Home Care 365 Limited

Right at Home (Swindon)

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

We inspected Right at Home (Swindon) on 20 March 2018. This service is a domiciliary care agency (DCA). It provides personal care to older adults living in their own houses and flats in the community. At the time of our visit 27 people received personal care. Additional 16 people received additional support such as assistance with light housework or companionship. Not everyone using receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the last inspection in March 2016 the service was rated Good.

At this inspection we found the service remained Good overall. The provider was in a process of making improvements around records and quality assurance. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Further information is in the detailed findings below.

Why the service is rated Good overall:

The provider had quality assurance systems in place to ensure the service was monitored. We received mixed feedback from staff about how supported they were. The registered manager was in a process of addressing these concerns

People remained safe. There were sufficient staff to meet people's needs. The provider had systems in place to ensure, that as far as possible, staff recruited were safe and suitable to work with people. Staff understood how to protect people and how to alert management and authorities if they had any safeguarding concerns. Risk assessments around people's well-being and environment were carried out. People received their medicines as needed. However, we made a recommendation around ensuring the records are consistent and in line with good practice.

The service remained effective. People's needs were assessed prior to commencement of the service to ensure these could be met and people were involved. Staff received ongoing training to carry out their roles and they received supervision. People were supported to meet their nutritional needs and had access to health services as required.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the staff at the service supported this practice. People's rights to make own decisions were respected.

The service remained caring. Staff supported people in a compassionate way. Staff protected people's

privacy and dignity. People developed positive relationships with staff and were supported to be as independent as possible.

The service remained responsive. People told us they received the support that met their needs. People and their relatives were involved in care planning process and reviews. The registered manager worked to ensure people's care plans were updated and in date. Complaints were managed in line with the provider's policy and people knew how to complain.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider ensured people's feedback was sought regularly. People knew who the registered manager was and how to contact the office if required. The service was working well with a number of external social and health professionals and we received positive feedback from two professionals.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well-led.	**Good**

Right at Home (Swindon)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 March 2018 and was announced. We told the provider three days before our visit that we would be coming. We did this because the management is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the submitted PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

We undertook phone calls to six people who used the service and two relatives. In addition we spoke with one care assistant, two senior care workers, care co-ordinator and the registered manager. We also received additional feedback from three staff via email. We looked at four people's care records and three staff files that included their recruitment, supervision and training records. We also viewed a range of records about how the service was managed. After the inspection we contacted a number of external professionals and commissioners to obtain their views about the service.

Good

Is the service safe?

Our findings

People told us they were safe receiving care from the Right at Home staff. One person said, "I trust them all completely and have no problems of any sort with any of them". Another person said, "I certainly feel safe with them being in my house".

People were protected from the risks of abuse. Staff received training in safeguarding and knew what to do if they were concerned about a person's well-being. One staff member said, "I'd ring on call, record and speak to the manager".

People we spoke with told us when staff assisted them with their medicines they felt staff were aware of what to do. One person said, "I have [condition] and the carer has to put cream on my legs, they all know what they are doing". Staff received training in medicines management and there was a clear policy in place how to manage the medicines safely. People's records contained the list of people's medicines, possible side effects and what each medicine was prescribed for. We however, found Medicine Administration Charts (MAR) were not always in line with the provider's own policy. For example, provider's policy stated that a MAR is not required where only 'Level 1 Support' is being provided. 'Level 1 Support' according to the policy is when the person takes responsibility for their own medication, but may require a minimal level of support including assisting or prompting. We found one person's MAR reflected the lack of consistency, some staff signed their initial which suggest they administered the medicine, some staff inserted a code 'M' which meant 'make available'. We raised this with the registered manager who was aware the records needed improving. They told us they already identified a senior member of the team who whom the responsibility to address these concerns was delegated to.

We made a recommendation that the provider refers to current guidance to ensure their records are in line with the current good practice.

Risks to people's safety and their environment had been assessed. Assessments included areas such as medicines, falls, mobility and nutritional needs. There was guidance how to ensure people's safety. For example, one person was at risk of falling and their care plan stated which type of walking aid they used to ensure safe mobilising. This person's care plan also said 'ensure [person] is wearing life line pendant'.

There were sufficient staff to keep people safe. One person said, "They turn up and they are usually on time". Another person said, "They're brilliant and they always turn up". No people reported any missed visits. The provider used an electronic system to monitor people's visits and any late or missed visits would be flagged up. Staff told us they mostly visited regular people. The provider followed safe recruitment practices.

The provider had a system for recording accidents and incidents. We viewed the log and there were four accidents recorded since our last inspection. The team were keen to learn from mistakes. For example, one person slipped down the recliner chair, this happened between staff visit and the communication how to prevent reoccurrence has been shared with the team. One staff member told us, "We now put it (chair's remote controller) down the side".

People were protected from risk of infection and staff had received infection control training. We observed staff collected their personal protective equipment (PPE), such as disposable gloves and aprons from the office on the day of our inspection.

Good

Is the service effective?

Our findings

Record confirmed and people told us their needs were assessed before they received the support from the team. This allowed gathering the necessary information that formed the base of care planning process. The assessments showed people and where applicable their families were involved in this process. For example, one person's file said, '[Person] present on assessment, agreed and understands' and we saw that person's authorised representative had signed the assessment.

People told us they felt staff mostly knew what to do. One person said, "I think all the carers are competent". Another person said, "Yes the carers are all very effective". Before our inspection we sent survey questionnaires to people and one person commented in their response, "There have been some minor issues with the new carers coming at short notice. However, this has now been resolved and they have reassured that in future a new carer will always be with an experienced carer".

Staff received ongoing training that included first aid, manual handling, safeguarding, medication and other areas. Staff comments included, "Training is good, online modules are repeated at certain times, external medicines, first aid, manual handling trainer. We can always speak to the manager if we need more support" and "We have training regularly, induction was good, still got notes I can refer to". Records showed and staff told us they received supervision. One member of staff said, "We have them regularly and can request one at any time".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked if the provider worked in line with these principles and we saw people's rights to make their own decisions were respected. The registered manager knew their responsibility to refer to the local authority if they had concerns about people's liberty.

Staff knew about the MCA and told us how they ensured they applied the MCA in their work. One member of staff told us, "All our clients are allowed to make own choices". Another staff member told us people should be treated with assumption of having capacity and added, "One of my clients, may not be able to make major decisions but able to pick food and clothes".

People told us staff involved them in making decisions about their care and support. One person said, "Only this morning I was asked if I wanted [her] to do anything else for me". Another person said, "I'm often asked if I have everything I want by a carer". People's care plans highlighted the need of giving people choice. For example, one person's care plan stated, "Encourage [person] to choose their breakfast showing choices".

People required minimal support with meeting their nutritional needs and where they needed it, the level of assistance was outlined in their care plans. One person told us, "They make sure that I've eaten during the day". People were also supported to access health services when required. One external professional said,

"They communicate well, and liaise directly with health professionals, to ensure they are delivering the most appropriate level of support".

Good

Is the service caring?

Our findings

The service remained caring and people were complimentary about the staff and their kind nature. Comments from people included, "I think they really do care, I really do" and "It makes my day the things that they do for me". One staff member told us what made them to join this company, "It was their wording about making a difference that attracted me to this company".

People told us they were able to build positive caring relationships with staff. One person said, "I do appreciate it [my carer] knows what I want and is always cheerful and happy". Another person said, "One hour is just about right for the visit, if [carer] does have time for a cup of tea or if she can stay over, it makes my week". Staff we spoke with enjoyed their roles and said they too built rapport with people. One staff member told us about one person who was currently in hospital. They said, "We go and visit [person] in hospital, just because they are in hospital they're not less important".

People's dignity and privacy were respected. Comments from people included, "It feels safe, and I am respected by the lot of them" and "I do trust them and they treat me with dignity and respect". People's care plans highlighted the importance of respecting people's dignity and privacy. One person's care plan stated, "[Person] will use toilet so respect her privacy".

People's individual communication needs were considered and people's care plan provided information about people's individual communication needs. For example, one person's care plan described the person's condition that affected their ability to communicate effectively. The care plan went on to say '[Person] has difficulties in speech production, sequencing and forming words'. This was to ensure people received information in a format that was accessible to them so they could understand the support received. One member of staff gave us another example where the team supported people's individual communication needs, "One person has poor hearing, we have a white board, we write questions and person answers, if you can get correct loudness they can show thumbs up". Another member of staff said, "[Person] uses magnifying glass, asks us to [help to] read her post".

Discussions with the registered manager and staff demonstrated they respected people's individual needs including the needs around equality and diversity. Staff were aware of people's diverse needs. One staff member told us about the person who due to their culture really enjoyed social aspect of meals. They said, "Culturally meals are social so the family suggest we eat with [person]". They also told us this person's family provided the person with their preferred meals that met their specific dietary preferences.

People's independence was promoted. People's care plan highlighted the importance of making sure people were encouraged to do as much as possible for themselves. For example, one person's care plan read, "[Person] is able to operate the coffee machine from her stool in the kitchen". One staff member told us about how they ensured they used the right crockery for one person. They said, "[Person] uses thinner glass so they can manage [to drink from] it".

We saw from the minutes that confidentiality was discussed in staff meetings. People's files were kept

securely in the office and staff had own log in password for using the scheduling system that contained people's personal information.

Good

Is the service responsive?

Our findings

People told us they received the support that met their needs. Comments from people included "Yes, the care is about right for me", "They keep an eye out for me" and "The time they have been allocated is appropriate. It gives the right time for them to do what they have been allocated to do".

People were involved in care planning process and reviews. One person said, "Yes, they came round last month and reassessed my needs. I was involved completely". We saw people signed their care plans to confirm their involvement. The provider was in a process of actioning the recommendation from the most recent local authority quality monitoring visit report which was to ensure care plans 'were more person centred'. The registered manager worked to ensure both office copies and the copies in people's homes were updated and in date.

People's care records reflected how people wished to be addressed and what level of assistance they required. Information in people's records included people's preferred name, what's important to people, overall goals and daily goals. For example, one person's overall goal was to 'want to feel he's being kept safe' and daily goal was 'companionship and daily support tasks'.

Provider had a complaints policy in place that was available to people. People knew who to contact should they need to make a complaint. Comments from people included, "I would complain if I needed to" and "I would phone up if I had a problem". Where people raised concerns with the office they told us action was taken to address them. One person said, "I did get confused at first because I had so many different carers, I phoned them up to explain and now I have just main one for most of my visits and I'm beginning to get the same one for most of the other visits too now".

We viewed the complaint log and noted there were two complaints recorded since our last inspection and both were investigated and closed.

On the day of our inspection no people received end of life support. When the team was to support people and their families with providing end of life support they would work with other professionals to ensure people have a dignified and pain free death.

Good

Is the service well-led?

Our findings

The provider had quality assurance systems in place to ensure the service was monitored however there were recent gaps in identifying concerns around records. One person's daily notes showed staff assisted the person with cream application, however, that was not in their care plan. We also found one person's care plan copy that was kept in person's home did not reflect their care plan was updated. The registered manager however showed us the office copy of the care plan had been updated and a copy was awaited to be taken to person's home. They reassured us this would not affect the person as they had regular carers that knew their needs.

The registered manager was open and honest and told us the gaps in quality assurance were due to their recent and sudden absence caused by unforeseen personal circumstances. Since returning to work they put an action plan in place to ensure there is a clear plan how to address the areas requiring improvement. The registered manager also used this as a lesson learnt and recognised that in order to prevent this happening in a future they needed to delegate more tasks to senior team.

The registered manager had worked with the team for three years and they were registered with the Care Quality Commission (CQC). They were supported by a team of staff and the director who was also the owner of the franchise organisation. As a franchise, the Right at Home Swindon branch had access to corporate policies, procedures and registered managers' networking opportunities.

People complimented the support received and how the service was run. Comments from people included, "Excellent - I don't know how I coped before using them", "They are the best they possibly can, I am impressed" and "I appreciate their support so much". Before our inspection we sent survey questionnaires to people and one person said, "Want to say the management is excellent, they contact me regularly and come out if I ask them to discuss things, really happy with Right at Home".

The provider ensured people's views were sought. The provider told us the next satisfaction survey was due. We saw the surveys for 2016/2017 and noted positive comments had been received. People's views were also gathered by telephone monitoring checks and reviews. Staff were encouraged to attend meetings, however, feedback from staff was mixed. Comments included, "Really supported, I could not ask for more support", "Positive staff meetings, we are a nice bunch", "The relationship between the office and the carers is poor" and "I personally do not feel comfortable contacting my seniors apart from one of them". We raised this with the registered manager who reassured us they would take a corrective action to address these concerns.

The registered manager worked closely with the local health and social care teams and various professionals. One external professional said, "The team are highly professional and very approachable. They respond to telephone calls and emails, promptly". Another external professional said, "I have always found the manager to be very helpful with information and will take on board suggestions to improve the service".

The provider was a member of United Kingdom Homecare Association (UKHCA). UKHCA help organisations that provide social care to people in their own homes and promote high standards of service. The provider also attended local domiciliary providers' forums meetings. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.