

Care Excel 247 Ltd

Right at Home Hillingdon & Uxbridge

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Right at Home Hillingdon & Uxbridge is a domiciliary care agency providing personal care to people living in their own houses and flats. It provides a service to adults. At the time of our inspection 5 people were using the service.

Not everyone who used the service received personal care. 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

Risks had been assessed and risk mitigation plans put in place. People were satisfied with the care they received and felt safe. The provider followed safe recruitment practices to help ensure suitable people were employed. Staff received appropriate training to meet people's care needs.

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 were aware of people's preferences and care plans provided information about people's care needs. People were supported by the same staff who were kind and caring.

People using the service, their relatives and staff told us the provider was available and responded to any concerns.

The provider had procedures for managing incidents, accidents, safeguarding alerts and complaints, and quality monitoring processes in place, to help monitor and improve service delivery.

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

Rating at last inspection and update

This service was registered with us on 5 May 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?

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Right at Home Hillingdon & Uxbridge

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

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 not a registered manager in post, but the agency was actively recruiting for one.

Notice of inspection

This inspection was announced. The service was given 24 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. Inspection activity started on 30 January 2023 and ended on 9 March 2023. We

visited the provider's office on 31 January 2023.

What we did before the inspection

We reviewed information we had received about the service. We also sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We met with the nominated individual, a compliance officer and a care worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at records the provider used for managing the service, including the care records for 2 people who used the service, 3 staff files, and other records used by the provider for monitoring the quality of the service. After the office visit, we spoke with 1 person, 2 relatives and 3 members of staff.

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. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and monitored. However, we found 2 people had a health condition with guidance on how to manage it, but without a risk assessment in place, which meant there was a lack of information about how the condition affected people, or what staff needed to be aware of concerning the condition. The nominated individual said they would update the care records immediately to address this and after the inspection confirmed the action they had taken.
- The provider assessed risks relating to various areas of people's daily living, including people's health, nutrition and falls.
- People's risk assessments and the plans to help keep people safe were regularly reviewed and updated to reflect any changes in their circumstances.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to help safeguard people from abuse. This included safeguarding adults and whistleblowing procedures.
- People and their relatives indicated people felt safe with the care staff. One relative said, "The carers are careful, and attentive to [person's] needs. They are polite and patient and [person] is in safe hands."
- Staff had completed safeguarding training so they could recognise when people were at risk of abuse and how to respond to help ensure people remained safe.
- No safeguarding concerns had been raised since the service had become operational. However, there were systems in place to manage these appropriately if needed. The registered manager understood their role around safeguarding and knew how to raise a safeguarding alert.

Staffing and recruitment

- There were enough staff to meet people's needs and enough time for travel. One staff member said, "[The nominated individual] gives me enough time. They check the rota to give me enough time to use public transport. Sometimes they pick me up."
- People using the service received support from the same staff which provided consistency of care.
- The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. Staff recruitment records included completed application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. 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 safely and as prescribed. The provider had a medicines policy and

procedure in place and staff had completed medicines training to help ensure they administered medicines correctly.

- People's care records included a list of their medicines and details on how to administer these. This included if medicines were time critical and information about 'as required' (PRN) medicines.
- Any medicines concerns were addressed. For example, we saw the provider had liaised with the GP when they thought one person may have benefitted from having all their medicines dispensed from a single pack.
- We found medicines administration was monitored appropriately and the provider undertook medicines audits to help ensure people received their medicines safely.

Preventing and controlling infection

- The provider had appropriate systems to help prevent and control infection.
- Staff completed training around infection control and were supported to follow government guidance.
- People and their relatives said staff followed good hygiene practices and wore personal protective equipment (PPE) such as gloves and masks. The staff told us they had enough PPE for use during care calls.
- The provider undertook spot checks for care workers to help ensure they were following infection control guidelines and using PPE correctly.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. We saw they recorded and investigated incidents and shared learning with staff to reflect on what went wrong and how to improve.
- The nominated individual told us, they get details if something goes wrong and try to prevent it happening the future. They also said it was important to communicate with the person, their relatives and the care workers and offer support.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs prior to starting the service to confirm these could be met. These assessments formed the basis of people's care plans.
- People's assessed needs included medical information, dietary requirements and communication.
- Care plans were reviewed and updated when there was a change in need and the provider liaised with other relevant agencies to help ensure people's needs were met.

Staff support: induction, training, skills and experience

- Staff were supported in their role through induction, training and supervision. This included completing an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- People and relatives told us staff were well trained. Staff confirmed this and said they were well supported. One staff member said training had been useful and explained, "This prepared me for supporting clients in the best possible way and ensure that they are involved in every stage of their care. This made me think from client's perspective when providing care."
- Records confirmed staff received regular supervisor and the provider had appropriate systems to communicate any changes to people's care.
- The provider carried out spot checks to help ensure staff delivered appropriate care through good practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. The provider completed a needs assessment in relation to the dietary and nutritional support needs of people.
- Staff were aware of the dietary needs of the people they supported. People and relatives were happy with the support they received. One person said, "Staff seem to be well trained. They cook in my house and I choose what to eat."
- The nominated individual told us how staff supported one person who liked food from different cultures, by making them homemade meals from different countries and buying food from different cultures for the person.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were recorded with guidance for staff about how to meet people's needs.
- Staff took appropriate action when people felt unwell and sought medical advice as required.

- Care records recorded how staff worked together with other professionals to achieve positive outcomes for people using the service. For example, one person had limited mobility. The provider contacted a physiotherapist who completed an assessment and provided exercises which the person did with staff. As a result, the person's confidence and their mobility has improved.

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 and found they were.

- People's capacity to make decisions was assessed and recorded, and we saw people had consented to their care and treatment.
- Staff had completed appropriate training and told us they offered people choices when providing care. This was confirmed by people and relatives.

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

- People and relatives told us people were treated well and with kindness. One person said, "The care received is very good. I have choice over what I need support with. Staff are friendly and caring."
- Staff completed training around equality and diversity and respected people's cultural needs. For example, the nominated individual told us when possible, staff who spoke people's first language were matched with the person to help people build a relationship with the staff and to be actively involved in their care. A relative confirmed this and said, "Staff speak in [specific language]. Additionally, they refer to my [relative] as [culturally appropriate term] rather than by name which is a mark of respect."
- Care records included people's cultural and religious needs as well as things that were important to them. For example, how they liked to receive personal care or topics they were interested in, so staff had guidance for what the person liked to talk about.

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

- People, and where appropriate their relatives, were involved in planning their care and reviews of care plans.
- The nominated individual told us they had regular feedback from people using the service and their relatives.
- Records included people's choices and people and relatives confirmed they were able to make decisions about their care. One relative said, "My [relative] is asked what they would like to eat, and the carers prepare a light lunch accordingly. [The person] is also asked whether they want to have a shower etcetera and their decisions are respected."
- Staff told us how they supported people to be involved in their care. One staff member said, "When caring for people, I always ask what their choices and preference are. I ask their consent during personal care. I never rush them and give them time. Before leaving, I always try to make them smile at least once."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. Staff treated people respectfully. One relative explained how when a person needed support with changing, staff were discreet and made the person feel comfortable.
- Care plans had guidelines for how to complete personal care tasks with personal preferences and staff told us they maintained people's privacy and dignity. One staff member said, "I always ask the client how they want me to do personal care. I always inform my client what I will do. I will ask how they would like me to do the wash and if they have the necessary toiletries."
- People were supported to be independent where they were able. The nominated individual explained how

staff always try to give control back to the person and let them take the lead as this promotes independence.

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

- People received personalised care which met their needs and reflected their preferences. People and relatives were happy with the care they received. One person said, "I would recommend the agency to others. Staff are good and punctual, mostly." A relative commented, "They are good mainly because [person] is happy with the level of care and I am very happy with how supportive the owner has been listening to any changes I wanted."
- Care plans were written with involvement from people and had person centred guidance about how to meet people's needs and what their preferences were. One person told us, "I have a copy of my care plan. The manager comes to me often for feedback on the service."
- When people's needs changed the provider helped them to get the necessary support to meet their needs. For example, when staff noticed someone was not hearing well, they made a referral to a healthcare professional to have this addressed.

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.

- Care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid.
- Relatives were happy with how staff communicated with the people they were caring for. Staff spoke a number of different languages and one relative told us, "Staff greet [person] on arrival and speak to them in [specific language]. Although [person] is able to understand and speak in English, they feel more comfortable in communicating in [specific language]. Staff are regularly conversing with [person] and providing companionship."
- The nominated individual told us that if people required information in large print or a different language this would be made available to them.

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

- People were supported to maintain relationships with family and friends.
- Care plans included information about people's social history, culture, religion and interests which helped

the staff to understand about the people they were caring for.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint if needed. One person told us, "If I have any concerns, I can tell my carer or contact the manager of the agency. They are good to respond." A relative said, "I am aware of the complaints process but have not needed to make a complaint."
- The provider had a process for responding to complaints appropriately but had not yet had any.

End of life care and support

- The provider had an end of life policy and staff had completed training in this area.
- Records we reviewed lacked some detail around end of life care. However, at the time of the inspection no one was receiving end of life care. The nominated individual confirmed that if someone required end of life care they would fully support the person and work closely with other relevant agencies such as the palliative care team. After the inspection, the nominated individual confirmed they had updated their records to better reflect people's end of life preferences.

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

- The provider created a person-centred and open culture. People and their relatives were involved in care planning and reviews.
- People and their relatives felt people were well supported and spoke positively about the care provided. One relative said, "The management team have been really good and supportive. [Person] can be a little tricky at times but the management team explained things very well and were professional throughout."
- The nominated individual told us it was important that they supported people using the service and staff and had regular contact with both.
- Staff told us they felt supported by the provider. One staff member said, "I feel very supported. I can reach out to my manager anytime. They always ensure that they have time for me. I get a prompt response. My calls are well aligned, and I see some clients every visit."

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

- The provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong. There were policies and procedures in place to respond to incidents, safeguarding alerts and complaints.
- The nominated individual said they would report appropriately if something went wrong and that the person affected had the right to know what went wrong. Files we reviewed confirmed the provider followed this process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff understood their roles and responsibilities. The nominated individual worked closely with staff in the day to day running of the service and was in the process of recruiting a manager to become registered with the CQC.
- The provider undertook spot checks to help ensure good practice and had processes in place for monitoring service delivery and making improvements as required.

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

- People's views were sought through regular contact. This included care plan reviews and telephone

monitoring.

- People's diverse needs such as languages spoken, were considered as part of the assessment process.
- Team meetings were held to share information and give staff the opportunity to raise any issues.

Continuous learning and improving care

- The provider had quality assurance checks in place to help monitor the quality of service and make improvements. This included an adverse events and lesson learned tracker that provided an overview for the nominated individual.
- The provider completed unannounced spot checks on staff help ensure care was provided to people appropriately and safely. They also spoke with the people using the service and their relatives to check if they had any concerns.
- The provider had a business continuity plan that provided guidance for responding effectively to a number of events that could impact on the continuity of care.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals to help ensure people had appropriate support. For example, we saw one person was supported by staff to complete exercises recommended by a physiotherapist.