

Sofin Care Limited

Right at Home (Ealing, Hounslow, Hammersmith and Fulham)

Inspection report

Suite 309, 3rd Floor, Qwest
1110 Great West Road
Brentford
TW8 0GP

Tel: 02084329788

Website: www.rightathomeuk.co.uk/ealingandhounslow

Date of inspection visit:
21 November 2023

Date of publication:
07 December 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

Right at Home (Ealing, Hounslow, Hammersmith and Fulham) is a care agency providing personal care and support to people living in their own homes in North-West London. 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. At the time of the inspection 14 people were receiving support with personal care.

The agency is registered to provide care to older and younger adults, including people with learning disabilities. At the time of the inspection, most people receiving care were older adults.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support: The staff supported people to make choices and have control over their care. Staff focused on people's strengths and encouraged them to be independent when possible. The staff supported people to help make sure they were safe. Staff supported people with their medicines.

Right Care: Staff understood people's diverse needs. People received kind and compassionate care. Staff respected people's privacy and dignity. People's individual needs were planned for and met. Staff were well trained so they understood how to care for people well.

Right culture: People received good quality care. Staff understood about best practice. Staff felt well supported and enjoyed working at the service. The agency was developing links with the local community and looking at ways they could meet a range of different needs in addition to providing personal care and support, for example facilitating events for people with dementia.

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.

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

Rating at last inspection and update

The last rating for this service was good (published 26 May 2018).

Why we inspected

We had not inspected this service for over 5 years, and we needed to check that they were still providing good quality and safe care.

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 (Ealing, Hounslow, Hammersmith and Fulham)

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

The inspection visit was conducted by 1 inspector. An Expert by Experience supported the inspection by making phone calls to people using the service and their relatives. 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.

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 a registered manager in post.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 November 2023 and ended on 21 November 2023. We visited the location's office on 21 November 2023.

What we did before the inspection

We looked at all the information we held about the location, including notifications of significant events.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 4 people who used the service and the relatives of 7 other people on the telephone. We received written feedback from 14 care workers.

We met the registered manager and other staff working in the agency offices. We looked at the care records for 5 people and other records used by the provider for managing the service. These included records of staff recruitment and training, complaints, audits, and meeting minutes.

We met the nominated individual and the quality compliance manager who worked for the franchisor. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems designed to safeguard people from the risk of abuse. Staff had training to help them understand how to recognise and report abuse. The provider had worked with the local safeguarding authority to help protect people when allegations of abuse were made.
- People and their relatives told us they felt safe with the agency.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been assessed and planned for. Risk assessments considered people's individual needs, capabilities and their views. Risk assessments were regularly reviewed and updated.
- Staff did not impose restrictions on people and supported people to take risks when they wanted to. Some people were supported to go out of their homes and the provider had assessed the risks around this.
- Staff undertook training to understand about safety in different areas, including helping people to eat and drink, helping people to move and how to use the equipment people needed.
- The provider assessed the risks within people's home environments and alerted them or their representatives to any concerns.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. A number of people had 24-hour staff support with staff who stayed with them overnight in case of emergencies. There was a system to help make sure these staff had sufficient breaks. People who received different visits during the day told us staff arrived on time and stayed for the agreed length of time.
- People received care from the same familiar care workers. Some people explained they did not always know in advance when there were changes to the scheduled care, although others told us they were well informed.
- There were systems to help make sure only suitable staff were recruited. These included a range of checks before they were employed and assessments of their competencies during their induction.

Using medicines safely

- People received their medicines safely and as prescribed. They and their relatives told us they were happy with this support.
- Staff undertook training to understand about safe medicines management. Managers tested their knowledge and observed them administering medicines.
- The risks relating to people's medicines had been assessed. Staff recorded when they administered

medicines, and these records were checked and audited by the management team.

Preventing and controlling infection

- There were systems to prevent and control infection. Staff received training to understand about infection prevention and control. They were provided with gloves and other personal protective equipment (PPE) and people told us the staff used PPE and followed good hygiene practices.

Learning lessons when things go wrong

- There were systems to learn when things went wrong. Accidents, incidents and adverse events were recorded and investigated. Learning from these was shared with staff to help prevent reoccurrence.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs and choices were assessed before they started using the service. The registered manager met with them and their families. They gathered information about their needs and consulted with other professionals when needed to complete this.
- Care plans were created following these assessments. They were regularly reviewed and updated when people's needs changed.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. New staff completed an induction; learning about best practice and having their skills and knowledge tested. The registered manager was a qualified trainer and was able to provide bespoke training based on each staff member's previous experience.
- The staff could access a range of online training and had practical training updates at regular intervals. The staff had undertaken training about dementia, learning disabilities and autism.
- Staff told us the training was useful and they felt well supported. They had the information they needed for their roles. There were regular meetings for individual staff and group meetings to discuss the service and their work.

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

- People were supported to have enough to eat and drink when this was part of their planned care. They explained they were happy with this support.
- The provider had assessed when people were at risk regarding nutrition and/or hydration. Care plans included guidance for staff on how to support people and minimise these risks.

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 assessed and recorded in care plans. The agency had created easy to access information to be shared with healthcare professionals if needed.
- Staff monitored people's health and alerted other professionals and family members if they had concerns about a deterioration or if someone became unwell.

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.

- The provider was acting within the principles of the MCA. They had assessed people's capacity to consent. For people who lacked the mental capacity to make specific decisions this was recorded, and the agency had consulted with their representatives to make decisions in their best interests.
- People who were able to consent were asked to do so. Staff knew to offer people choices at each visit and to respect their decisions if they refused care or interventions.
- Staff had completed training about the MCA and understood how to apply this.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 using the service were well treated and supported. They had good relationships with their care workers. People told us care workers were polite, considerate and kind.
- Comments from people using the service and their relatives included, "Care workers are lovely", "I am happy with the carers, they are a joy" and "All the carers are really kind, compassionate and respectful."
- The provider was able to tell us examples of when care workers had provided personalised care to reflect people's needs. For example, one care workers had learnt to cook traditional food from the person's home country and learnt about their culture.

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

- People were able to express their views and make choices about their care. They were consulted about their care plan and given choices during each visit. Staff respected their decisions.
- Comments from relatives included, "[Person] makes choices and decisions" and "The carers are kind, understanding and allow [my relative] to make decisions about [their] care." This relative explained the person did not use words to communicate but that the staff used a form of sign language, touch and objects of reference to support the person to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted and respected. People told us staff provided care behind closed doors, covered them and drew curtains when needed.
- People were supported to be independent when they wanted. For example, care plans described things people could do for themselves. Staff supported people to undertake exercises to help with their mobility when this was part of their planned care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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. They told us they were happy with the care they received, and that the provider was responsive when they wanted anything changed.
- The management team had created personalised care plans which outlined how people wanted and needed to be cared for. Staff kept records about the care they had provided. Managers audited these records to make sure care plans were being followed.
- Care plans were regularly reviewed and people were asked for their opinions and any changes they wanted.

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 being met. Information was available in different formats for people who needed this.
- Care plans included information about people's communication needs and any sensory impairments. Relatives we spoke with told us they felt staff worked well to communicate with people, to understand their needs and to be understood.
- Some of the comments from relatives included, "The carers communicate well with my [relative] because they have developed a sign language, they all understand" and "My [relative] is visually impaired and the company have matched [them] perfectly with chatty carers who communicate well."
- The agency had matched some care workers who spoke people's first languages. This had helped people to understand about their care and communicate their needs better.

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

- Some people were supported with leisure activities, visiting local places, and maintaining friendships when this was part of their care plan.
- The provider had helped one person to stay in touch with their family by organising and facilitating regular video calls.

End of life care and support

- The provider was not caring for anyone at the end of their lives at the time of the inspection. However, they asked people about any specific wishes and preferences they had which were included in their care plan and could be referred to if needed in the future.

Improving care quality in response to complaints or concerns

- There was a suitable procedure for responding to complaints and concerns. People using the service, relatives and staff were familiar with this.
- People told us the agency responded to concerns they had raised.
- We saw records of complaints and concerns. We saw how the provider had investigated these and made improvements to 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- There was a person-centred culture. People using the service and their relatives were involved in developing and reviewing their care plans. They told us they received personalised care they were happy with. Most people we spoke with told us they would recommend the service.
- Staff were happy working for the agency. They felt well supported, had a range of training and felt it was a good place to work. Some of their comments included, "We provide continuity and get to know our clients well", "I feel valued by the agency and the service users" and "Everyone works as a team and we all support each other."

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 responsibilities under duty of candour. They had responded appropriately, investigated, learnt from and apologised when things went wrong.

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

- The managers and staff were clear about their roles and responsibilities. The agency was a franchise. They received support, guidance and quality checks from the franchisor company.
- The registered manager was an experienced care manager who had worked with other agencies and had a management in care qualification. The nominated individual had personal experience working with charities in the local community. They both kept themselves updated with good practice and changes in legislation and shared this knowledge with the staff through meetings and clear policies and procedures.
- People using the service, relatives and staff spoke positively about management support. Comments from relatives included, "The management, office and company are very well organised, and contact is excellent by email, phone and face to face", "The manager visits and may review or adjust the care plan with my involvement" and "The management and office are good."
- Feedback from staff included, "They are friendly and listen, if we have a problem they are helpful", "The manager is very supportive" and "The support I have received has a positive impact on my work,"

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

- People using the service were asked for their views about their care. There were regular surveys, telephone

calls and visits to people to gather these views. People told us they felt able to speak up when something was wrong, or they wanted changes.

- Staff also had the opportunity to express their opinions and be involved through surveys and regular contact with the agency offices. They confirmed this.
- Staff undertook training about equality and diversity, so they knew how to provide personalised care. The franchisor had introduced a new way of working to better support LGBT+ (Lesbian, Gay, Bisexual and Transgender) people. They had worked with the management team at this branch to improve assessments, care planning and support for people.
- The provider was looking at ways to increase age diversity within the workforce by attracting older workers and giving them the support they needed.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. These included asking stakeholders for feedback, spot checks on staff, meetings and appraisals of staff work and regular reviews of people's care.
- The agency audited care records, medicines management and other aspects of care delivery. They took action when needed, for example retraining staff or making changes to care arrangements.
- The franchisor also carried out audits of the service and worked closely with the management team to promote best practice and learn when things went wrong.

Working in partnership with others

- The staff worked closely with other healthcare professionals when needed, alerting them to concerns and following their guidance.
- The registered manager and nominated individual had attended community events and had plans to do more of this in the future. For example, providing information about care services at dementia awareness events and local leisure centres.
- The registered manager met with other managers within the franchise group and local area to share ideas, good practice and learn from one another.