safe with them. It just works for us." People, relatives and staff had good working relationships which enabled them to communicate honestly and without fear of repercussions and this was evident in our discussions with people. One relative said, "Yes, [my relative] is definitely safe. I would speak to the manager, if not."

Risks to people were assessed and their safety was monitored and managed so they were supported to stay safe and their freedom respected. The provider's risk management policies and procedures showed the ethos of the service was to support people to have as much freedom of choice in their lives as possible. Staff we spoke with demonstrated a positive risk taking approach which was underpinned by a desire to ensure people's freedom was not limited due to risks around them. One staff member told us; "Getting to know the client enables us to avoid triggering behaviour and also which staff the client prefers and continuity of carers is a big help which management arrange where possible."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed since the last inspection and training continued to be updated for staff. In addition staff had been recruited safely, appropriately trained and supported by the management team.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded. We reviewed how a safeguarding incident which had occurred in the service was dealt with. We found safeguarding procedures had been carried out and protection measures were robust and took into consideration the wishes and feelings of people and their relatives.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who were using the service. Comments from people demonstrated that the provider had ensured that people had the right number of staff to support them. Comments included, "It isn't always possible for all tasks to be completed in the time, but they do their best and do the ones that are most important. Managers come out and visit and do the care, excellent, it keeps them up to date and they can see what's happening." Another person said; "Yes, their timekeeping is very good. They have never let us down."

Comments from staff included, "We always have enough time to carry out the tasks in the care plan without feeling we are rushing off to the next person." And, "There will always be times in this kind of service where gaps appear due to staff sickness or staff leaving to chase other careers. When this does occur, an SOS text is sent out and between the rest of the staff we manage to fill the gaps." The registered manager reviewed staffing arrangements in the service to identify whether more staff were required and in response to the

needs of the people in their care at any given time. This would ensure that people's needs would be met in a timely manner.

We looked at how medicines were recorded and administered. Staff had ensured that people's medicines were managed safely. Not all people who used the service required support with medicines however, risk assessments had been undertaken to ensure that those who managed independently did so safely. People we spoke with told us they were happy with the support provided to them to receive their medicines. We looked at medication administration records for four people. Records showed medicines had been signed for. The registered manager had internal audits in place to monitor medicines procedures. Concerns identified by the audits were rectified in a timely manner.

Evidence we saw showed that lessons were learnt and improvements were made when things went wrong. For example where people's expectations had not been fully met and where errors such as medicines errors had occurred. Staff had received supervision and discussed ways to improve their practices.

Policies and practices in the service ensured people were protected by the prevention and control of infection. For example staff had received induction and training on infection control and prevention. Staff who supported people with food preparation had received food and hygiene training. This helped to ensure people would be protected from risks of infections.



# Is the service effective?

## Our findings

We received positive feedback from people and relatives about the knowledge, expertise, skills and caring approach from the staff. People received effective care because they were supported by a staff team that were skilled and co-ordinated. Staff were experienced in supporting people living in the community. Comments from people included; "Right At Home are amazing and I couldn't manage without them. Always cheerful, very professional and prompt, I have recommended them to lots of friends."; "The staff are all brilliant and very well trained." And; "Yes they are excellent and very professional." Caregivers had different professional backgrounds including former social workers and nurses.

All staff we spoke with told us they knew the people who used the service well. One staff member told us; "The care team all have a passion and drive to ensure all needs of people's needs are met to a high standard. All office staff are available and on hand should they be required. I feel privileged to have worked for Right at Home and to have been a part of an amazing team whilst working there."

A local priest provided excellent feedback about service. They said; "I also have contact with members of the local community who are clients of Right at Home. All, without exception, speak highly of the quality of care they receive and the caring nature of the staff." A local councillor told us, "The feedback I have received from the community has always been very positive and indicates to me the highest standards of professionalism in terms of all the aspects of service provision...and certainly in terms of the service being safe, effective, responsive and well led." It was clear that the service had sustained the standards identified at the last inspection.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedure for people living in their own homes is called the Court of Protection authorisation. The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care records showed staff sought people's consent before the service was provided.

Staff and the management demonstrated an understanding of the principles of the MCA and the Court of Protection and how it related to protecting people from unlawful restrictions. Feedback from the registered manager and all staff confirmed they understood when people lacked capacity and the actions to take to support them. We saw information and guidance on mental capacity was shared with staff via posters and supervision.

However; we noted improvements were required to demonstrate how the service had considered people's ability to make significant decisions such as refusing medical treatment. We found one person had expressed that they did not wish to have medical assistance sought in the event of a fall. A formal assessment of their mental capacity had not been carried out to demonstrate if they were making an informed decision as they had an impairment of their memory. We discussed this with the registered

manager and the nominated individual who informed us they had discussed the decision with family. However; they had not demonstrated whether the person could make their own decisions around this. They informed us that they will take immediate action to address this.

There were a variety of learning and development pathways in the service. For example there was face to face training, e-learning, spot checks and supervisions. We also found that the service had its own training facilities to ensure staff received on going and up to date training. Records of training showed staff had received ongoing training and were up to date.

Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. Comments from staff included, "I was given an induction which involved shadowing an experienced colleague. We visited different clients, all with varying needs to enable me to prepare for as many different scenarios as possible. The induction period was approximately two weeks."

Care files were clear in their guidance to support the staff to meet the individual nutritional needs of people. Staff had clearly identified people who required support with their nutritional needs through the initial assessment. Files had evidence that a comprehensive nutritional risk assessment had been completed that identified what support people required.

People were supported to live healthier lives, have access to healthcare services and receive on going healthcare support. There were links with other healthcare professionals, which was recorded in people's intervention and treatment plans. There was also clear evidence of the service seeking advice and support from other agencies and we saw that guidance from healthcare professionals had been incorporated in people's care plans.

## Is the service caring?

### Our findings

The service had a positive and caring culture which people, relatives and staff supported and promoted. People told us they were consistently well supported and well cared for. Comments from people included, "I have no complaints. They are very good and caring.", and "Yes the staff are all lovely people as far as I can see." A relative said, "They do respect her privacy when helping her wash and dress." Another relative said, "They always take our opinion on board and we are included in everything."

We received mixed feedback from people regarding staff punctuality and visiting times. Comments from people included; "I do have niggles with their times... they can be late at lunch time and that makes it too late for me to go out", "They are usually within about 10 minutes...they have never let me down", "Occasionally they can be a bit late...they don't usually let me know."

Comments from relatives included; "That has been a bit of a problem...they can be a bit late if they are delayed at other clients. And I do think they give them too many visits and not enough travelling time", "We don't have a specific time...it's not a problem we are not going anywhere."

We shared one person's feedback with the registered manager and the nominated individual during the inspection and they informed us they would be sending the person a copy of their rota to ensure they would be aware when staff will be attending. They informed us they routinely do this to people who required a copy of their rotas.

All of the people we spoke with told us they trusted the staff and the service in general with their care. Similarly relatives commented that their relatives had made significant progress whilst being supported by the service and their lives, as well as their relative's lives, had been transformed.

There was a very strong person-centred culture at all levels and staff understood that people were at the heart of the service. This was because the registered manager and staff promoted a consistently caring culture based on a range of clear policies and procedures they had in place. Staff had a good understanding of protecting and respecting people's human rights. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was an extremely sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. For example all staff received training in equality and diversity during their induction.

Through our discussions with people we noted that arrangements had been made to meet their personal wants and diverse needs. We saw people were fully enabled to develop and maintain their personal relationships with their circle of support. Care files demonstrated a thorough approach that ensured people or relevant relatives and professionals who acted on their behalf were involved in and agreed to the care delivered.

Staff explained how they promoted independence, by enabling people to do things for themselves. There

was also evidence of how the provider had engaged with people during the design and delivery of care. One staff member said, "We put extreme efforts in ensuring people can regain their independent living skills to do as much as they can." Care records comprehensively outlined the goals and outcomes that people wanted to achieve and what support they needed.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

People received personalised care that was specific to meet their needs and they were involved in the planning, goal setting and reviewing of their care. Comments from people included; "May I say how absolutely satisfied I am with this service. It has made a real difference."

Comments from relatives were extremely positive. They included; "The daily visits not only support [relative] with care and support but also company and keeping her mentally alert.", "It's a fantastic service being provided ensuring that [my relative] could remain at home. I would recommend Right At Home to anyone." Another relative said; "I'm over the moon with how [my relative] had responded to (name removed staff), the care has been outstanding and very flexible, the service is second to none and I would highly recommend it." In addition people and their relatives told us they sat down with the registered manager and the managing director regularly to discuss what had gone well and what could be improved.

The care files we looked at demonstrated the excellent system that was in place to ensure care records were individualised and reflected the people's current needs. Care files had evidence that a comprehensive assessment of needs had taken place and these were reviewed regularly. The provider continued to ensure that people's care records fully reflected their physical, mental, emotional and social needs. The records had been written in an exceptionally personal centred manner. Separate daily diary records had been completed regularly that reflected the care and support provided by the staff team

Every effort had been made to ensure care plans had been developed where possible with each person, family and professionals involved with them, identifying what support they required.

We found the registered provider had a proactive approach to meeting people's needs especially where people had complex dietary needs. For example we found they had devised a menu for an individual who struggled with their dietary intake. This was evidence of proactive and forward planning to ensure the smooth delivery of personalised care. In addition there was an arrangement to provide staff with training and development specific to the people they supported. This demonstrated an extremely responsive approach to the delivery of care. One staff member told us "I researched a number of local care providers before opting for Right at Home because I had heard they provided a high quality service to clients and I am pleased to find this is indeed the case."

People were supported to maintain local connections and important relationships. There was strong ethos for supporting people to access their local community. The registered manager and managing director encouraged and supported people to maintain local community links. For example, they continued to run community projects to support people at risk of social isolation. They organised a coffee morning at their offices and lunch club at a local church. All people in the local community were invited whether they used their services or not. The agency had enlisted the skills of people using the service to help knit sensory bands also known as twiddle mitts for people living with dementia. 'Twiddle mitts' are knitted mittens or hand warmers with beads, buttons and objects sewn on to them. They provide something people can hold and 'twiddle', helping to reduce anxiety and promote calm. At this inspection we found they had continued to do

this. This helped to reduce social exclusion for these individuals.

Staff and the management were passionate about ensuring all people had access to the community and activities tailored to their needs. Staff clearly knew how to promote community inclusion and ensured people were supported to enjoy a meaningful day in their own homes. One member of staff said, "I accompany a client every week and have done for over 12 months to a 'Singing for the brain' session, organised by the Alzheimer's society. She loves singing. I was chosen for this as I belong to two choirs. We both thoroughly enjoy it and have made a lot of friends there."

We received extremely positive feedback from local councillors and a local pastor. Comments included; "I am very happy to attest to the very important community role played by Right at Home within the locality and indeed beyond into East Lancashire."

It was evident that the service had sustained the outstanding practices identified at the previous inspection and continued to seek further improvements.

There was an abundance of complimentary feedback in surveys, compliments sheets and thank you cards about the service. Comments included; 'The agency goes a long way to meet the client's needs and pair clients and carers who have things in common.' And 'Their assistance means there is less pain and therefore I am able to continue in my own home, giving peace of mind for the family. They provide company and transport to coffee mornings; afternoon tea etc. so enhances the quality of life.'

The service had a complaints procedure which was made available to people and their representatives before they started to use the service. Copies were on view in the office and in the care files we reviewed. The complaints procedures had been written in an easy read format to enable people who used the service to understand the procedures. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

We spoke with people who used the service and with relatives. They told us they knew how to make a complaint if they were unhappy. They told us they would speak with the registered manager or their managing director who they knew would listen to them. One complaint had been received at the time of the inspection and dealt with appropriately.

There was guidance on communicating with families and professionals to support people towards the end of their life. This showed that there were plans to ensure that people were supported at the end of their life to have a comfortable, dignified and pain free death.

## Is the service well-led?

### Our findings

There was a registered manager employed at the service. 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.

We received positive comments from people about the organisation. Comments included; "What an excellent company, would highly recommend! Right at Home cared for my relative before she sadly passed away; she was treated with dignity and respect throughout the whole process. Each member of care staff showed love and care to not only her but the whole family! The management team also supported us through such a difficult time, ensuring we were kept informed at every step of the way and were on hand day and night if we required any further assistance or visits. We could not have got through this without them.", "The management are helpful if we need to contact them about anything" and "Yes the service is well managed, it is just nice to get some help. It is a massive help for us to get help from people who know what they are doing."

However; we also received feedback from people raising concerns about the visiting times. Comments included; "We have not had the continuity in the past, during the summer, we did not know who was coming as it was a different person to who was on the rota. It has improved recently"; "They sometimes send different ones but I am used to them all now." And, "Generally speaking the staff are friendly and helpful. They seem to be well trained although once or twice have found situations they find difficult to deal with. There must be about 10-12 different carers but they change frequently and continuity is lost."

Evidence we received from speaking to the registered manager and the director demonstrated that the concerns raised by people had been addressed and people felt listened to. The concerns did not have a significant impact on the quality of care received.

Comments from a local councillor included; "In terms of good practice I do feel that the organisation benefits greatly from the direct 'hands on' approach of the proprietor (name removed). Without doubt her personal commitment, leadership and determination to achieve demanding standards is well known. As is her willingness to work the many extra hours beyond the norm to ensure that the excellent reputation of the business is maintained and enhanced."

Staff we spoke with told us they felt the registered manager and the managing director worked with them and supported them to provide good quality care. Comments included, "I have been very impressed with Right At Home, the service is well managed, efficiently run and most importantly, puts the needs of clients first." Also, "I felt very supported by management when I first started the job and together with their constructive feedback, this has enabled me to develop the skills and experience to join their first class team."

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager was experienced with an extensive health and social care background. They had worked at the service for a long time. They were knowledgeable and familiar with the needs of the people they supported. In addition to the registered manager, there was a managing director, who had experience in business management. The managing director and the registered manager also carried out care visits in the community. This helped to ensure they understood the challenges that staff faced. They supported a team of care givers, and office staff.

All staff had delegated roles including training, office administration and care delivery. Each person took responsibility for their role and had been provided with oversight by the registered manager and the managing director who also the nominated individual.

Staff meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings and conversations with staff. In addition staff and client surveys were carried out regularly by a professional agency. The registered manager analysed any comments and shared them with the managing director who had acted upon them. The feedback we saw demonstrated people felt the service was of an excellent quality. We saw people and staff were consulted on the daily running of the service and any future plans.

Feedback from staff demonstrated how the service cared for their workforce. For example, staff said "They constantly remind us that we are valued and respected in the weekly memo and thank us for our commitment and hard work. They demonstrate the above in many ways." The registered manager also informed us that they had employee rewards which included employee of the month. Staff received rewards including bouquets of flowers. In addition there was a reward and certificate for recognition of long term service.

In their PIR the registered manager wrote; 'We have an open door policy, which encourages communication, transparency and positive working culture which flows through our care team. We ensure that support and guidance is available for Caregivers 24 hours a day with the on call service and the Registered Manager, or senior member of staff being contactable.'

The registered manager and provider had auditing systems to assess quality assurance and the maintenance of people's wellbeing. We found regular audits had been completed. These included medicines, the environment, care records, accidents and incidents. In addition they carried out spot checks. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided.

The provider had undertaken quality assurance inspections of the service. These audits provided support with ensuring compliance and analysing information in the service such as accidents and incidents. It included monitoring that the service was complying with regulations and quality requirements set by other regulatory authorities. They also drew up action plans for the registered manager and monitored that these had been completed in a timely manner. The registered manager met with the managing director on a daily basis to discuss the quality of the service, progress and future plans. This also gave them the opportunity to discuss areas of concern and to share updates regarding requirements or any developments or changes in regulatory requirements.

We saw evidence to demonstrate that the service had kept up with best practice. This included using technology to train staff, to share information and to monitor people's visits. The service was part of a national network of franchised, independently owned and operated home care services. They received



support from the Head Office with regular visits.

The managing director was a champion in dementia care. They informed us that they help chair the local GP patient group, Carers Group, learning disabilities board and the local dementia action group. There were also plans to introduce safeguarding champions in the service. These staff would attend multi-disciplinary meetings with other stakeholders such as the local Clinical Commissioning Groups, children service departments and adult social care services within the local authorities. They would share information and best practice. A local pastor told us; 'The volunteers from the Church have all undergone food hygiene training organised by Right at Home.' This demonstrated good practice beyond the provision of care and helped maintain community links.

There was also evidence of how the service maintained links within the health and social sector. In their PIR the registered manager wrote; 'Right at Home works with local organisations such as, Alzheimer's Society, Dementia Action Alliance Blackburn and Darwen / Ribble Valley.'