

Cornerstone Home Care Limited

Right at Home Mitcham, Streatham and Dulwich

Inspection report

537 Norwood Road
London
SE27 9DL

Tel: 02080049644
Website: www.rightathomeuk.com/mitcham

Date of inspection visit:
31 October 2023

Date of publication:
13 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Right at Home Mitcham, Streatham and Dulwich is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection, out of a total number of 40 people, 18 people were receiving support with personal care.

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

People felt safe because staff understood their care and support needs well. There were safe staff recruitment procedures in place aimed at compassionate staff being employed by the provider. People received support to manage their medicines as prescribed. Policies and procedures were in place to effectively manage risks associated with infection control. People's risk assessments were individualised and guided staff on how to mitigate the potential risks to people. However, fire safety procedures required reviewing making sure people were safe living in their own homes.

There was a good leadership at the service with shared responsibilities to monitor the care being delivered to people. Staff were caring and attended to people's support with kindness. People and their relative's told us they had good communication with the management team and that their wishes and choices were adhered to. Healthcare professionals were involved as and when necessary to support people's well-being.

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

Rating at last inspection

The last rating for this service was good (published 30 May 2018).

You can read the report from our last inspection, by selecting the 'all reports' link for Right at Home Mitcham, Streatham and Dulwich on our website at www.cqc.org.uk.

Why we inspected

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

This was a focused inspection and the report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

Right at Home Mitcham, Streatham and Dulwich

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 an inspector and 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 homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC 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 was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be available to support the inspection when we visited.

What we did before the inspection

We reviewed the information we held about the service including the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us

about by law. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 10 family members. We also spoke with the managing director, finance and operations director, registered manager and 3 staff members who provided care to people.

We reviewed a range of records. This included people's care plans and risk assessments, medicines management procedures and staff files in relation to training and recruitment data. A variety of records relating to the management of the service, including audits and policies were also reviewed.

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. At this inspection this key question has remained the same. This meant people continued to be kept safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People felt safe because staff knew their history and health care needs. A family member told us, "[Staff] shadow first of all and they get to know [my relative] pretty quickly. There's a list of tasks to do so they know exactly what they're supposed to do."
- Staff received training on how to support people safely. A staff member told us, "Training is excellent, if any problems we can come to the office. Whistleblowing is if we notice the things that are not right. It needs to be raised straight away and through the right procedure. At first, I would raise it with the managers. The next step would be the regulatory body."
- Systems and processes were in place to monitor and action any safeguarding concerns received. There were no safeguarding concerns raised regarding the service in the last 12 months.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People's care plans were person centred and included information on how to encourage and approach people to ensure the best support outcomes. Risks to people were assessed and information for staff was provided on how the risks to be mitigated, for example where a person's behaviour that challenges staff was identified.
- Environmental risk assessments were completed to ensure people's and staff's safety in people's homes. Although risks associated with fire were identified, this was not recorded consistently, and no information was provided for staff on how to support people safely to leave the premises in the event of fire. The manager told us they would address this immediately. We will check their progress at our next planned inspection.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. □
- Staff attended their visits on time and stayed for at least the allocated time. Family members' comments included, "Yes [staff] are on time. [My relative] will generally get a call from head office if it's an unexpected lateness" and "[Staff] stay until they've finished the job. As my [relative] gets older, he gets slower, so it takes longer than it did before. Luckily, [staff] are flexible."
- Regular staff members were provided for people. Family members' told us, "We don't get that many changes of staff. No new person comes without having a visit with an existing carer" and "[My relative] is never greeted at the door by somebody she hasn't met before."
- The service matched staff and people based on their values, interests and cultural needs.
- The provider operated safe recruitment processes. Staff were required to attend an interview, provide

references, eligibility to work in the UK and Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The management team told us they aimed to recruit compassionate character and life experienced staff members so that people received good care.

Using medicines safely

- People were supported to receive their medicines safely.
- Systems and processes were in place to ensure people received their medicines in a timely and safe manner. Staff were required to sign a medicine administration record after the medicines were taken by people.
- People's medicine records were regularly audited by the management team and actions were taken to prevent future occurrences where an error was identified.
- The service applied the Mental Capacity Act 2005 (MCA) principles to support people in the decision-making process regarding their medicines.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff understood how and when to wear the personal protective equipment (PPE). One family member told us, "When it's necessary, [staff] certainly wear a mask and if need be, an apron and gloves of course." A staff member said, "We wear gloves, aprons. We have to wear it all the time when doing personal care."
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
 - Although the provider was in the process of changing their electronic systems, they continued to effectively monitor the delivery of care making sure action was taken to address short falls identified.
 - Incidents and accidents were recorded and individually addressed to ensure safe care delivery for people.
- The management team used team meetings to share information and discuss the trends that required improving.

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. At this inspection this key question has remained the same. 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 positive and open culture at the service.
- People felt valued by staff who spent time having conversations with them. Family members' comments included, "[Staff] are amazing. I don't know how Right at Home find such people. One of them sings with [my relative]. I hear them go into the shower and they're singing together. They appreciate that caring isn't just about doing the job it's about relating to the person", "They are very much people who will talk to her directly and listen. It feels like she's special and someone's listening to her, and they want to know her opinion" and "There's a number of instances where they've gone above and beyond."
- Staff attended to people's care with dignity and respected their religious and cultural beliefs. Comments included, "If [my relative] has a shower, [staff] wrap her out with towels. We stay outside because that gives her privacy and independence. [Staff] that comes in, they always maintain her dignity" and "[My relative] is a Christian and sometimes [staff] will talk about God or talk about the bible because we specified that. That was high on her priority list. They can pray with her. It depends on how the day pans out."
- The staff team worked closely with people, making an effort to understand their personalities and care needs. They aimed to improve peoples' lives, including providing support to a person to maintain their garden and meaningful contacts which were important to the person.

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 the duty of candour.
- The management team was aware of the requirement to notify appropriate agencies including CQC if things went wrong.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- People and their relatives felt there was a good leadership at the service. Comments included, "It's very much a personal organisation. It's not a faceless organisation. I always feel it comes from the heart. It's not a company sending carers - it's a bit more than that", "They're very approachable. They don't seem hierarchical or bureaucratic in the way they handle things. The quality of the staff – they all seem bright and with-it people which I think helps. They're good communicators" and "I always know who I'm speaking to if I

phone the office. I always know what's going on. Excellent communication."

- Staff felt listened and well supported in their role. Comments included, "The management is excellent, top quality. I can get hold of them at any time and any concerns I have are dealt with quickly. I can't rate them highly enough. They care about their staff as well as their clients" and "Managers are really nice, they give support if we need it. They are always helpful, really supportive. Always trying to help."
- The staff team felt valued by the service and together they celebrated staff members' anniversary with the provider.

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

- People were at the heart of the running of the service.
- People chose how they wanted to be supported. Family members' comments included, "We asked [my relative] what does she want? [My relative] put her little bits in when [the management] came and we spoke as well. They talked to [my relative]. They included [my relative]" and "At these check in points that are arranged, [the service] do ask if anything needs changing. How things are basically."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The management team had shared responsibilities to oversee the care delivery. Regular checks were carried out to review people's care records and the health and safety at the service.
- Electronic systems were used to monitor the care being provided to people. The management team was notified of upcoming expiry dates and updates required. This was in relation to staff's training and recruitment.

Working in partnership with others

- The provider worked in partnership with others.
- The provider worked well with external organisations to support people's well-being. The management team told us they liaised with the healthcare professionals as and when necessary, making sure people had their health needs attended to appropriately.