

7Jay Home Care Ltd

# Right at Home (East Staffs)

## Inspection report

The Trinity, Trinity Methodist Church  
George Street  
Burton-on-trent  
DE14 1DP

Tel: 01283777700

Website: [www.rightathomeuk.com/eaststaffs](http://www.rightathomeuk.com/eaststaffs)

Date of inspection visit:  
09 December 2022

Date of publication:  
17 January 2023

## 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

Right at Home (East staff) is a domiciliary care agency. The service is registered to provide personal care to younger and older adults with various needs including, physical disabilities, sensory impairments, and people living with dementia or a learning disability. At the time of our inspection there were 12 people using the service.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

People received an exceptionally personalised service that met all their needs and preferences. People unanimously told us that the team at Right at Home adapted the way they worked to support people's individual needs to provide a truly person centred service. People shared examples of Right at Home going out of their way to offer care and support in an exceptionally responsive way.

People were protected from the risk of abuse and harm. The appropriate action had been taken when safeguarding concerns had been raised with the registered manager. Recruitment practises were followed and there were sufficient numbers of staff to ensure safe care. Personal Protective Equipment (PPE) was readily available for staff to use. Medicines were managed safely. People received their medicines as prescribed.

People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People and their relatives told us staff were on time for their visits and if on an occasion staff were delayed, they would be informed. People felt able to complain and felt listened to.

People told us they were treated with dignity and respect and were encouraged to be as independent as possible.

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.

Governance systems were in place to monitor the standard of care people received. The service worked in partnership with other health and social care organisations and the community to achieve better outcomes for people using the service.

The registered manager demonstrated a commitment to providing a good quality care service to people in the local community.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

We registered this service on 16 August 2019 and this was 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Right at Home (East Staffs)

## Detailed findings

### Background to this 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspection manager 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service.

We used all this information to plan our inspection.

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.

During the inspection

Inspection activity started on 7 December 2022 and ended on 12 December 2022. We visited the location's office/service location on 9 December 2022.

We spoke with 4 people who used the service and 2 relatives. We spoke with 5 members of staff which included the nominated individual, registered manager and a quality manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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 of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were protected from the risk of abuse. People we spoke with told us they felt safe when receiving care.
- We saw examples of when the registered manager had made referrals to the relevant agencies when they had suspected potential abuse in the form of self-neglect. This demonstrated action had been taken when abuse had been suspected.
- All staff had received training in safeguarding. One staff member told us, "I would report any concerns to the registered manager, and I am confident they would deal with it". Another staff member said, "I have never witnessed abuse or poor care practices. Any abuse I would report it to the manager or go above them. All the safeguarding information is in my welcome folder. I would tell the local authority and CQC if I needed to".

Assessing risk, safety monitoring and management Learning lessons when things go wrong

- People's care needs were assessed, and care plans and risk assessments were formulated based on people's assessed needs. These provided staff with the information they needed to manage the identified risk and ensure safe care. A member of staff told us, "Care plans tell you what equipment is available to assist people with their mobility. Before using equipment, I check them first to ensure they are safe to use, checking the servicing date and ensure they are clean".
- People's ongoing risk assessments were reviewed on a regular basis and when needs changed. One person told us, "I know about the tasks list [care plans], we talked about these when I recently had my six-month review".
- Lessons were learned when things went wrong. We had been made aware of a medicines error that had been made by a member of staff. The appropriate action was taken to safeguard the person from becoming unwell and the staff received training and support to mitigate the risk of a similar incident occurring again.

Staffing and recruitment

- People were supported by sufficient numbers of trained staff that met their individual needs. One relative told us, "We have a team of carers. We have been with them for the past two years. They [Right at Home] make sure to partner my relative with the right carer". Another relative said, "Nobody has just not turned up, they have always informed me, and provided cover. It is very rare, that they have not managed to sort it out".
- People told us they received the support from staff at the planned times. One relative said, "The only time that they were going to be late, the office staff phoned me to say that they were running late and would get there as soon as possible. It ended up as being only ten minutes".

Prospective new staff were checked for their suitability to work with people prior to employment. This

included gaining references and Disclosure and Barring checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines as prescribed and electronic Medication Administration Records [MARs] were completed daily. A relative told us, "They [carers] help my relative with their drops and tablets".
- The registered manager told us how they had to revert to written records for one person as this ensured safe administration. Using the electronic system meant that they could not be sure the person was having their medicines administered safely.
- Staff had received training in the safe administration of medicines, and they received regular checks of their competency

#### Preventing and controlling infection

- People were supported to remain free from infections through safe practises.
- Staff received training in infection prevention and control and told us Personal Protective Equipment [PPE] was readily available to them.
- On the day of the inspection a member of staff called into the location to pick up some more PPE for their use. They told us, "I always have access to plenty of PPE, we are still wearing the masks".

# 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 of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law, Staff support, training, skills and experience, Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to a care service commencing and people told us they received the care they had been assessed for.
- Care plans we reviewed were detailed and comprehensive and supported staff to support people in a way that met their individual needs. A member of staff told us, "We are provided with sufficient information about how to care for people. I've never had a visit where I am unsure how to care for the person".
- People were supported by staff who had the skills and experience to support their care needs and staff worked with other agencies to provide effective care. A relative told us, "The manager brings them [new carers] on a meet and greet. They have all been trained to support my relative by the physiotherapist and occupational therapist".
- A member of staff told us, "The induction was great, I had two good trainers, really informative. It gave me a good understanding of care and it made me more confident. I shadowed other staff before I was left on my own".
- There was regular training for staff and the manager and senior staff checked staff's competency to ensure they understood and applied training and best practice to their role. A member of staff told us, "I had a one to one a month ago, discussed my goals and areas I need to work on. I can talk about problems I may have and my training needs".

Supporting people to live healthier lives, access healthcare services and support Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to remain healthy. One person told us, "The staff are very good, they take me on health appointments".
- People told us they were supported to eat and drink if this was part of their care plan. One person told us, "They [care staff] help me out in all ways as regards food. There is less and less that I can eat these days". Another person told us, "The staff always ask me what I want to eat that day".
- Staff we spoke with told us they had completed food hygiene training on induction and that people's care plan provided information regarding dietary needs, allergies, and supplements.

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 MCA 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.

- Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. A member of staff told us, "If someone was struggling to make a decision, a plan would be put in place to support them".
- People's care plans contained information about people's cognition and mental capacity assessments were completed as part of people's care planning.

# 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 of this newly registered service. We have rated this key question 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 Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were treated with dignity and respect. One relative told us, "They [carers] are very good. They are interested in what is happening. They always ask if there is anything else that they can do". A person who used the service told us, "I get on with them [carers] very well. I can't imagine another company would be able to cope with me".
- One person had difficulty in communicating due to their health needs. Staff supported the person with a picture board to help them express their needs and make their wishes known.
- The registered manager told us, and we saw in people's care plans that people's preferences were sought at their initial assessment. These were then noted in their care plans and staff knew people's needs.
- People told us, and we saw they were supported and involved in decisions about their care.
- The registered manager told us that people were called monthly to see if they were satisfied with their care.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected people's privacy and treated them with respect. One person told us, "They [carers] always knock on the door, and say hello when coming in". Another person told us, "The carers they treat me with dignity and respect and enable me to be as independent as possible".
- A relative told us, "They [carers] treat my relative with respect, talk to them, and have some banter. They are very good". Another relative told us, "They [carers] use a towel to give my husband dignity and complete respect when bathing".

## 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 of this newly registered service. We have rated this key question outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People unanimously told us that they received an exceptionally responsive service. A person told us, "They [Right at Home] try and accommodate whatever I want to do, if they have the capacity. They also help me to keep in touch with my friends and family. A relative told us, "The carers do whatever they can for us. I am eternally grateful. It is a family members birthday and we wanted to have some family time. The agency [Right at home] have swapped things around for us". This meant that people and their relatives were able to make changes and be flexible in their daily living plans as the team at Right as Home would accommodate changes to their care and support. This supported people to remain well and their social wellbeing needs were supported.
- The registered manager used innovative ways to fully ensure a personal service. For example, one person's relative supported carers to care for their family member. It was suggested by Right at Home and agreed by the intergrated care board [ICB] that the relative join the care team as a staff member of Right at Home. The relative was interviewed, went through induction and training and now supports their loved one with other carers as a paid member of the team. This was a truly personalised service being delivered to this person based solely on their individual needs.
- Another relative told us, "They [Right at Home] are interested in what is happening, they treat us as individuals. They always ask if there is anything else that they can do".
- The provider and registered manager also supported people's social and wellbeing needs. Carers spent time getting to know people and their individual likes and dislikes. One person who had a progressive illness had wanted to start driving again. Right at Home arranged extra time for a carer to sit with them in the car whilst driving to help build their confidence. This person has now progressed to driving independently again and had given them a new lease of life.
- The provider had an innovative approach to using technology. A person who was known as being fiercely independent having lived alone for many years was receiving companionship calls from Right at Home This was working well until the person became unwell and their needs changed to require personal care support. Initially it was thought the person may have required to go into a care home which they did not want to do. It was agreed that Right at Home would provide a carer for 10 hours each day, to assist with their daily living tasks. The relative of the person who did not live locally was understandably nervous. Right at Home arranged for them (with the person's permission) to have access to the electronic records including care plans and risk assessments. This meant even though they were not close geographically, they would remain close to the day-to-day aspects of their relative's care. Right at Home also suggested a care link system for when the person was on their own which they could use in the case of an emergency. The relative said, "It

helps enormously being able to log on and see what my relative has eaten and been up to in the day, thank you for suggesting we have access to your system, it is so reassuring". This action by the team had meant that both the person and their relative were assured that they were getting the right care and support they required at the right times and allowing the person to stay in their own home.

- The team at Right at Home supported people to stay in contact with their relatives through the use of technology. Internet video calls were used to keep people in touch and allow people to see their relatives as well as hear them.

#### End of life care and support

- The team at Right at Home were particularly skilled at helping people explore and record their wishes for their end of life care. The registered manager and staff had all received training in end of life care.
- One person had become unwell and was receiving palliative care. They were concerned about what would happen to their beloved pet. The team of carers helped the person find a family who would adopt their pet when they had gone. This brought this person peace and comfort knowing their pet would be cared for.
- Another person had received a rapid end of life diagnosis which had come as a shock to them and their family. Right at Home supported the person and their family to come to terms with the diagnosis and provided a small team to support them for consistency, this included the registered manager. The small staff team found that talking softly, stroking their hand and playing the person's favourite music helped relieve their anxieties. We saw it was recorded in a testimony, 'as a result of our approach the person and their family experienced less distress and were able to appreciate the time they had as a family'.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed as part of their individual care assessment tool at the start of each care package.
- The registered manager told us that written care plans were available for people and relatives who chose not to use the provider's electronic care recording system.
- The registered manager told us that all documents and information could be provided to people in different formats if needed such as large print.

#### Improving care quality in response to complaints or concerns

- People told us they had no reason to complain but if they did, they would not hesitate to raise any concerns and were confident they would be taken seriously.
- The provider had an effective complaints policy and systems to ensure complaints would be documented, investigated and responded to within clear time frames. The nominated individual told us that any complaints would be used as a lesson learned exercise.
- People were provided copies of the complaints procedure when they started receiving care from the service.

# 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 of this newly registered service. We have rated this key question 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

- The registered manager and staff demonstrated a commitment to people, and they displayed person centred values. The registered manager told us they and their deputy had worked equally hard to ensure a good quality service was provided.
- People's choices were respected, and staff supported them to achieve good outcomes. Everyone we spoke with spoke positively about the management of the service. A relative told us, "They are the best, there is nothing that you can find fault with. There is no need for any improvement, because they do a good job".
- Staff we spoke with told us they felt supported and equipped to fulfil their role from receiving good management, training and support.

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 registered manager understood their responsibilities under the duty of candour. They told us, "It's about being open and honest and admitting and learning when things have gone wrong".
- The provider and registered manager worked in partnership with other agencies to ensure people received a holistic care package. Both worked on advisory councils, such as 'The registered managers advisory council' and 'Skills for care', where they could share their expertise with others.
- The registered manager also offered peer support to other 'Right at Home' registered managers.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care

- There were systems in place to monitor and improve the quality of care.
- Regular audits of care records were undertaken to ensure they were appropriately recorded.
- Spot checks, supervision and regular training of care staff was undertaken to ensure staff were supported and well trained.
- Regular surveys were collated from people and staff to gain their views and we saw accident and incidents were monitored to ensure lessons were learned and care improved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were regularly asked their views on their care through care reviews and monthly

telephone calls.

- Staff were encouraged to be involved in the running of the service through regular staff meetings, surveys and as part of their personal supervision. A member of staff told us, "I Love it, it's amazing management. I am a worrier and the management talk me through".
- The registered manager undertook care calls and visits to people themselves, so people knew them and felt able to talk to them. A relative told us, "Sometimes the manager has stepped in and provided care, when they have been short, so they too understand our routines".