

Hawksbill Homecare Limited

Right at Home - Camberley, Ascot and Woking

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Right at Home - Camberley, Ascot and Woking is a domiciliary care agency that was supporting 44 people at the time of the inspection, 28 of whom were receiving personal care. Most of the people using the service were older people although some were younger adults who needed support due to complex healthcare conditions or disability.

People's experience of using this service:

The service was extremely responsive to people's needs. The personalised support provided by the agency consistently enabled people to achieve positive outcomes, often exceeding their expectations. Staff had supported people to overcome social isolation and to make progress in their rehabilitation after injury. People had been encouraged and supported to rediscover interests they had not had opportunities to take part in for some years. Staff had attended specialist training to ensure they had the knowledge and skills to support people with complex healthcare conditions.

People highlighted the responsiveness and flexibility of the service as its greatest strengths. They told us the agency accommodated any requests to change their support arrangements, which enabled them to live their lives as they chose.

Relatives said the agency had supported people and their families if an emergency occurred. For example, the agency had immediately provided additional visits when people's family carers had been unable to provide their care.

People and relatives told us that staff frequently went beyond what was expected of them in terms of the support they provided. For example, relatives told us that staff collected their family member's shopping and laundry on their way to their care visits.

People's care was provided by regular staff who understood their needs and preferences. Staff were kind and caring and had developed positive relationships with the people they supported. People were treated as individuals and their rights and wishes were respected. Staff treated people with respect and maintained their privacy and dignity when providing their care. People were encouraged and supported to maintain their independence.

People were involved in planning their care to ensure their care plans reflected their individual needs and preferences. Staff always received enough information about people's needs and were introduced to people before they provided their care.

The agency had effective quality monitoring systems, which ensured that people received safe, consistent and well-planned care. Regular spot checks were carried out to observe staff practice. Staff competency in medicines management and moving and handling was observed and assessed regularly. Staff were well-supported and valued by the management team. All staff met regularly with their line managers for one-to-

one supervision, which enabled them to discuss their performance.

People were encouraged to give their views about the care they received. The agency contacted people regularly to ask for feedback and were able to give their views in annual satisfaction surveys. People told us the agency had always responded to any requests they made for changes.

Staff monitored people's health closely and reported any concerns promptly. Many relatives told us staff were good at identifying and reporting any changes to their family member's health or well-being. Staff worked effectively with other professionals, such as GPs, district nurses and occupational therapists, to ensure people received the care they needed.

Potential risks to people and staff were identified and mitigated. Medicines were managed safely. Staff helped people keep their homes clean and maintained appropriate standards of infection control.

Staff were recruited safely. Checks were carried out to ensure staff were of good character and suitable to work in health and social care. Staff attended safeguarding training and understood their responsibilities to report any concerns they had about people's safety or well-being.

The service met the characteristics of Good in four of the five domains and the characteristics of Outstanding in the Responsive domain; more information is in the full report.

Rating at last inspection:

The service was rated Good at the last inspection on 18 April 2016.

Why we inspected:

This was a scheduled inspection based on the rating awarded at the previous inspection.

Follow up:

We will continue to monitor the service through notifications and communication with partner agencies such as local authorities and other commissioners. We will inspect the service again according to the rating achieved at this inspection unless we receive information of concern, in which case we may bring the next inspection forward.

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 Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service had improved to Outstanding.	Outstanding ☆
Is the service well-led? The service remains Good.	Good ●

Right at Home - Camberley, Ascot and Woking

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Service and service type:

Right at Home - Camberley, Ascot and Woking is a domiciliary care agency registered to provide personal care to older people, including people living with dementia, and younger adults.

The service had a manager registered with the Care Quality Commission. 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.

We gave the service 48 hours notice of the inspection visit because we needed to be sure the registered manager would be available to support the inspection. The inspection was carried out by one inspector.

Inspection site visit activity started and ended on 27 February 2019. We visited the office location on 27 February 2019 to see the registered manager and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) submitted by the provider in May 2018. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited the agency's office and spoke with the registered manager. We checked care records for four people, including their assessments, care plans and risk assessments. We looked at four staff files and records of staff training and supervision. We also checked records including complaints, accident and incident records, quality monitoring checks and audits.

After the inspection, we spoke with four people who used the service and four relatives to hear their views about the care and support provided. We received feedback from four staff about the training and support they received from the agency to carry out their roles.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff provided their care. They said staff understood how their care should be provided and followed the guidance in their care plans. Relatives told us they and their family members were confident in the skills of their care workers. One relative said of their family member, "He is very happy with them. He trusts them implicitly." Another relative said of staff, "They are very good in all respects, very competent. That gives us confidence."
- Staff attended safeguarding training during their induction and knew how to recognise and report potential abuse. Staff told us the registered manager had encouraged them to speak up if they had concerns. They said the registered manager had also informed them how to raise concerns with other agencies, such as the local authority, if necessary. One member of staff told us, "I have been encouraged to speak up and raise concerns. It feels like I am listened to. I am happy with the urgency that every concern is treated with."

Staffing and recruitment

- There were enough staff employed to meet all the agency's care commitments. The registered manager told us they would not agree to begin a package of care unless they were confident the agency could provide the care they needed.
- The agency's recruitment procedures helped ensure only suitable staff were employed. Applicants for employment were required to submit an application form with details of qualifications and employment history and to attend a face-to-face interview. The agency made appropriate checks on staff before they started work, including obtaining proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

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

- Risk assessments were carried out to identify any risks to people receiving care and staff. Risk assessments considered the environment in which care was to be provided and any equipment involved in people's care. Measures had been put in place to minimise any risks identified through the assessment process.
- The agency had a business contingency plan to ensure people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. This prioritised the delivery of care to people who would be most at risk if their visits were cancelled, such as those living alone without family support.
- The agency had an effective system in place to monitor calls and to ensure people received their care as planned. People and their relatives told us they could rely on their care workers to arrive on or around the scheduled visit times. One person said, "I am very pleased with the reliability. They are almost always on time and if they are running slightly late, they will ring and let us know. They even managed to get through in

the snow." Another person told us, "They are so reliable." A relative said the reliability of the agency was reassuring to their family. The relative told us, "Knowing we can rely on them takes the pressure off us as a family."

- Any adverse incidents that occurred were recorded by staff. Records of incidents were reviewed and actions taken to keep people safe. Staff told us that they were encouraged to highlight any issues which compromised people's safety. They said senior staff responded promptly to keep people safe if they raised concerns. One member of staff told us, "Raising concerns is encouraged. I had raised the need of rails in a client's bathroom because of mobility issues - it was taken into consideration immediately."

Using medicines safely

- People who received support with their medicines told us staff helped them manage this aspect of their care safely. One person said of their care workers, "They are very good at sorting out my medication for me." Relatives confirmed that staff ensured their family members received their medicines as prescribed. One relative told us, "They manage [family member's] medication safely."

- Staff received training in medicines management and their practice was assessed before they were authorised to administer medicines. Staff told us the training they received had given them the knowledge and skills to feel confident in the safe management of medicines. They said if they were unsure about any aspect of medicines management, they had access to advice from the agency's senior staff.

- Staff maintained medicines administration records (MARS) in people's homes to record the medicines people took. MARS were checked and audited regularly to ensure people were receiving their medicines as prescribed.

Preventing and controlling infection

- Staff maintained appropriate standards of infection control. People told us staff helped to keep their homes clean and hygienic. They said staff wore gloves and aprons when necessary and maintained good hand-hygiene. One person told us, "They wear aprons and gloves. They are very tidy." Staff attended infection control training in their induction and regular refresher training in this area. Staff infection control practice was observed during spot checks.

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

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 were assessed before they began to use the service to ensure the agency could provide the care they required. People told us their needs and preferences had been discussed with them before they used the agency. They said the assessment focused on their views about the care they wanted to receive. Relatives told us the agency had encouraged their involvement in the assessment process. One person said of their assessment, "They asked us exactly what we wanted." Another person told us, "They listened to what was important to us."
- The PIR set out the aims of the initial assessment, stating, 'Within this document we capture information about the person including their background, history, and what is important to them. We also ask the Client what they hope to achieve with the support being provided by their CareGiver.' The assessments we checked were comprehensive and holistic, recording people's needs and wishes in all areas of their lives.

Staff support: induction, training, skills and experience

- Staff had the induction, training and support they needed to carry out their roles. All staff had an induction when they joined the agency, which included mandatory training. One member of staff told us, "I had a four-day training and induction too." The member of staff said the induction had, "Clarified the role and what is expected." The induction also included shadowing colleagues to understand how people's care should be provided to meet their needs and preferences.
- Following the completion of their induction, staff were expected to complete the Care Certificate, which is a set of nationally-agreed standards that health and social care staff should demonstrate in their work.
- One person told us that some staff had attended additional training specifically to provide the support they needed to manage a healthcare condition. The person said staff had been enthusiastic about developing the skills they needed to provide their care, reporting, "We have a cluster of people who have had the training. They were all very keen to learn." A healthcare professional told us the agency had scheduled further training for staff about this condition in 2019.
- Staff confirmed that they met regularly with their managers for one-to-one supervision. They said this enabled them to discuss their practice and their training and development needs. One member of staff told us, "I receive feedback for my performance regularly. I have my supervision sessions and spot checks as planned."

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

- People's dietary needs were assessed as part of their initial assessment. The PIR advised that if an assessment identified risks related to nutrition or hydration, 'We would ensure that we complete our own Nutrition and Hydration Risk Assessment, containing specific details around the support required from CareGivers to achieve any desired outcomes and ensure safety; for example, fluid and nutrition charts, or

details of preferred foods / fluids. We would review the risk assessment as part of the six-monthly Client service review or as and when required if change should occur between this period.'

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

- Staff monitored people's health and welfare closely and responded promptly if they identified concerns. A relative told us, "They are very good at flagging up potential issues." Another relative said, "They are very attentive; they report everything, I am kept fully in the picture." A third relative told us, "They are very on the ball. Anything we should be aware of gets pointed out to me and they record it in the log."
- The agency worked effectively with other professionals to ensure people's healthcare needs were met. People's initial assessments recorded any professionals involved in their care and the PIR stated, 'We introduce ourselves to these individuals to ensure that there is a joined up approach to supporting the Client to remain at home.' Care plans demonstrated that the agency liaised with healthcare professionals including GPs, district nurses, physiotherapists, speech and language therapists and occupational therapists.
- Some people had complex healthcare conditions which required the agency to work closely with specialist healthcare professionals. We heard examples of how effective joint working with professionals had achieved good outcomes for people. One person who had multiple and complex needs wished to return home after a long stay in hospital. The registered manager worked with the person, their family, the hospital discharge team and the occupational therapy service to ensure a support plan and package of care was in place to enable the person to achieve their wish.

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 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 whether the service was working within the principles of the MCA.

- The registered manager had taken steps to ensure people's care was provided in line with the MCA. The PIR stated, 'When completing an assessment and care plan, we routinely use the Mental Capacity Act 2005 to ensure that if there are any concerns about decision-making, we will wherever possible involve clients in decisions being made about their care, or make a decision in their best interests. Where there is a Power of Attorney for Health and Welfare the representative should always be present.'
- People recorded consent to their care before their support plans were agreed. Staff received training on the principles of the MCA and understood how these principles applied in their work. People told us that staff asked for their consent on a day-to-day basis before providing their care.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by kind and caring staff. Staff respected people's wishes and treated them as individuals. Comments made by people about their care workers included, "They are excellent, very friendly and helpful" and, "They are very kind, I am very happy with them. My regular carer is an absolute star, she is always so jolly." A relative identified the best aspect of the agency as, "Staff showing a friendly, personal interest in people – it's not just a job to them." A social care professional told us, "When I contacted [person's] family, they spoke very highly of the care that was provided by Right at Home."
- People said they enjoyed their care workers' company and looked forward to their visits. One person told us, "They come in and they get me my breakfast and we have a chat – I feel it's a good start to the day." Another person said of their care workers, "I am very happy with them. They are very good to me."
- Relatives told us their family members had established good relationships with their care workers. They said this was reassuring was reassuring to them and other relatives. One family member told us, "It gives me comfort that they care. They do everything that they can for her." Another relative said of their family member, "She seems to enjoy their company, she interacts well with them. She chats away to them and they show an interest in her." A third relative told us, "[Family member] gets on with them really well, he enjoys them coming. I can hear them having a laugh. He enjoys having a chat with them."
- People told us they received their care from regular staff, which they said was important to them. One person said, "I just have the one carer, unless she is unwell or on holiday. I like it like that. I wouldn't want new faces coming all the time." Relatives confirmed that their family members received consistent care from staff who understood their needs. One relative told us, "They are very consistent, which was important to us. You just don't know what you're going to get when you are choosing an agency but we couldn't be happier."
- Staff told us they always received enough information about people's needs before they supported them. They said visiting the same people regularly meant they had a good understanding of each person's needs. One member of staff told us, "The information about clients is sufficient – there is a care plan and there is an introduction by a senior member of staff." Another member of staff said, "They ensure you see the same clients so you are aware of their needs and ensure that you have enough time to meet their needs."
- Relatives told us staff had gone to great lengths to understand their family member's preferred routines and how they liked things to be done. One relative said of their family member, "He is very particular, he likes things just right. It took them a while but they have got it down to a fine art now."
- The PIR set out how the agency ensured that people's individuality and human rights were respected, stating, 'Right at Home policies and procedures are underpinned by equality, and our team are trained to understand the importance of diverse needs and treating everyone equally. This is fundamental to a person-centred approach to care, which sits at the very heart of our business.'

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their

views and be involved in making decisions about their care

- Staff treated people with respect and maintained their dignity when providing care. All the people we spoke with said they never felt rushed when receiving their care. Relatives confirmed that staff always stayed for the allocated time of the visit. They said staff ensured their family members received their care in an unhurried way and stayed longer than the scheduled visit time if necessary. One relative told us, "They always stay the full hour and sometimes go over the hour. They never rush [family member] and always have time for a chat." A care worker said of the agency, "They ensure you see the same clients so you are aware of their needs and ensure that you have enough time to meet their needs."

- People were supported to remain independent where this was important to them. People told us that staff encouraged them to manage aspects of their own care where they were able to carry these out. A relative said of staff, "In terms of independence, they are very encouraging." Another relative told us, "[Family member] is very independent and they respect that. With the things he likes to do himself, they just supervise him but they are there if he needs them."

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- The support provided by the agency consistently achieved positive outcomes for people. These outcomes were achieved through creative and individualised approaches which focused on people's individual needs, wishes and interests.
- Many people told us that the outcomes they had achieved with the agency's support had exceeded their expectations, including where people had initially been reluctant to receive care and support. One person said they had been reluctant to receive care but the support and encouragement they received from staff had changed their life in a very positive way. The person said they had become withdrawn and socially isolated prior to receiving support. They said staff had encouraged and supported them to go out in their local community, which had improved their mental well-being and motivation. The person told us, "It was the best move I ever made."
- Another person was reluctant to acknowledge that they required care following a serious injury at a young age. The agency ensured that the care workers assigned to support the person were of a similar age and shared similar interests. Over time, the person established a rapport with their care workers, which led to the person requesting additional support hours. These additional hours had enabled the person to walk more, which was recommended by rehabilitation professionals, and to attend a local gym to do exercises recommended by the Occupational Support Team.
- Another person had previously enjoyed horse-riding and wildlife photography but had not had opportunities to participate in these activities for some time. The registered manager arranged support for the person to visit an equestrian centre and a bird sanctuary to ensure the person had opportunities to take part in activities they enjoyed.
- When asked what the agency did well, many people highlighted the responsiveness and flexibility of the service they received as its best quality. People told us that the agency's responsiveness and flexibility enabled them to live their lives as they chose. One person said they used their scheduled care hours differently each week according to their commitments. The person told us the agency always accommodated their requests, even when these were made at short notice or involved cancelling scheduled visits. The person said, "Often I need to change or cancel my visits. They are very considerate. It is never a problem." Another person told us that when they requested changes to their scheduled visit times, "They are very good, they always accommodate me. They are very flexible with it."
- The agency was extremely responsive if people's needs changed. Often this responsiveness benefited the person's family as well as the person themselves. For example, one person suffered anxiety attacks whilst their partner was working away and they were at home alone. The person's partner contacted the agency to request that the care package be immediately increased to ensure that the person would not be left alone. The registered manager immediately assembled a team of care workers willing to work nights to provide the support the person needed. The agency continued to offer flexible support when the person needed it for

several months during their partner work commitments.

- Relatives said the agency had responded promptly if their circumstances changed and they needed to alter arrangements. One relative told us they visited their family member every day to give them their lunch. Following an accident, the relative was not able to visit their family member and asked the agency to provide an additional call each day. The relative said the agency responded immediately, scheduling an additional daily visit to ensure the person was supported to eat their lunch. Another relative told us they agency had responded straightaway when they wished to change the support arrangements for their family member. The relative said, "We wanted to extend the care. We emailed them with what we wanted on the Friday and by Monday they had a draft care plan prepared for us to look at."
- We heard from one person how the flexibility of the agency had enabled them to receive their care according to their wishes. The person lived with a complex healthcare condition and was dissatisfied with the agency that provided their care. Although the person wanted to change the agency they used, they wished to retain their live-in care workers as they had established a positive relationship with them. The registered manager enabled this to happen. The live-in care workers were inducted into the agency's policies, procedures and working practices to ensure quality and consistency of care. The registered manager also ensured that the live-in care workers had appropriate breaks, which they had not had when employed by the previous agency.
- People's care was planned to meet their individual needs. People and their relatives confirmed they were encouraged to contribute to their care plans and that their views were listened to. One relative said, "They listened to what was important to us." One person told us they had worked collaboratively with the agency to develop a care plan related to a specific healthcare condition. The person said this collaboration had been vital to ensure that staff had detailed guidance about how to provide their care. Relatives told us that their family member's care plans were reviewed regularly to take account of any changes in their needs and preferences. One relative said, "The care plan has evolved over time as [family member's] needs have changed."
- People told us their care workers acted on their initiative if they saw tasks that needed doing. One person said of their care worker, "She doesn't wait to be asked, if she sees something that needs doing, she just gets on with it." Relatives told us staff often performed additional tasks for their family members to make their lives easier. One relative said of staff, "They will step up and do anything extra that needs doing. They will pick up [family member's] shopping for him or his laundry if it needs doing."

End of life care and support

- The agency ensured that staff who provided end-of-life care had appropriate training, skills and experience. The provider's PIR reported that the agency had accessed specialist training with a local hospice, 'To provide some of our CareGivers with specialised training to help them better care for clients who are approaching the end of their life.'
- The agency had supported some people to return home from hospital with life-limiting conditions where this was their wish. In some cases, this had involved the agency's staff attending specialist training to enable them to provide the care people needed. For example, staff attended training in the use of a Non-Invasive Ventilation (NIV) breathing machine to develop the skills they needed to provide one person's care.
- The agency had also provided practical and emotional support to the families of people with life-limiting conditions. For example, staff had supported one person's relative to manage specialist equipment involved in their care in addition to providing ongoing emotional support to the person's family.

Improving care quality in response to complaints or concerns

- The agency had a written complaints procedure which explained how any complaints would be managed. This was given to people and their relatives when they began to use the service. None of the people or relatives we spoke with had made a complaint but all told us the agency had responded well if they had

requested changes. One relative said, "If we have ever thought of anything that needs changing, they have been very receptive, very helpful." Another relative told us that any requests they had made had received a positive response from the agency. The relative said, "They respond very well, they are very good at that."

- People and their relatives told us the registered manager and senior staff had encouraged them to speak up if they were dissatisfied with any aspect of their care. They said prompt action had been taken if they highlighted any issues. One relative told us, "They said, 'We want to know if we are doing things wrong.'" Another relative said, "There was one [care worker] we did not hit it off with. There was nothing wrong with her work but we just didn't have a rapport. We told them about that and they said, 'No problem, we'll send someone else.'"

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received consistent, reliable and well-planned care. There were clear lines of responsibility for key functions, such as rota planning, staff training, supervision and spot checks, auditing and quality monitoring.
- The agency had an established management and office team which comprised the registered provider, the registered manager, a care co-ordinator, two senior care workers and two administrators. The management and office team met each week to discuss and plan for any challenges to the effective delivery of the service.
- The registered manager understood their responsibilities as a registered person and the requirement to submit statutory notifications when required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives told us the office and management team communicated well with them and that they could always access any information they needed. They said they received information about which staff would be visiting them and were kept informed about any changes.
- Professionals told us that the registered manager communicated effectively with them when necessary. One professional reported, "I have always had a good relationship with the management at Right at Home. I have communicated with the registered manager on many occasions and they have always responded quickly and efficiently."
- Staff were well-supported by the management and office team. Staff told us that managers and senior staff were approachable and available if they needed advice or support. One member of staff said, "The team at the office are always helpful and listen to any concerns you have." Another member of staff told us, "Managers and supervisors are very approachable, I see them all the time." The member of staff added, "There is a great level of support by the manager/agency and colleagues alike." The agency provided opportunities for staff to progress their careers by offering training, support and mentoring.
- The PIR stated that the agency had an, 'Open door policy for CareGivers encouraging communication, transparency, and a positive working culture.' Staff confirmed they were encouraged to speak up if they had concerns or suggestions. They said team meetings took place, at which they had opportunities to seek advice and discuss any issues affecting their work. One member of staff said of team meetings, "All sorts of issues have been discussed - clients' issues, staff's issues, discussions whether time between calls is sufficient and so on."

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

- The agency contacted people regularly to ask for their feedback about the support they received. One person said, "They do visit to see how things are going. They are very easy to talk to." Another person told us, "We get a phone call every so often to ask if we are happy with everything." The PIR stated, 'When a client first begins a care service with us, we always contact them shortly after their first visit(s) and then within 6 weeks to review. After the six-weekly visit, we routinely visit or call our Clients 3 monthly to ensure they are happy with the service, and give them the opportunity make suggested changes to their support.'
- People and their relatives were also able to give feedback about the agency through annual satisfaction surveys. These were distributed and collated by an independent organisation, which enabled people to give their views anonymously. The results of the 2018 survey were extremely positive, with all those responding saying they would be likely to recommend the agency to someone else.
- The agency had clear values which were discussed with staff before they provided people's care. This ensured that staff understood what was expected from them in their roles. Staff told us the registered manager and registered provider demonstrated the agency's values in their own work, treating people with kindness and respect. One member of staff said, "Overall I love working for right at home. I think they really care for their clients - their welfare is important to them."
- The PIR set out how the provider aimed to involve staff in improving the agency, stating, 'Our CareGivers are the ambassadors and face of our company, and we will strive to make them feel constantly valued and appreciated by regularly involving them in ideas about how we can improve.' Staff were also able to contribute their views about the agency and the support they received through an annual survey.

Continuous learning and improving care

- There were effective systems in place to monitor the quality of the service. The registered provider and registered manager held quarterly management meetings to monitor quality and drive improvements. Key areas of the agency, such as medicines and communication records, complaints and accidents / incidents, were reviewed to identify any themes or concerns.
- Spot checks were carried out to check the care staff provided was safe and met people's individual needs. Spot checks also monitored whether staff treated people with respect and communicated effectively with them. Staff practice in areas such as medicines management and moving and handling was regularly assessed through observation to ensure they were providing safe care.
- The registered provider and registered manager were supported by the Right at Home UK National Office, which kept managers throughout the franchise up-to-date with best practice.
- The National Office also provided advice on quality issues and carried out a monitoring visit at least once a year. The registered manager told us they received valuable support from a Right at Home compliance manager and had opportunities to attend registered managers' conferences and training events.

Working in partnership with others

- The registered provider had established links with other community groups, including Surrey Heath Dementia Group and the Camberley Alzheimer's Café. The registered provider had also initiated The Camberley Dementia Action Alliance in 2017. This group aimed to provide information for people affected by or working with dementia and to bring together organisations interested in making the local community more dementia-friendly.