

Country Caregivers Limited

Right at Home - Mid Hampshire

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Right at Home are a national provider of care and support to people in their own homes. It operates a franchise model and Country Caregivers Limited (referenced throughout this report as the provider) manage one of these franchises called Right at Home - Mid Hampshire. The support provided includes short, or long term, visits to support with personal care, meal preparation, medicines management, domestic support, companionship and live-in care. The service mainly supported older people or older people living with dementia, but also supported younger adults with physical disabilities, including neurological conditions such as multiple sclerosis or motor neurone disease. A small number of people, experienced mental health problems.

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. When we inspected, 58 people were receiving support that included personal care.

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

Despite the challenges presented by the COVID-19 pandemic, staff had continued to prioritise ensuring that people were treated with kindness and respect and given emotional support when it was needed. The caring culture within the organisation continued to be embedded at every level and people continued to tell us that their care workers were exceptionally kind, caring and compassionate and that they had built trusting and meaningful relationships. Staff had exceeded what was expected of them and had often carried out extra, thoughtful acts for those they were supporting. Staff were particularly skilled at supporting people in a way which ensured they retained choice and control over their care. Staff demonstrated a thorough understanding of the importance of providing just the right amount of support to maximise people's independence.

Staff had an excellent understanding of people's individual needs and the care remained focussed on providing person-centred care that was achieving good outcomes for people. There was a strong emphasis on providing people with the best continuity of care possible which enabled staff to develop close bonds with people. Staff went out of their way to support people in a way that met their individual needs and preferences and helped them to overcome barriers, regain skills and confidence all of which had made a positive difference to their lives. The service worked collaboratively with health and social care professionals, trying innovative ways to support people with their healthcare needs. Staff supported people to continue to feel involved in their local community and to take part in activities that were meaningful to them. They understood the increased impact that isolation had had on people since the pandemic started and did all they could to compensate for this. Health care professionals told us that the service had developed a reputation for providing outstanding and responsive end of life care. The end of life care was holistic, and person centred, and staff were particularly skilled at providing end of life care with empathy and compassion.

Staff had confidence that the leadership team managed the service well and had provided a nurturing and supportive environment that helped to ensure they were able to perform their role effectively. Overall, there were high levels of satisfaction amongst the staff team, despite the challenges of the last 18 months. Staff mostly reported a positive culture that was enabling, supportive and helped to ensure that they felt valued. Overall, there continued to be effective quality assurance systems in place which helped to ensure that the registered manager and provider had an oversight of the quality of care people were receiving. The service made an active contribution to the local community and worked effectively with health and social care professionals to meet people's needs.

Overall, people's medicines were managed safely and the systems in place supported this. There were some areas which could be developed further in line with best practice standards. People told us they felt safe when receiving care. Staff had a positive attitude to reporting concerns. They were confident the registered manager would act upon these. Risks to people and to the care workers supporting them had been assessed and planned for. Overall, there were sufficient staff to provide people with a service that was reliable, provided good continuity and was safe. Staff followed safe infection prevention and control practices. Staff understood their responsibility to report and record safety related events. Opportunities to learn from safety related incidents were not always maximised.

Staff were positive about their induction and training, which was delivered around the needs of people using the service.

We have though made a recommendation about providing more in-depth mental health training for staff.

Supervisions and spot checks had fallen behind the frequency noted in the providers policy, however, overall, staff all felt well supported in their roles and felt able to seek advice or guidance from the leadership team when needed. There was a holistic approach to assessing, planning and delivering care and people described the care and support they received as being very effective at meeting their needs. Staff worked collaboratively to ensure that people's healthcare needs were met. 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. Staff supported people to have access to food and drink of their choice.

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 27 December 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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?

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 exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Right at Home - Mid Hampshire

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 Care Act 2014.

Inspection team

The inspection was completed by one inspector, an Expert by Experience and a pharmacist specialist. 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. 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.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of starting 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, nominated individual, deputy manager and eight staff across a variety of roles. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed four people's care and medicines records and four staff recruitment files. We spoke with three people using the service and a further 11 people's relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate policies and procedures which ensured staff had clear guidance about what they must do if they suspected abuse was taking place.
- Staff had the time to develop positive and trusting relationships with people which helped to ensure people felt able to share concerns with staff. For example, one care worker told us, "I have a small group of people that I know quite well...It is good to be able to build confidence with the client to make them feel at ease and build trust".
- Safeguarding people from harm was covered as part of the induction of new staff which meant staff were skilled at recognising abuse or challenging poor practice.
- Staff were confident that any concerns raised would be acted upon by the manager to ensure people's safety. For example, one staff member told us, "When I first started I had an interview after my first two weeks and one of the questions I was asked was if I had seen anything that would put a client at risk or did I see anything that I felt uncomfortable with while I was shadowing and was I aware of the whistleblowing hotline. So yes, I would feel confident that [Safeguarding concerns] would be addressed immediately".
- Each person had a safeguarding care plan, accessible to staff on their smart phones, which provided clear guidance for staff about how they might raise a safeguarding concern both within the service and externally to relevant agencies.

Assessing risk, safety monitoring and management

- People felt safe when being supported by Right at Home Mid Hampshire and this was also confirmed by their relatives. One relative said, "Mum feels very safe with her carers" and another said, "My mum is very happy with her care and feels safe and secure".
- Risks to people's health and wellbeing were overall being well managed.
- People had risk assessments in relation to areas such as moving and handling, infection control, choking and medicines management.
- Staff were able to clearly describe how they performed safe catheter care, checking for signs of infection or kinking of the catheter tubes to help prevent problems. We noted that catheter care plans could be further developed by providing clear guidance for staff about the risk of sepsis.
 - Care plans contained guidance about ensuring people were dressed for the weather to avoid the risk of hypothermia and of the symptoms which might suggest a person was dehydrated.
 - Clear procedures and records were in place where staff were completing financial transactions on behalf of people such as shopping.
 - Risks associated with people's home environment, and with any equipment used, were assessed and managed to help keep people and staff as safe as possible.

- Health care professionals praised the way staff managed existing, and responded to new, risks. For example, one professional told us, "Staff update me when required... this is really helpful, and I can escalate if needed and problem solve in a timely manner to mitigate risks where needed... they have acted upon advice I provide... Risk assessments and support plans are completed to reflect the changes of care".

Staffing and recruitment

- Overall, people and their relatives told us that they received a reliable service and said their care workers usually arrived on time and stayed for the correct length of time. For example, one person told us, "They are almost always on time". A relative told us, "My husband is very happy with his carers who are always on time and stay the full hour, I would describe them as perfect". Another relative said, "They provide great reliable care".
- Some relatives told us that their family member's care visit could sometimes be a little late, and they were not always told about this which could be frustrating.
- Rostering of calls was overseen by the registered manager and deputy manager and the system used helped to ensure that continuity of care was prioritised as much as possible. For example, calls could be 'locked in' which meant they could not be reallocated in error. This was to help ensure that people that needed strictly time specific care for medicines management for example, received this as planned. A relative whose family member needed the care calls to be on time, told us, "The most important thing is that their time-keeping is excellent, [Person] has a strict drug regime, they know how important it is and they rarely let me down".
- There had been some recent turnover of care staff, but overall, staff confirmed that continuity of care was still usually good. A small number of relatives felt this could at times be inconsistent, but if issues were raised, they felt the leadership team were responsive in addressing this.
- People told us that their care was delivered in an unrushed manner and staff confirmed that the provider's policy of not offering short calls meant that they were able to meet people's needs in a person-centred manner. For example, one staff member told us the length of call times was perfect saying, "This enables me to give a better, person-centred, service as I can get to know what their likes and dislikes are and how they like things done, I feel this can help people with complex needs as they are given a similar routine every day and they know who is coming, but the flexibility to change as confidence grows".
- Safe recruitment practices were followed.

Using medicines safely

- Overall people's medicines were managed safely and the systems in place supported this. For example, staff had annual training and competency assessments.
- The level of assistance people needed with their medicines had been assessed and the electronic medicine administration records (MARs) provided alerts should a person's planned medicines not be administered allowing office staff to take remedial action.
- Staff were well informed about what they should do in the event of a medicines error.
- There were some areas which could be developed further in line with best practice standards in relation to medicines management.
- Information to support the safe administration of medicines was not consistently present in peoples' care plans and MARs. This included whether people had allergies and how much of a medicine had been given where a variable dose had been prescribed. A cream used to treat skin infections, prescribed "when required", lacked further, supporting, information describing when, and for how long, the treatment should be used.
- The link between increased risk of harm to people prescribed blood thinning medicines in the event of a fall, causing a head injury, had not been identified.
- The registered manager was receptive to our feedback and took prompt action to address each of these

areas and provided updated guidance for staff.

- Medicines audits were undertaken on a regular basis by the service, but we found these would benefit from being broader and more robustly assessing the safety and quality of medicines management against best practice guidance.

Preventing and controlling infection

- During the COVID-19 pandemic, the provider had adjusted the way in which the induction of new staff took place to ensure it could be managed in a safe manner.
- Staff undertook training in infection control and told us that they had been kept informed of government guidance on infection control practices since the COVID-19 pandemic had started.
- People told us that staff followed safe infection control practices when in their homes. This included wearing appropriate personal protective equipment such as masks, aprons and gloves, and ensuring regular hand hygiene.
- We heard of examples where care workers had gone the extra mile to ensure people's needs had been met throughout the pandemic by, for example, agreeing to solely provide a person's care on a daily basis, sometimes, four times a day, in order to keep the number of care workers visiting people to a minimum.
- Staff were taking part in a programme of regular testing for COVID-19 and had all received two doses of the COVID-19 vaccination.
- The provider had ensured that each person receiving a service was given supplies of an anti-bacterial spray which could be used to wipe down surfaces, killing viruses including COVID-19. When the office staff initially returned to work, acrylic screens were installed throughout the office and meeting room to support safe working practices. The offices were all professionally cleaned to help ensure they remained safe working environment for staff.
- A health care professional told us that staff did not always follow guidance on being bare below the elbow and not wearing jewellery or watches that could present an infection control risk. The registered manager will reinforce expectations to all staff.

Learning lessons when things go wrong

- Staff understood their responsibility to report and record safety related events. They all felt that these would be taken seriously and told us that the registered manager was prompt in reinforcing correct practice to all staff.
- Following one significant incident, the registered manager had undertaken an appropriate review of what had gone wrong and remedial actions were put in place to help prevent similar issues from happening again.
- However, we also found some examples, where the review of an incident or near miss could have been more thorough and more clearly identified what additional remedial actions might further reduce risks. We also found that monthly reviews of all incidents and accidents would benefit from being more enquiring with regards to looking for evidence that might identify themes or trends.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff completed a three-day induction which included training which met the standards of the Care Certificate. The Care Certificate sets out explicitly the learning outcomes, competencies and standards of care that care workers are expected to demonstrate.
- Staff were also provided with opportunities to shadow until they were confident working independently.
- Staff spoke positively about their induction. One staff member said, "Being new to care I felt my induction was very thorough".
- The provider required staff to complete a range of e-learning which included topics such as basic life support, record keeping, end of life care, health and safety, medicines management, safeguarding people from harm and food and fluids awareness.
- The provider had recently employed a dedicated training manager to further develop and deliver the induction and training programme. The training manager was qualified to deliver training courses in areas such as medicines management, moving and handling and basic life support. They were in the process of reintroducing face to face training in these areas. The staff that had completed this training told us this was of a high standard.
- Staff were positive about their training and told us it helped ensure they were competent in delivering care. A representative comment was, "I have received all the training required and know I can always ask for more or specific training if I feel it would help me undertake my role better".
- Training was developed and delivered around people's individual needs. Staff had received training in epilepsy, stoma and wound care and the management of artificial feeding devices to enable them to support one person, providing their family member with respite. The relative told us they were "Going all out to help".
- The registered manager had undertaken training delivered by the Right at Home national training academy on supporting people living with dementia. This training was being cascaded to staff.
- Overall, people felt that staff were very well trained and competent in meeting their needs. We did note that the service was supporting some people living with mental health needs. Whilst awareness of mental health training was provided as part of the induction of new staff, more in-depth training was not provided.

We recommend that the service review options for providing more in-depth training in meeting the needs of people with enduring mental health needs.

- Following completion of a successful induction, staff received supervisions, some of which were face to face meetings and some observational spot checks. This allowed senior staff to monitor staff practice ensuring it continued to meet the high standards expected, and to identify and address any further training

needs. Records showed that supervisions and spot checks had fallen behind the frequency noted in the provider's policy, however, overall, staff all felt well supported in their roles and felt able to seek advice or guidance from the leadership team when needed.

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

- People described the care and support they received as being very effective at meeting their needs. For example, one person said, "I consider the care provision and support excellent".
- There was a holistic approach to assessing, planning and delivering care. Senior staff worked in partnership with people and their family to assess their needs carefully when the service first started and to explore with them in detail what outcomes they wanted to achieve from their care and support.
- Care plans covered a range of areas including personal care needs, support with medicines, nutrition and hydration and mobility. Overall, the care plans viewed were reflective of people's needs, but we did note some areas where changes in people's needs could have been more clearly documented to ensure clarity. Some staff also told us that care plans were not always updated in a timely way and felt this was an area which could be strengthened.
- Staff were able to access a person's care plan via their smartphones which helped to ensure that key information was always accessible.
- Staff were also able to access the provider's policies and procedures and training modules via their smart phones which helped to ensure that care was being delivered in line with guidance.

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

- People and relatives told us that staff were good at monitoring their physical health and anticipating and responding quickly if they were unwell, seeking prompt medical assistance and staying with them until they were comfortable and safe. One relative told us, "Sometimes [Person] does fall, the carers always alert me and either ring 111 or 999... They keep me informed. They always let me know if they have concerns or notice any changes in her at all. A care worker also told us how they had visited a person who was having pain down their arm, they told us, "I rang the doctor, he said to ring for an ambulance, I stayed with her and the office covered my next calls".
- Staff escalated concerns to specialist health care services when needed. This included requests for assessments from occupational therapists, speech and language therapists and the community nursing team.
- Later in this report, we describe many examples where staff were working alongside other healthcare professionals to ensure that people were receiving integrated and coordinated health care.
- Healthcare professionals consistently described the service as providing very effective care. For example, one health care professional told us, "We use them as we know they will provide safe and effective care, communication is very clear, and they seek an early review if there are any concerns".
- The provider's electronic care management system allowed healthcare professionals such as paramedics to access key information about a person in the event of an emergency by scanning a bar code in the person's care file in their home. This was only for a limited time and GPS technology was used to ensure this was only possible if the paramedic was, for example, at the same post code as the person to ensure the privacy of the information.

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.

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.

- Staff received training on the MCA and displayed an understanding of the principles of the Act and how these were relevant when caring for people. For example, one care worker told us, "With the MCA it is important to know how to use it in your daily role, it is relevant to ensure clients' wants, needs and wishes are respected and fulfilled with the risk reduced to the lowest possible level, never assuming the client doesn't have capacity unless documented or assuming a client decision which I might not agree with implies they don't have capacity, it's ensuring the client lives their best possible life".
- The registered manager told us that everyone using the service was currently able to consent to the care being provided.
- Mental capacity assessments had been completed on occasion, to judge whether people did have capacity to consent to aspects of their care. One of those viewed had correctly identified that the person should be considered to have fluctuating capacity but had incorrectly stated that when they had an infection, they should be considered not to have capacity. The registered manager agreed that not all infections would result in this person being unable to make decisions relating to their care and that this should be assessed on a case by case basis should a decision need to be made.
- To ensure there was clarity about whether people had appointed a legal representative to support them to reach decisions about their health and welfare, the registered manager performed checks with the Office of the Public Guardian and documented the results of these.

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

- Where this was part of the agreed care provision, staff supported people with food shopping and with access to food and drink of their choice.
- Care plans contained information about people's dietary needs and their food likes and dislikes. For example, we saw that one person enjoyed cornflakes and milk and a banana for breakfast.
- Staff continued to receive training in food hygiene and in the importance of food fluid and nutritional intake.
- Where people were at increased risk of poor nutrition or hydration, staff monitored this and escalated concerns to the leadership team so that relevant healthcare professionals could be informed.

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 the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Despite the challenges presented by the COVID-19 pandemic, staff had continued to prioritise ensuring that people were treated with kindness and respect and given emotional support when it was needed.
- People continued to tell us that their care workers were exceptionally kind, caring and compassionate. One person told us, "We are really very happy, they all have really good insight in our practical and emotional needs, they are so thoughtful". Another person told us, "They all have an excellent caring manner, they are kind and compassionate". A relative told us how their family member held their carer workers in "Great affection" and a healthcare professional told us that the care provided was always, "Caring, holistic and empathetic".
- People, and their relatives, told us they had built trusting and meaningful relationships with the care workers who were then able to anticipate their needs and understand their mood. They felt this had led to special bonds forming allowing the care staff to provide sensitive and supportive care. For example, one person told us her carers were "All very kind and good at cheering me up". This person told us about her 'chief carer' and how together they had a system which worked perfectly. One person's relative told us, "They provide very positive support, are kind and caring and very aware of [family member's] mood changes. They chat to her, have a laugh and joke and [family member] finds them very good company".
- A relative shared an example of how staff had exceeded what was expected of them telling us, "They [care workers] are all happy to come, it's not just a job, they go above and beyond, they genuinely love [Person]". This was echoed by a second relative who told us, "All the [carers] have been amazing with [family member], he is quite cheeky and they are all happy to put up with that, he has bonded with one in particular, she bigs up his achievements, these guys are great".
- We heard about examples of staff carrying out extra, thoughtful acts, not part of the person's planned care, in their own time, these included performing a large, weekly shop for one person, so that it was more cost effective and a carer going to visit a person early in the morning to help ensure they were ready for an early hospital appointment.
- Professionals also told us that staff cared for people in a way which exceeded expectations. For example, one healthcare professional told us, "I always find [Care staff] to be compassionate and caring for the clients, going the extra mile to ensure their needs are met and ensuring it is as person centred as possible".
- The caring culture within the organisation continued to be embedded at every level. All of the staff we spoke with understood the importance of providing people with care that was compassionate and kind, developing positive relationships and displayed a genuine desire to enhance people's wellbeing and make a difference to their lives. For example, one care worker told us, "I have time to find out about their lives and what is important to them and seeing them potentially at their most vulnerable and being able to improve

their quality of life either physically, mentally or emotionally, knowing what I do is helping and supporting them, makes a difference and it's especially important with clients who have dementia". Another care worker said, "The best thing is when family members say, you're like an extended member of the family, or a client asks who's coming tomorrow and I say with a laugh "I am, I'm afraid" and they say oh that's good, that makes my day, and I know I'm doing something good".

- The provider's caring approach continued to be extended to ensuring that the wellbeing of the staff team was also cared for. For example, one staff member told us, "The [Provider] is always there in the background... , he has called me personally straight away if he knows I need extra support or I'm struggling with anything, he always lets the team take the credit for things that go well and always thanks us. He's great". The provider also sent staff flowers for special birthdays or other achievements. The registered manager told us, "The flower bill is horrendous".
- Staff completed training in equality, diversity and human rights. When assessing people's needs, staff ensured that people's unique personal histories and cultural or spiritual beliefs were explored.

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

- The feedback we received continued to demonstrate that there was a strong focus on people being asked how they would like their care to be provided and that staff were particularly skilled at supporting people in a way which met their individual needs, and which ensured that they retained choice and control over their care. For example, one relative told us, "They always care for him in the way he wants. They respond to him in such a nice way, he really likes them. They chat with him whilst giving him personal care, he really trusts them".
- A care worker told us how they always ensured that the person was the one that made the decisions. They said, "I will never assume a client can't do certain things, I always make sure the task is their choice and they aren't rushed".
- The model of care provided at Right at Home – Mid Hampshire continued to be 'outcome based' which meant that when the care first started, people were asked what they wanted the care and support to achieve. This helped to ensure that the person was directing their own care and was placed at the centre of the care provided right from the beginning. We saw lots of evidence that people were being supported to achieve positive outcomes. One person had been supported to return home from a residential placement, where they were able to thrive for some time before receiving end of life care in their own home as had been their wish.
- People were regularly contacted by the office team to ensure that they were happy with their care and they each had access to all the information the service held about them which ensured they remained in control of their personal information.
- Staff understood that people could refuse care however unwise the care worker felt this might be. This demonstrated that staff understood the importance of respecting people's human rights and their day to day choices.

Respecting and promoting people's privacy, dignity and independence

- Respect for people and being mindful of their dignity, continued to be central to the culture and values of the service and staff demonstrated a clear understanding of this. For example, one care worker told us, "I care for someone with severe epilepsy and we make sure he's safe at all times, I'm aware of when his seizures start and make sure we keep his dignity by covering him up always". Another care worker told us, "I always try and listen to the clients and make sure they know we think of them as a person, not just a job". A third staff member said, "When dressing, washing or carrying out any kind of personal care we always make sure the client maintains dignity by comforting them throughout".
- Staff maintained detailed daily notes which not only described the care that had been delivered, but also demonstrated that staff valued the individuality of the person and understood how their actions contributed

to the person's wellbeing and promoted their dignity. We saw frequent references to staff 'Greeting' people on arrival and 'Seeking their consent' before providing care and 'Having a lovely chat throughout'.

- There was evidence that staff were attentive to the little things that contributed to people's sense of self-esteem. For example, we saw that staff helped people to apply perfume and were aware that one person always liked to wear socks that matched their cardigan.
- Staff demonstrated a thorough understanding of the importance of providing just the right amount of support to maximise people's independence. For example, one care worker told us, "It's too easy for carers to take over and do for clients, thinking they are helping, my current client has been regularly assessed by the [Occupational therapist] organised by the carers and has equipment in place... to ensure he can continue to do for himself and I only step in when he has had the opportunity to try for himself even if sometimes I have to mentally tell myself to stop and wait. I'm here to enhance his life not, reduce it". Another care worker said, "We have to be patient if someone walks very slowly and with difficulty, as long as they know we are there if needed and we feel they are safe, it's important to them to be able to walk on their own".
- One of the services offered by Right at Hampshire was short term support upon discharge from hospital. A healthcare professional told us that they had received very positive feedback from people using this service. They told us the carers anticipated barriers to people recovering and effectively communicated with professionals to overcome these.
- People were asked about their faith, culture and sexuality as part of the assessment of their needs. This helped to ensure that meeting people's individuality and any protected characteristics was embedded within the service. In one example, the service had been asked to provide a live-in care to a person, who on faith grounds declined to eat pork. Out of respect for this, a live-in carer was identified who also agreed to not eat or cook with pork whilst caring for the person.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us staff had an excellent understanding of their individual needs and professionals told us that in spite of the challenges of the last eighteen months, the service remained focussed on providing person-centred care that was achieving good outcomes for people.
- We found that there was a strong emphasis on providing people with the best continuity of care possible. This enabled staff to develop close bonds with people which in turn helped to reduce people's anxieties. One care worker told us, "I have a small group that I see regularly which is very good I know them very well and they know me, this makes the people in the group confident and worry free". Another care worker said, "I do visit the same clients normally each week which our clients really love and enjoy as they get to trust us and grow a good but professional bond". One person told us how their main carer understood that they needed certain items to be left in certain places and always did this which they valued very much.
- Staff went out of their way to support people in a way that met their individual needs and preferences. For example, one care worker told us, "A young client I have been visiting regularly lately enjoys playing darts, on the arrival to this call I greet both them and their mother and then we play darts before his personal care routine starts. This doesn't always have to be darts, my most recent visit there the client had made a tent with an umbrella and therefore I engaged with them and joined in with this experience".
- Another care worker told us how they had introduced playing with balloons with one person who was living with dementia. They told us, "It brings a smile to his face".
- Two of the provider's values were 'Making a positive difference' and 'Improving people's quality of life'. All of the staff we spoke with performed their role with these values in mind. We saw many examples where staff had provided exceptional, personalised care that had supported the person to overcome barriers, regain skills and confidence all of which had made a positive difference to their lives.
- For example, during the height of the COVID-19 pandemic, two staff volunteered to take responsibility for one person's complex support package and not visit anyone else. The consistency of care allowed the person to develop a bond with the care staff and they began to be more accepting of care and support. Whilst the person had been bed bound for some time, staff encouraged the person to think about accessing the community again and they assisted the person, through referrals to community healthcare professionals, to get access to a hoist and wheelchair. One of the care workers told us, "It was really nice, we built up a big bond with him, we cleaned his house and made it more like a home, he loved having the same people". We were told that the person's physical and mental wellbeing had improved to such an extent that they had taken the decision to rescind their 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decision. Instead, they were making plans for their future which included being supported by staff to go to the pub and to go banger racing.

- A relative told us how they had been struggling for four years to find the right care for their family member, but since having the care from Right at Home Mid Hampshire, they had seen such a positive change in their relative and had been able to get to a point where the care workers were able to perform the person's care without their input which was enabling them to take a step back.
- Following a series of falls at home, one person was admitted to hospital. Staff went the extra mile when, with the consent of the person and their family who lived some distance away, they used their own time, to clean and prepare the person's house. For example, they moved furniture around, removing hazards that might lead to falls, all to ensure that the person was able to return home as soon as possible. A live-in carer was provided, which since being in place has helped to ensure that the person has been safe, they have had no more falls and are happy living back in their own home.
- Right at Home were asked to trial providing support to one person who could display very challenging behaviour. The person's previous care provider had handed back the care as they could not manage the person's needs. Through the provision of a small team of care workers who were able to really get to know the person, they were able to successfully provide support which enabled the person to remain at home. The registered manager told us, [Staff member] went to every call, [Person] formed such a brilliant relationship with her, they could talk to her, distract her, there were moments, but staff understood why it [Challenging behaviour] was happening".
- In another example, Right at Home again took over the provision of the live-in care to one person who had experienced some problems with their previous care provider. The impact of Right at Home finding the right live-in carer for this person was noted by their relative who had commented, "You made [Person] alive again and that's priceless...you will always be our stars".
- People spoke of the flexibility of the care workers and their willingness to do anything that was asked of them wherever possible. Comments included, "The carers are amazing", "It's not just a job", and "Nothing is too much trouble for them".
- The service worked collaboratively with health and social care professionals, trying innovative ways to support people with their healthcare needs. In one example, staff followed closely a bespoke moving and handling approach, devised by an occupational therapist to limit the person experiencing pain or discomfort. Only staff who had received cascaded training from the occupational therapist were able to assist in this person's care. Staff also had to work closely with the nursing team, committing to making calls at very specific times so that they could provide the moving and handling support needed for the community nursing team to replace dressings and attend to other health care needs. We saw feedback from a healthcare professional commenting on how this person's skin integrity had improved as a result of the care being provided.
- A healthcare professional praised the leadership team and care staff for often going above and beyond their expectations. They said, "They won't hesitate to put in place extra care if needed until [Funding] can be agreed".
- This view was echoed by a second health professional who told us, "There have been a couple of instances recently when a staff member has gone above and beyond their hours and duties to ensure a client's safety. I considered this to be outstanding practice. Right at Home endeavour to ensure staff can be available if there is a sudden priority and will try and respond quickly. The management look at different ways to try and cover in an emergency or offer an option if they have the capacity".
- A care worker also commented on the responsive nature of the leadership team, telling us that additional care had been put in place quickly and efficiently until the situation could be reassessed and the appropriate agencies contacted.
- Care plans included information about the person's key relationships, routines and preferences and any religious or cultural preferences. These were suitably detailed, and staff told us they provided an insight into the person and what was important to them. For example, we saw that one person enjoyed talking about cats and places they had visited. A care worker said, "It's nice to know about the person because it gives

room for discussion and relationship building as well as making people feel at ease when in personal care situations".

- Staff had access to two secure WhatsApp messaging chats. One was used to enable staff to communicate minor issues or updates with one another such as traffic problems. All care workers felt this worked well. The second chat was used only for requests for urgent cover of visits when, for example, a care worker had called in sick.

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

- Staff supported people to continue to feel involved in their local community and to take part in activities that were meaningful to them. For example, one live-in care worker told us, "I don't have access to a car whilst at work and my client likes to go out and have coffee and cake and people watch so [Live-in care manager] will take us out to local places to do that... and is available for any visits we wish to undertake to enhance his life".
- Staff understood the increased impact that isolation had had on people since the pandemic started and did all they could to compensate for this. For example, one staff member told us, "I see a person, they don't have much family, I know how happy they are to see me, we have built up a relationship, they have lost confidence to go out due to the pandemic... I provide them with companionship".
- In other examples, staff spoke to us about sharing discussions about the football scores with one person who enjoyed football and another care worker told us how one of the people they supported, was now living with dementia, but used to be at their happiest when playing the piano and so every time they visited, they encouraged the person to play the piano.
- The impact of this support was summed up by a care worker who told us, "I can help support someone to pursue an interest that they haven't done before or for a long time, I may help them with cooking, or gardening, we may even have a laugh together, especially if I'm not good at the subject that's their interest. They may want to teach me about knitting or drawing or art. One lady use to be an artist and has offered to teach me how to draw or make something from clay. It makes people feel valued".

End of life care and support

- Health care professionals told us that the service had developed a reputation for providing outstanding and responsive end of life care with one praising the service for "Going out of their way" to respond to requests for end of life care, allowing people to return to their home to die in familiar surroundings.
- Staff had received training in end of life care. This had covered key areas such as maintaining the person's physical comfort, supporting their mental and emotional needs, their spiritual issues and practical tasks.
- The end of life care was holistic, and person-centred and staff were skilful at enabling people to engage with their religious beliefs at the end of their life. For example, a live-in carer arranged for one person's religious minister to visit and spent time reading to the person from their bible whilst holding their hand for reassurance whilst the person passed on. The care worker spoke with pride and emotion about sharing this person's final moments and helping them to have a dignified and comfortable death. One of the healthcare professionals we spoke with praised the "Personal service" people, having end of life care, received from Right at Home Mid Hampshire, and the way in which staff had ensured this person's faith needs had been met.
- A smaller number of staff had undertaken an extended course in end of life care and the provider told us they had plans to further invest in training as this was an area the staff team excelled at and were very much committed to doing so that people received the support they needed when at the end of their life.
- Staff were particularly skilled at providing end of life care with empathy and compassion. For example, one live-in care worker told us about how, when caring for one person who was dying, they had spent time with them showing them pictures of the garden and the plants they cherished. Another care worker told us,

"I'm one for touch, I take my little bottle of moisturiser and give their hand a massage, you do feel a response" and a third said, "When I care for someone who is dying, I talk to them, smooth their head and hands, just let them know I am there".

- Staff were also skilled at providing relatives with emotional support and practical assistance following a person's death. One care worker told us how they and a colleague carefully washed, groomed and dressed a person, who had died, in clothing chosen by their family which had been valued.
- Many of the care workers spoke of the sadness they felt when one of their clients died. One care worker told us, "The only thing I don't like about my job is when clients pass on but it is always a comfort to know we made a difference" and another said, "It can be very difficult for all involved [when a person's dies], I do feel honoured to provide the care they need to be able to remain at home, to be with their family and pass the way they wish".
- Staff told us how they ensured that families were provided with the emotional support and practical assistance they needed when their family member was dying or to come to terms with a terminal prognosis.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and information for people could be provided in different formats for people if required. For example, staff had recently provided one person's weekly care schedule in large print due to the person's poor eyesight.
- Innovative steps had been taken to help orientate a person living with dementia to the time and date, a staff member had created a communication board which included a clock, but also pictures of each of the care workers to ensure the person knew which carers were coming to provide their support.
- Staff cared for one person who was non-verbal, however, through the provision of a consistent team of care workers, this person's relative told us staff were able to develop an understanding of what the person's body language might be conveying, supporting communication.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. One complaint had been recorded and responded to appropriately.
- The registered manager told us concerns or complaints were used to improve and develop the service people received.
- People expressed confidence that they could raise any issues or concerns with any member of staff or the management team and that these would be addressed.

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 the last inspection this key question was rated as 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

- Both the provider and registered manager demonstrated a passion and dedication to make the service the best it could be. This approach was reflected in the whole staff team who were all motivated to perform their role to the best of their ability.
- Staff spoke with fondness and concern for the people they cared for which demonstrated that people really were at the heart of the service. When asked what the best part of their job was, responses included, "Providing person-centred care and truly getting to know our wonderful clients" and "Seeing the clients being looked after well and to see them getting better because you have given them a good level of hygiene, listened to their worries and shared their happiness".
- The feedback from people, their relatives and health care professionals in the caring and responsive parts of this report demonstrate that the care and support provided was often exceptional and had made a difference to people's lives.
- There were high levels of satisfaction amongst the staff team, despite the challenges of the last 18 months. Staff mostly reported a positive culture that was enabling, supportive and helped to ensure that they felt valued. One staff member told us, "There's always little messages put on the group chat praising good work. They do caregiver of the month... in difficult times such as if a client has passed away the management team always find time for the caregivers who need some emotional support".
- Another care worker said, "[Provider] show's his appreciation and how valued we are by leaving small gifts, every now and then, such as a water bottle during the extreme hot weather, hay fever ailments, a little Christmas present or an egg for Easter".
- A number of staff told us about a recent family fun day that the provider had organised and paid for. The day was attended by 119 staff and their families and included a bar, BBQ and games. The provider told us the day was about trying to bring the staff team together again after a difficult period due to the COVID-19 pandemic. They said, "Everyone starts to feel lonely; we couldn't bring staff in as much as we would have liked, there was a lot we couldn't do, but now we are trying to build back up".
- It was the provider's ethos that all of the management and office team were also care givers so that they were able to understand the role and challenges. Staff largely felt the culture within the service was an inclusive one. A representative comment was, "The management team is very knowledgeable, dynamic, proactive, inclusive, very easy to approach. The culture of the company makes you feel that the management team is just part of one big team of carers. You don't feel any hierarchical levels... the culture of the company is such that, it makes you not ashamed to ask for help if you needed it". Another care worker said, "In some places there are management, and there are minions, we are the same here, we all

have the clients at heart".

- Care staff worked as an effective team to ensure good outcomes for people, they readily shared knowledge and supported one another with any queries of concerns.

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

- The day to day running of the service was led by the registered manager and provider who were supported by a deputy manager, a quality assurance manager, a live-in care manager and a training manager.
- Staff felt that this structure worked well, and overall staff had confidence that the leadership team managed the service well and had provided a nurturing and supportive environment that helped to ensure they were able to perform their role effectively. For example, one care worker said, "Yes, I think the registered manager is very capable and approachable and has done an amazing job, along with the other members of the team, in what has been a very difficult year or so". Other comments included, "Nothing gets missed", "I take my hat off to her... she does a really good job" and "It's been a difficult time, but we have always been supported... I feel they have gone above and beyond to support and rectify anything". One of the live-in carers told us "They usually prepare you well, they give you lots of information, [Live-in care manager] has made a real difference, I am getting training and I am sent pictures of the home environment... [Live-in care manager] visits every single week".
- People and their relatives told us the service was well managed. Comments included, "I think the company is well led with good office staff" and "The company is very well organised and managed".
- A health care professional praised the flexibility and responsiveness of the leadership team saying, "From my personal experiences Right at Home always try and work to the best of their ability and offer the clients and families the best service they can. Considering recent staffing and work pressures I think they have been very flexible where they can be. Right at Home are very approachable and professional".
- Staff told us that they felt that the leadership team had managed the response to COVID-19 pandemic effectively and provided support and guidance in a timely way which helped ensure they were able to continue to meet people's needs whilst also protecting their own wellbeing.
- Staff confirmed there was an effective on call system in place. One staff member told us, "Yes there is always someone on the end of the phone, I've never had a problem in getting through to someone... the system seems to work very well". Some staff felt that early in the morning, before the office opened, it was sometimes harder to get a response and felt that during this busy time, it might be helpful for more of the leadership team to be on call.
- The provider had a suitable business continuity plan to help ensure that critical services were maintained in the eventuality of IT failure or adverse weather.
- Overall, there continued to be effective quality assurance systems in place which helped to ensure that the registered manager and provider had an oversight of the quality of care people were receiving.
- The registered manager and senior team maintained a range of tools to track compliance in areas such as staff training, safeguarding concerns and incidents, accidents and other safety related events.
- The registered manager undertook audits of the daily care notes to ensure these evidenced that staff were providing person-centred care. Over the course of the year, each person's care plan was fully reviewed to ensure it was reflective of their needs.
- The provider was supported by the Right at Home national compliance team who completed monthly visits to the service and undertook a broad and detailed audit of the service on an annual basis.

Continuous learning and improving care

- The provider and registered manager demonstrated a clear understanding of the impact that responsive and high-quality care had on people's wellbeing and spoke of their commitment to providing outstanding, person centred care to people. This central aim of the service was evident in all the responses we received

from staff and in the feedback, we received from people, their families and professionals.

- The provider understood that the recruitment and retention of capable, valued and supported staff was critical to achieving the high-quality care and to building a skilled and competent workforce. To demonstrate their appreciation of staff, they were improving the remuneration packages and strengthening the training provided so that staff were able to develop and fulfil their potential and had job satisfaction.
- Staff were encouraged to extend their skills and knowledge by undertaking additional qualifications, for example, the registered manager was starting a level five qualification in health and social care and other staff were being invited to enrol on nationally recognised courses run by the local college.
- The provider was a member of the Hampshire Safeguarding Adults Board Stakeholder Sub-Group whose aim was to involve all key stakeholders in developing a strategy to promote the awareness of and prevention of abuse or neglect of adults at risk. He was also a dementia champion.
- The leadership team took part in several groups within the wider organisation aimed at sharing knowledge. This helped to ensure that people were receiving their care from staff who had up to date skills and were knowledgeable about current best practice.
- The registered manager and provider were working hard to establish a workforce which was representative of the local community and all equality groups. The provider was part of the equality and diversity panel for the national Right at Home group. They felt this had helped them to understand more about the impact of discrimination which they felt would help to further inform the quality of recruitment and training within the service
- The provider had recently decided to make self-defence courses available to all staff to ensure their safety whilst lone working. This was in direct response to recent, nationally reported concerns about women's safety whilst out alone in their communities.

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

- Surveys were used to seek feedback from people and staff about the quality of service provided. In the most recent survey of people, 100% of those that responded said they would be likely or very likely to recommend the service and 96% of respondents stated that staff went and above and beyond to make sure they received the care they needed.
- Whilst the feedback remained overall positive, there had been some areas for improvement noted in the last staff survey which had been completed in April 2021. These related to how the leadership engaged and communicated with staff. The registered manager felt that some of this was due to the more remote way in which staff had been working throughout the pandemic. However, the majority of feedback we received from staff indicated that improvements were being made. For example, staff praised the way in which the leadership proactively encouraged them to share their views or suggestions and then acted on these wherever possible. One care worker told us, "I feel if [I have] any ideas or suggestions which are to do with improving care, the team will review them and will put something in place quite quickly. It is a very practical, dynamic, efficient and modern company and quite fun to work for... I feel included and I've never felt like I've been left out. All carers are equal, including the management team, it doesn't matter whether you are newly joined or have been there for years".
- A small number of staff told us that there were still occasions when they felt communication or engagement from the registered manager and leadership team could have been more constructive and a concern was expressed that confidentiality was not always maintained within the office team which made them reluctant to share personal information. We fed this back to the registered manager so that they could explore this further with the staff team. However, it was not indicative of the majority of the feedback we received.
- It was important to the provider that the service made an active contribution to the local community. As a result, they had become involved in several initiatives to help benefit local citizens. For example, during the

Christmas 2020 period, they joined up with a local care home to provide and deliver 100 hampers to people living alone or whom were isolated. They had also delivered Christmas cards to these people made by a local primary school.

- The provider had donated a number of computers to the school which were passed on to families to support their children to access remote learning.

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 registered manager was aware of their responsibilities to notify CQC of certain important events which might occur within the service.
- The provider and registered manager encouraged an open and honest culture at the service, and both understood their responsibilities in relation to Duty of Candour.

Working in partnership with others

- The leadership team and staff worked effectively with health and social care professionals to meet people's needs.
- Health care professionals complimented the leadership of the service and the quality and responsiveness of the care provided and there are many examples throughout this report where both the leadership team and staff had worked in partnership with other agencies to achieve positive outcomes for people.