

Life and Care Solutions Limited

Right at Home Tyneside

Inspection report

Qora Offices@Q16
Quorum Business Park, Benton Lane
Newcastle Upon Tyne
NE12 8BX

Tel: 01912155555
Website: www.rightathome.co.uk/tyneside

Date of inspection visit:
02 November 2022

Date of publication:
29 November 2022

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

About the service

Right at Home Tyneside is a service registered to provide personal care to individuals living in their own homes and they primarily offer services to older people. At the time of our inspection there were 60 people using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were very happy with the service in terms of staff attitude, knowledge skills and the care they received. Some people experienced later calls than agreed. The provider was aware of this and had taken steps to reduce these occurrences.

People and relatives said staff were good at their jobs and always took the time to get to know them. Staff built a rapport with people.

Staff were passionate about supporting people. They were empowered by the provider to be compassionate and to focus on people, not just tasks.

The provider had a robust governance system in place, which identified issues and trends, enabling the service to continually improve.

There were enough staff on duty to cover the care packages. Staff worked hard to cover for each other so there was no reliance on agency staff.

Medicine management was effective and closely monitored. Staff had the appropriate training and there were effective audits in place.

Staff adhered to COVID regulations and procedures. There were ample supplies of PPE, training and observations of staff to ensure they followed best practice.

The staff used the assessments as the basis for the care records and ensured these fully captured people's need. When necessary, external professionals were involved in individual people's care.

Staff received mandatory and additional training, such as when people required extra help with their nutrition and hydration. Staff supervision sessions happened regularly and staff told us they were well supported. The provider had regard to staff wellbeing and safety and recognised the importance of this.

Staff had received training around the Mental Capacity Act 2005. People were supported to have maximum

choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had safeguarding training and were confident in how to raise any concerns. There were clear complaints policies and procedures in place.

Quality assurance and governance systems were well established and effective.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17 February 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Right at Home Tyneside

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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

Service and service type

Right at Home Tyneside is a domiciliary care agency. It provides personal care to people living in their own homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there wasn't a registered manager in post, but the manager had begun the process of applying to register with CQC.

Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection because we needed to ensure the manager was available and to contact people to gather their feedback.

Inspection activity started on 31 October 2022 and ended on 2 November 2022. We visited the office location on 2 November 2022.

What we did before the inspection

We reviewed information we had received about the service. We also sought feedback from partner agencies

and healthcare professionals. These included the local authority's contracts and commissioning services. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 4 relatives. We spoke with the director, manager, quality assurance lead and two staff. We contacted another 6 staff via email. We looked at 3 people's care records and 2 staff recruitment files. A variety of records relating to the management of the service, including audits and action plans, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Staff assessed risk on an ongoing basis and used up to date, relevant risk assessments to keep people safe. These risk assessments were regularly reviewed, with input from families and, where needed, external professionals.
- The provider had safeguarding policies and systems in place. Staff received safeguarding training and were confident in how to raise concerns, should they need to.
- People felt safe using the service. One person told us, "I do feel safe – they are the best in the world." A relative said, "We had a bad experience of care before but this service is different – very safe." External professionals we spoke with raised no concerns about the safety of the service and praised staff.

Staffing and recruitment

- Recruitment processes ensured only suitable staff were employed. These included pre-employment checks and a robust induction process.
- There were enough staff to safely care for people. Some people we spoke with gave mixed feedback about how well the provider communicated with them when a care visit was going to be delayed. The provider had already identified this as an area where improvement was required and had put in place a range of actions.
- The provider supported staff safety. They had explored a range of lone worker apps and had relevant policies and procedures in place to make lone working as safe as possible.

Using medicines safely; Learning lessons when things go wrong

- People's medicines were administered safely. Staff were trained in medicines management and were assessed as competent to administer people's medicines.
- Auditing of people's medicines was regular, detailed and incorporated a range of best practice considerations. These audits had ensured individual errors had been identified and acted on quickly. The provider worked with local partners to ensure lessons were learned from mistakes.
- Staff had received regular refresher training to administer medicines.

Preventing and controlling infection

- The provider had systems in place to mitigate the risks of people and staff from catching and spreading infections. They ensured there were ample supplies of PPE and staff received refresher training.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported to have the skills, knowledge and experience to carry out their roles to a high standard. The induction ensured staff completed a range of mandatory training, shadow shifts and were comfortable in their role.
- The provider had a strong focus on training. One member of staff delivered training two days a week and the provider used external clinicians to improve staff knowledge through additional training. One staff member said, "I've worked in care a lot, and this is the best training I've had."
- People had confidence in the knowledge and ability of staff. One person told us, "They are very skilled and competent." One external professional said, "They have worked well in difficult and sensitive situations."
- Staff supervisions and observations were completed regularly to ensure staff knowledge was up to date and they were applying best practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed before they began using the service. This ensured the provider could be assured staff had the right skills and support to meet people's needs. Care plans and risk assessments were reviewed on an ongoing basis.
- People's records included core contact information, for instance relatives and GPs, as well as a hospital passport. This set out people's health, mobility and communication needs, should they need to be supported to hospital. Where a person had a DNACPR in place the whereabouts was made clear in care planning.
- Staff supported people with eating and drinking. They worked well with external professionals where people had specific dietary requirements and needed specialist equipment. One external professional said, "They follow the advice really well and they give me a lot of confidence."

Ensuring consent to care and treatment in line with law and guidance;

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where a person was unable to make a specific decision, staff had acted in line with the principles of the MCA to undertake a best interests decision (alongside those who knew the person best).
- People told us they were involved in decisions about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff were kind, respectful and patient. People told us they didn't rush and spent time getting to know them. People felt valued and listened to. One said, "I get on very well with them." One relative said, "Staff say 'we are here to look after people like our own family' which is what we want and so far so good".
- The provider understood the importance of continuity of care. They ensured, wherever possible, that the same staff team supported people on a regular basis. People told us they weren't given a rota but did know who was coming to support them.
- Staff supported people to remain independent. For instance, they regularly travelled with one person to enable them to continue their job. One person said, "They always ask what I want and check that I am alright."

Supporting people to express their views and be involved in making decisions about their care

- Staff developed a rapport with people, who trusted and relied on them. Staff took the time to understand people's communication styles. One relative said, "There is a language barrier but they have taken their time to get to know [person], which makes it easier for everyone".
- People made choices for themselves. This included day to day choices and changes to aspects of their care package. Staff ensured people they had the information they needed. Relatives were evidently involved in regular reviews of care needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff delivered person-centred care, with people in control of how their care was delivered. Care plans contained sufficiently detailed information about people's needs and preferences, which meant new staff were well informed regarding people's needs.
- Staff were comfortable using the provider's care app on their phones to update people's care records. The provider actively monitored and reviewed this and was in the process of introducing a new electronic system to improve efficiency. One staff member said, "There is always lots of support and they were patient with us when they rolled it out."
- The rota was planned to ensure staff had time to ensure people were comfortable and settled. People confirmed staff made sure they took the time to speak with them, and were not task-focussed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff interacted with people in line with their preferred communication style and needs. The provider was sensitive to the fact not all people and relatives were comfortable using IT. One relative said, "I prefer traditional pen and paper and told them that – we now get a copy of everything in that format." One person spoke another language and staff learned some key phrases. The provider agreed to ensure these essential phrases were incorporated into care planning, in case other staff supported the person.

Improving care quality in response to complaints or concerns

- The provider had a system in place to analyse any trends or patterns to complaints or concerns. People and relatives told us they would be comfortable raising concerns with staff or the management team. There had been no recent complaints.
- The management team used all feedback to assist them improve the quality of care. No complaints had been received but they monitored and responded to even minor concerns. Relatives said, "We have had very few queries but if they arise they are swiftly dealt with."

End of life care and support

- At the time of the inspection no one was receiving end of life care, but staff had received training in this

area of care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There was an open, positive, person-centred culture. The provider, senior leaders and staff acted in line with the company's ethos of putting people's needs at the heart of care planning and delivery. One staff member said, "The director really does care and that comes through to staff. I feel they are helping me to give my best for people." The provider took staff wellbeing seriously and this contributed to the stability and continuity of care provided.
- The provider and senior staff team were approachable and reacted promptly to resolve issues. They ensured people and relatives were involved through regular reviews of care and surveys. The provider ensured there were opportunities to share best practice and lessons learned with other registered managers across the region, and nationally.
- The provider undertook surveys to understand the experiences of people and staff. They reflected on this feedback, which was consistently positive. Where suggestions for improvement were made, the provider acted.
- The provider had in place a well organised regime of auditing which was effective across core area of care, for instance medicines administration and call time duration.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The provider regularly reviewed a range of systems and processes to identify areas where improvements could be made. They worked proactively to address these before problems occurred and took action if and when things went wrong.
- The provider sent relevant notifications to the CQC and local authorities when incidents occurred. They documented and reviewed all incidents. There was a culture of learning from incidents.
- Staff were passionate about their role and relished providing people with good quality care. They felt well supported by a nominated individual who was committed to people receiving high standards of care, and staff getting the right support. One staff member said, "I feel very involved in the running of the service. The boss is fantastic and it's a really good service to work for."
- The service had plans in place to improve community links in order to help people who used the service and staff. The nominated individual and management team had developed positive working relationships

with local agencies and clinicians. The provider acknowledged they needed to update aspects of the website, which were inaccurate.