

Sofin Care Limited

# Right at Home (Ealing & Hounslow)

## Inspection report

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14 July 2016

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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

The inspection was carried out on 13 and 14 July 2016 and the inspection was announced. The service was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. Telephone calls to gain feedback about the service from people and relatives were made on 15 July 2016. This was the first inspection under the current registration with the Care Quality Commission.

Right at Home (Ealing and Hounslow) provides a domiciliary care service for adults with a range of needs. The service offers support to people who require help with day to day routines including personal care, meal preparation, light housework, shopping and companionship. At the time of our inspection there were 22 people receiving personal care. Right at Home (Ealing and Hounslow) is a franchised branch of the Right at Home company and there is a director who owns the franchise and runs the operations.

Procedures were in place to safeguard people against the risk of abuse. Staff understood the importance of keeping people safe and reporting any concerns.

Risks were assessed and where required action plans put in place to minimise them.

Staff recruitment procedures were in place and being followed. There were enough staff to meet the needs of people using the service.

Staff understood medicines administration procedures and provided people with the support they needed to take their medicines safely.

Infection control procedures were in place and being followed to minimise any infection risks to people and staff.

Staff received the training and supervision they needed to provide them with the knowledge and skills to care and support each person effectively.

Staff respected people's rights to make choices about their care and support and knew to act in their best interests.

People were supported to maintain their nutritional intake and assisted with meals if required.

Staff knew the processes to follow to ensure input from healthcare professionals was obtained if people needed it. Staff understood the action to take if someone was unwell including summoning the emergency services if required.

People were happy with the service they received and said staff took the time they needed to give them the

care and support they required. People said staff were kind and treated them with dignity and respect.

Care records were person centred and reflected people's individual needs and wishes. Staff read and understood these and provided people with the care and support they needed.

People's care and support was reviewed regularly and whenever any changes in their care were identified so people's needs continued to be met.

Procedures for raising complaints were in place and people and relatives knew how to raise any concerns so they could be addressed.

People and relatives could contact the service easily and at any time they needed to and said the director and registered manager ran a good service. Staff said the director and registered manager were very supportive and accessible.

There were systems in place for monitoring the service so that any shortfalls were identified and then addressed in a timely way.

## 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.

Procedures were in place to safeguard people against the risk of abuse. Staff understood the importance of keeping people safe and reporting any concerns.

Risks were assessed and where required action plans were put in place to minimise them.

Staff recruitment procedures were in place and being followed. There were enough staff to meet the needs of people using the service.

Staff understood medicines administration procedures and provided people with the support they needed to take their medicines safely.

Infection control procedures were in place and being followed to minimise any infection risks to people and staff.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and supervision they needed to provide them with the knowledge and skills to care and support each person effectively.

Staff respected people's rights to make choices about their care and support and knew to act in their best interests.

People were supported to maintain their nutritional intake and assisted with meals if required.

Staff knew the processes to follow to ensure input from healthcare professionals was obtained if people needed it. Staff understood the action to take if someone was unwell including summoning the emergency services if required.

### Is the service caring?

Good ●

The service was caring.

People were happy with the service they received and said staff took the time they needed to give them the care and support they required. People said staff were kind and treated them with dignity and respect.

Care records were person centred and reflected people's individual needs and wishes. Staff read and understood these and provided people with the care and support they needed.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care and support was reviewed regularly and whenever any changes in their care were identified so people's needs continued to be met.

Procedures for raising complaints were in place and people and relatives knew how to raise any concerns so they could be addressed.

### **Is the service well-led?**

**Good** ●

The service was well led.

People and relatives could contact the service easily and at any time they needed to and said the director and registered manager ran a good service. Staff said the director and registered manager were very supportive and accessible.

There were systems in place for monitoring the service so that any shortfalls were identified and then addressed in a timely way.

# Right at Home (Ealing & Hounslow)

## **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 was 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.

The inspection was carried out on 13 and 14 July 2016 and was done by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us.

Before we visited the service we checked the information that we held about it, including any notifications sent to us informing us of significant events that had occurred at the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority for feedback. Before the inspection, the provider completed a 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 the inspection we viewed a variety of records including recruitment and training details for four staff, care records for four people using the service, medicines administration record charts for three people using the service, monitoring records, staff allocation rotas, the business continuity plan and other documentation relevant to the inspection. We also viewed a selection of the provider's policies and procedures.

We spoke with the director, the registered manager, the care coordinator, two team leaders (who also provided care and support to people) and four care workers. We have referred to the last two groups as staff in our report. After the inspection we contacted three people using the service and six relatives of people using the service to get feedback about the service people received.

# Is the service safe?

## Our findings

We asked people and relatives if they felt the service was safe and protected people from harm. Comments included, "Very much so." Yes, I do believe that" and "Yes, the carers keep [relative] safe and let me know any concerns." We asked people and their relatives what they would do if they had any concerns and a relative said, "We haven't had any concerns and any issues are sorted out."

Policies and procedures for safeguarding and whistleblowing were in place and were followed to protect people from the risk of abuse. We asked staff about their understanding of abuse. They confirmed they had received safeguarding training and were able to describe the different types of abuse and were clear to report any concerns to the office. Staff were confident the director and the registered manager would take appropriate action to report any safeguarding concerns but they also knew to contact outside agencies such as the local authority or the Care Quality Commission if necessary. There were copies of the London Multi-Agency Adult Safeguarding Policy and Procedures and also safeguarding procedures for each local authority for whom they provided care and support for people, so information pertaining to a particular borough was available and could be followed.

Risks were assessed to keep people safe. Risk assessments had been carried out for individual risks, for example, falls prevention, medicines management and moving and handling. The moving and handling risk assessment included any equipment in use, for example, a hoist and sling to transfer a person safely and identified two staff to be present when a hoist was in use so transfers were completed safely. Risk assessments were also carried out for people's home environments so any hazards were identified so staff were aware of them. The service had a Business Continuity Plan, which covered the action to be taken in emergency or untoward situations, for example, in adverse weather conditions.

Recruitment procedures were in place and being followed to ensure only suitable staff were employed by the service. Staff confirmed pre-employment checks had been carried out as part of the recruitment process. Staff had completed application forms and the information provided included an employment history with explanations for any gaps in employment. We saw checks of a minimum of two references, including one from the previous employer, criminal record checks such as Disclosure and Barring Service checks, health questionnaires and proof of identity documents including the right to work in the UK were available. Photographs of care staff were taken and they were issued with identity (ID) badges to wear when attending people's homes. We saw staff wearing their ID badges and people and relatives confirmed staff wore these.

There were appropriate numbers of staff employed to meet people's needs. People confirmed they had regular staff who supported them, who always stayed for the allotted time and never rushed them. If someone different was to attend at short notice, for example due to staff sickness, people confirmed they always received a telephone call from the service to let them know beforehand. A relative told us, "They are very good at letting me know if there is a change to the rota or if a carer is going to be late." The director had recently appointed team leaders for each of the two boroughs and there were two staff teams, one for each borough, which had been planned in line with where staff lived, so they worked in an area they could access

easily. The director had a pool car that was used for double up calls, so staff could travel between visits and arrive together to provide the care and support people needed. Staff said they received their rota each Wednesday for the following week and were allocated to the same people to provide them with continuity of care. Staff confirmed they had enough time to travel between calls and enough time was allotted for them to complete their work properly. The service had an on call system and people confirmed they could telephone and get hold of whoever was on call if they needed to and they were reassured by this.

Reports were completed for any accidents and incidents that occurred and were comprehensive, recording the event, the action taken by the service and any lessons learnt. The director said these were reviewed to look for any trends or significant situation that would trigger a review or, if the person's condition was deteriorating, input from healthcare professionals, for example, an occupational therapist to assess the person.

Systems were in place and being followed to ensure people received their medicines safely. People and relatives confirmed staff provided the support people needed with their medicines. Staff told us they had received training in medicines administration and certificates for medicines training were seen in the staff records. Medicines competency assessments were carried out for all staff involved with the administering of medicines to ensure they understood the processes and procedures to follow. Staff were able to describe the process they followed for prompting or administering people's medicines and they demonstrated a good understanding of this. There was a comprehensive medicines management policy in place and information about prompting and administering medicines was also contained in the staff handbook. A record of the medicines each person was taking was available in the care records. Medicine administration record charts (MARs) were in use and listed each medicine and when it was to be administered. Staff signed to evidence people had taken their medicines and also recorded this in the daily communication log.

Systems were in place for infection control and were being followed to protect people and staff. Infection control procedures were in place and information was also contained in the staff handbook for them to refer to. Staff confirmed they used personal protective equipment (PPE) including disposable gloves and aprons. Staff were also provided with sanitising gel for their hands. People and relatives confirmed staff used PPE and hand gel and they were satisfied with the level of cleanliness staff maintained.



## Is the service effective?

### Our findings

We asked people and relatives if staff had the skills and knowledge to care effectively and they all confirmed that they did. Comments included, "All the carers are very good and dedicated to their work. They are doing well." "The carers are well trained" and "They have the skills to provide the care." A care worker said about the support they had received from the director and registered manager, "They are very nice, helpful. I've learnt a lot of new things. Everyone's very polite and helpful. They want you to learn and help you step by step."

New staff received induction training and shadowed experienced staff to learn how to care for people effectively. Induction competency checklists were completed and signed off by senior staff to confirm staff had completed the training successfully. The service had introduced the Care Certificate, an induction programme for care workers new to health and social care. Staff were enrolled to undertake this, with two having completed it. We saw training certificates for topics including medication awareness (theory and practical), moving and handling (theory and practical), health and safety, safeguarding vulnerable adults, managing challenging behaviour, basic life support, infection prevention and control and dementia care. Care staff told us they received training and updates to keep their knowledge and skills up to date.

The service monitored staff practice and progress to ensure they supported people effectively. Unannounced spot checks were carried out in people's homes by the registered manager and other senior staff to observe the standard of care and support staff provided. Staff also had regular supervision sessions with senior staff and said they could discuss any issues with the director or the registered manager at any time and felt supported by the senior staff.

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. Information about people's mental health was included in the pre-care assessment carried out by the director or registered manager, so any issues were identified and care and support planned taking any mental health needs into consideration. Care staff offered people day to day choices about their care and said if a person's ability to make decisions deteriorated they would inform the registered manager. The registered manager knew to refer any such concerns to the local authority so, where necessary, a best interest assessment could be carried out. The service had policies and procedures for MCA and information about MCA was displayed in the office for all staff to view. Staff had received training in MCA and understood the importance of always acting in a person's best interests.

If people needed assistance with meals this was included in the care plans so staff knew and could provide the help they required. Staff said they had received training in food preparation and were happy to prepare and assist with the meals people wanted. They also said they encouraged people to drink to help prevent them becoming dehydrated. Staff said if they had any concerns someone was not eating or drinking they would inform their next of kin and the office, so action could be taken to monitor the person and get

medical assistance if required. Where people required specialist care, for example management of a feeding tube, staff had received training so they knew how to care for the tube when providing care and support.

People and relatives confirmed staff took appropriate action if a person was unwell so they could receive the medical help they required. Comments included, "They coped with it brilliantly." "They did very well and took immediate action – tremendous" and "Carer found [relative] and called the ambulance. They showed great kindness to [relative]." Staff said they observed people as part of the care and support they provided and reported any concerns to the next of kin and the office, so appropriate action to get medical assistance could be taken. If it was a serious situation they said they would call the emergency services and would always record their actions. One care worker told us, "Always make sure you follow the rules." Staff were able to describe signs and symptoms, for example if someone had a urinary tract infection and said they would report this so a GP appointment or visit could be arranged. A relative said staff had observed a 'slight redness' and this had been appropriately reported and input from the occupational therapist was sought to review the equipment in the person's home. Information about people's healthcare needs was included in the care records and staff were aware of people's medical conditions. Contact details for health and social care professionals were also included in the care records, so if necessary staff could contact them on behalf of the person.

## Is the service caring?

### Our findings

People and relatives confirmed they were happy with the care being provided by the service. Comments included, "I'm very lucky. They are very caring and have never let us down. They come very promptly. They are almost part of the family now." "They [carers] are quite unique and I would hold them up as a beacon to other agencies." "They are very well mannered." "They ensure the quality of the care is being maintained." "They actually care about [relative], it's not just a job. They do what they can to make [relative] happy." "Very intelligent, empathetic and good humoured. Lovely people who provide person-centred care" and "They treat [relative] with absolute dignity and respect."

We asked staff what was important to them when caring for people. They told us, "I treat people how I would want to be treated, being friendly, calm and gentle." "To make them feel relaxed, feel safe. To be kind – they need kindness." "It is important to greet a person and their family, with a pleasant, cheerful approach." "I love my job and will continue doing it" and "I always give a positive attitude towards my service users." Staff had a good understanding of caring for people as individuals, offering them choices about their care and treating them with dignity and respect.

People and relatives confirmed they had received information about the service so they knew the care and support the service was able to provide. Copies of assessments carried out by social services were available in people's care records, which provided the service with a good picture of each person. People and their relatives had been involved with the pre-service assessments carried out by the service so people's needs and wishes were known and could be included in the care plans.

People confirmed they were introduced to new staff so they knew who would be coming to provide care and support, for example, if their regular care worker was going on holiday or if a new care worker was joining the team of staff who cared for them. The pre-service assessment and care documents identified if people had a gender preference for staff, for example, if people only wanted female staff to provide their care and support. People and relatives confirmed that this choice was respected and staff knew people's choices in respect of gender care and said this was always adhered to.

We saw that for both staff and people using the service there was a profile page with information about the individual's interests and hobbies and other details that would help with matching people with staff. The registered manager said they matched people and staff based on both the needs of the individual and also areas that people and staff had in common, for example, mutual interests and this was an important part of the process. We saw cultural and language matches had been made for people where they were from ethnic minorities. For another person consideration was given to matching them with staff who were similar in age and shared their interests. For another who had a particular interest in food, they were matched with staff who enjoyed cooking. Relatives we spoke with confirmed these matches were made and were happy with the matches that had been made. One of them told us, "Staff are well matched and make a bit of a fuss of [relative]."

## Is the service responsive?

### Our findings

People and relatives were satisfied with the way the service responded to people's needs and confirmed the staff were flexible. Comments included, "They do all you need. They are pleasant and they do what I ask." "I am very happy and they have been very good. I'd recommend them to anybody." "They are very good all round, very accommodating and help me be able to live my life." "I am really, really happy with the level of care [relative] gets. The team are very good and they are sensitive to our needs" and "They accommodate requests and carry out all tasks. I'd never change them."

The care records were comprehensive and covered each aspect of people's care and support needs. They were person-centred and identified people's needs, wishes and interests. Staff told us they read the care plans and the risk assessments so they knew the care and support people needed and how to respond to their needs. Staff were able to tell us about the different needs of the people for whom they provided care and support and they observed for any changes in people's needs, which they then reported to the registered manager so a review could take place.

There was a timetable for care reviews once people started to use the service at one week, six weeks, three months, six months, nine months and then an annual review, to keep people's needs under review. We saw people and their next of kin were involved with reviews so their input was obtained. Staff said care records were updated to reflect any changes and they were informed of the changes to and would read the care plans to keep their knowledge of the person's needs current.

In addition to receiving personal care, some people using the service were supported to access the community and to attend activities. Staff were flexible and worked with people so if they needed to receive care at a different time to their usual visits, for example if they were attending an appointment, then this was arranged.

Systems were in place so people could raise any concerns to be addressed. The service had a complaints procedure and this was contained in the service user guide that was given to people using the service. People and relatives said they would feel confident to raise any issues and that they would be addressed. One person said, "No complaints, everything is satisfactory." There had been three complaints received in the previous 12 months and we saw these had been investigated and resolved. Staff knew to refer any concerns to the director and the registered manager and said information about making a complaint was contained in the service's folders in people's homes, so it was easily accessible.

## Is the service well-led?

### Our findings

People and relatives were satisfied with the way the service was being provided. Two relatives told us, "We are very, very happy with the service. It is led in an efficient way. I have a lot of confidence in the company and things are going very well" and "There is good communication with everyone and Right at Home and I'm happy about that." They confirmed they could always contact the director or the registered manager and action was taken promptly to respond to any queries they might have.

We asked staff how they felt about working for the service. Comments included, "One of the best companies I've worked for. It makes me more interested in my job." "My first time in this job. I enjoy it and it opens your eyes up. It is a good company to work for." "Like a family." "They really care about you." "I feel very happy." "I wouldn't want to work anywhere else. I love my job."

We asked the registered manager what was important to them about the service. They told us, "If you've got a happy staff team you have a happy client base. I have to say I am proud to work for Right at Home." The registered manager was experienced in the care sector and was undertaking a recognised management qualification. The director was a member of the Alzheimer's Society for which he was a Dementia Champion and gave lectures for community groups in dementia awareness. Both the director and the registered manager demonstrated a good understanding of the needs of people using the service and were committed to providing person-centred care. One of them told us, "To give person-centred support – what I'd want for my parents."

There were systems in place for monitoring the service so that any issues could be identified and addressed. The daily communication logs and the medicine administration record sheets were collected from people's homes each month and brought to the office. They were then audited and any shortfalls were identified and action was taken to address them. The registered manager said they spoke with the staff involved during individual supervision sessions and any themes were also discussed at staff meetings, evidence of which we saw in the minutes. For example, shortfalls in the completion of some medicine administration records had been identified, staff had been informed and good improvement was noted at the next audit. Accident and incident records were reviewed and any 'lessons learnt' were recorded.

Staff meetings had been taking place most months but after discussion with staff it had been agreed that quarterly meetings would be held and there were two held on the same day, in order that all staff had the opportunity to attend. These had a clear agenda, covering any issues that had arose with the care and support of people plus training and development of staff. Staff confirmed there was good communication between the director, the registered manager and the rest of the staff team. Comments included, "Management are really supportive and I've been extremely lucky." "They are very good and we work as a team. Any issues they will look at and settle it" and "They're fantastic, it's a brilliant company. They listen and always make time for their staff."

The franchisor had systems in place for the ongoing monitoring and support of franchisees to maintain a consistent good service. The director said the franchisor was very supportive and provided good processes

and documentation for the service to use and follow. There was a Governance and Quality Assurance policy and procedure in place from the franchisor. Quarterly quality management reviews were carried out by the franchisor and action plans drawn up with timescales for completion of any shortfalls identified. There were also monthly managers meetings, a registered manager's forum, franchisees meetings and an annual conference, all of which fed into identifying areas for improvements and the provider acted on these to provide a better service to people.

Satisfaction surveys were carried out by an external company and the results shared with the service. An action plan to address any areas where improvement had been identified was in place. For example, there had been improvements in staff timekeeping since the last survey as the director and registered manager had addressed this with staff. The local authority had carried out a monitoring visit in 2015 and where they had made recommendations these had been addressed by the service. Where recommendations had been made relating to Right at Home documentation this had been passed back to the franchisor, for example, expanding safeguarding information in the service user guide, which had been actioned. Policies and procedures were supplied by the franchisor and were reviewed periodically with the last updates done in April 2016, to keep the information current in line with relevant legislation and good practice guidance.