

Bournemouth Assistance Limited

Right at Home

Bournemouth and Poole

Inspection report

344A Holdenhurst Road
Bournemouth
Dorset
BH8 8BE

Tel: 01202280855

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21 October 2019

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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?	Outstanding 

Summary of findings

Overall summary

About the service

Right at Home Bournemouth and Poole is a domiciliary care agency. It provides personal care to people living in their own homes. 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. At the time of this inspection 85 people were receiving approximately 1000 hours of care and support from the service.

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

At this inspection we found overwhelming evidence that demonstrated people received outstandingly caring and responsive support. This was due to excellent leadership from the registered provider and registered manager as well as a strong, well trained team of staff.

Everyone we spoke with provided exceptional feedback about how caring and supportive the staff were and so often went the extra mile to ensure people were happy and felt well cared for. They told us about the positive impact the service had on their lives such as enabling them to stay in their own homes, improving their mood or increasing their independence.

The registered provider stated that, "Our guiding principles are to provide care and support with compassion, competence and commitment through kindness and consistency. Above all, we are passionate about people." This was embedded in the culture of the service and reflected in all areas of the service. This was especially evident from feedback from staff and people who used the service.

The registered provider and registered manager continually reviewed the service and sought ways to improve the service to benefit both the people receiving the service and staff. They had built strong relationships with relevant professionals and within the local community to promote learning and meeting people's needs.

People received personalised care which was responsive to their individual needs. Staff had an excellent understanding of the care and support people needed and provided this with great kindness and empathy.

People told us they felt listened to and consulted when planning and agreeing what care and support they needed.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection.

Staff supported people to take medicines safely. Staff were trained in medicines management and knew how to ensure that people received their medicines on time and as they had been prescribed.

There were sufficient numbers of trained, experienced staff to meet people's needs. Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed.

Staff received induction and on-going training and support that enabled them to carry out their roles positively and effectively.

People had access to healthcare services and were involved in decisions about their care and wellbeing. Partnerships with other agencies and health professionals enabled effective outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and where appropriate their relatives were involved in decisions about their care.

People, relatives and professionals told us they could confidently raise any concerns, and these were addressed appropriately.

Governance systems and oversight of the service were robust. Issues were identified, and actions taken to address any shortfalls.

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 4 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 exceptionally well-led.

Details are in our well-led findings below

Outstanding ☆

Right at Home Bournemouth and Poole

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. 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.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with older people.

Service and service type

Right at Home Bournemouth and Poole is a domiciliary care agency. It provides personal care to people living in their own homes.

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

We gave the service 48 hours' notice of the inspection visit. We needed to be sure that people were informed that we would be contacting them by telephone, and we needed a manager to be available to facilitate this inspection.

Inspection activity started on 8 October 2019 and ended on 21 October 2019. We visited the office location on 8 and 17 October 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to help us plan the inspection.

During the inspection

During the inspection we spoke with four people and 11 relatives or friends. We also spoke with the registered manager and seven staff.

We reviewed a range of records including four care plans and medicines records, two staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits, medicines records and maintenance of equipment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This including seeking staff opinions via email and contacting health professionals to ask for their view of the service. We received feedback from 21 staff and four health professionals.

We also analysed all the information we had gathered during the inspection and additional information sent to us by the registered manager.

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

- Staff fully understood their role in protecting people from abuse and had received appropriate training on safeguarding adults. A member of staff told us, "I feel totally confident to recognise a safeguarding issue and I always report to the office, first by telephone and then with the incident report form."
- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary. Another member of staff told us, "I am 100% confident that my manager would act on my concerns."

Assessing risk, safety monitoring and management

- Staff understood the actions they needed to take to minimise the risk of avoidable harm.
- People told us they felt safe and well cared for. A relative told us, "Yes, [name] is safe with this homecare. They are a very good and trustworthy service." In a recent survey of people using the service, the service had asked if staff make them feel safe during their visits. 98% of people had said yes to this.
- Assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks in people's homes and any risks in relation to people's care and support needs.
- Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. A health professional told us, "Manual handling is the main part of my role when working with carers. The carers I have worked with show good manual handling skills and safety being the main priority. They are very confident and respectful at all times with both clients and family members."
- There was a contingency plan in place in case of events that effected the service running safely, such as staff sickness, problems with the office or adverse weather.

Staffing and recruitment

- People continued to be supported by enough staff to meet their needs and who had been recruited safely.
- Recruitment practices were safe. The relevant checks had been completed before staff worked with people in their homes.
- Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. Rotas showed that support for people was provided by small teams of staff who knew people very well. A relative told us, "He has a regular group of carers who visit him. He knows who they are."
- People described the staff as reliable and confirmed that they stayed for the agreed length of the visit and only left earlier if asked to do so. One person told us, "The carers stay the correct amount of time. I am never rushed. They are very kind towards me."
- People confirmed that on the rare occasions staff were delayed, office staff always informed them. Rotas

showed that suitable times for travelling between visits were scheduled for staff.

- Staff also confirmed that they were able to request additional travel time if there was a recurring issue with the amount of planned travel time. A member of staff told us, "I have never had any traveling time problems. There's always enough time to achieve all the client's needs on the care plan and to generally chat with the client, as I believe this to be an important part of our job."
- In a recent survey of staff, 100% agreed that they were clear about what was expected of them in their job.

Using medicines safely

- Medicines continued to be managed safely. People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly. A relative told us, "The carers administer medicines as prescribed and at the correct time"

Preventing and controlling infection

- People were protected from the risk of infection because staff were trained in infection control. Everyone we spoke with said the staff put their training into practice.
- Staff told us they were supplied with personal protective equipment for use to prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and analysed by the registered manager so that any trends could be identified, and learning could be facilitated.
- Accidents and incidents were seen as an opportunity to reflect on practice and continually improve outcomes for people.
- The registered manager had created a document which allowed them to track all such events as well as monitor where events included the same people or staff, equipment or other common factors. This information was then carried over to a "lessons learned" record which showed what the issue was, the action to be taken to prevent possible recurrences and who the information had been shared with.

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.

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

- The service had continued to assess people's care needs and choices before any care or support was provided. Once a service was in place, these arrangements were regularly reviewed. This meant staff had accurate, up to date information about each person they cared for. A health professional told us, "If they take on a care package, they are pro-active in arranging an assessment and liaising with the ward staff accordingly to plan a date for discharge."
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person centred care and support plans. Staff confirmed these were clear, detailed and easy to follow.
- Assessments included gathering information about people's cultural, religious and lifestyle choices and any equipment that was needed such as key safes, storage of medicines and telephone emergency alarm systems.

Staff support: induction, training, skills and experience

- Staff continued to receive good support and training. People told us their needs were met by staff with the right skills, experience and attitude for their roles. A relative told us, "I do think the staff are very well trained for the job in hand, very competent indeed, [name] is very well supported."
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. Without exception, every member of staff we spoke with or received feedback, from praised the training they received and said they felt confident, competent and skilled after it. They used words such as exceptional, brilliant, fantastic, interesting, thorough, enjoyable and excellent to describe their training.
- Staff were knowledgeable about their roles and how to provide the correct support to meet people's needs. In a recent survey of staff, 100% agreed they had access to the training they needed to their job well and would rate the training as good or excellent.
- Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they could do so. An ongoing programme for updates and refresher training was in place. A new member of staff told us, "I had excellent training followed by an extensive amount of shadowing which they suggested I do until I felt confident to go out on my own. Not once were they pushy for me to start, it was all at my own pace which I felt was what I needed."
- Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.
- Staff were encouraged to undertake training to develop their skills and abilities. One member of staff told us how they had recently completed a City and Guilds level 5 in Health and Social Care. Another told us, "My

manager has encouraged me to do further studies and I am now studying social work. They have made it possible for me to carry on working while I study." Another member of staff said, "The office staff are always looking for carers to progress [with their careers] and are always asking carers what further training/qualifications they would like to do."

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

- People were supported by staff who understood their food and drink needs and preferences. A representative told us, "They always help my friend [with their meals] as they need a lot of support."
- Care plans reflected the support the person needed to eat and drink.
- Staff had received training in how to support people with eating and drinking and to recognise signs of malnutrition and dehydration.

Staff working with other agencies to provide consistent, effective, timely care

- Collaborative working with other agencies, such as hospitals, GPs and district nurses, had ensured effective care and improved people's quality of life. A health professional told us, "They have always responded promptly to hospital referrals and supported patients to leave hospital in a timely manner. Likewise, they have responded to emergencies where care is required at very short notice."
- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals. A member of staff told us, "Sharing good practice with other professionals and those who are involved in client's care is often key in achieving the best and desired outcomes."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when they needed this. This included support from GP's, community nurses, opticians and chiropractors.
- People told us this was done in a timely way and records confirmed this.
- Records showed that instructions from healthcare professionals were carried out. A health professional told us, "They are particularly good with the more complex situations which require a flexible approach. I would always involve them in these cases. Their ability to meet needs in these situations excels."

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 knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. One member of staff had created a prompt sheet for staff to remind them what that they should always, "Ask, Listen and respect" when they were supporting people.

They had also given staff examples of how they could include gaining people's consent in a conversational way such as asking questions like, "May I turn xxx?", "Are you ready for xxx?" "Is it ok to xxx?" and this also gave people the opportunity to make choices.

- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible. One person told us, "The carers are very respectful. They always ask for my permission to do things for me."
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.

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 Good. At this inspection this key question has now improved to Outstanding. 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

- People received highly personalised and compassionate care that took into account their rights to equality and acknowledged diversity.
- The service had created a person centred, caring and kind culture for all of the people who received personal care and support.
- People who received personal care, staff and professionals all spoke exceptionally highly about Right at Home Bournemouth and Poole and how caring and supportive the service was.
- All of the feedback from people who received personal care, relatives and staff highlighted, without exception, that people were treated with the utmost care, compassion and respect. We heard that staff often took their lunch or other meals with them on visits and would eat their lunch with people who were not eating well as the company encouraged them to eat better.
- Staff cared for people who received personal care in a way that exceeded expectations, and which meant people lived more fulfilling lives with examples of improved independence, social interactions and mental wellbeing. There was evidence the staff often went 'the extra mile' to meet people's needs. For example, a member of staff told us, "I have witnessed a lot of amazing things that our staff do for people; visiting them in hospital, organising outings, making what seems to be impossible, possible like building a ramp so the person can go out (they hadn't been out of their house in years), or getting a Christmas dinner and eating it with them when they would otherwise have spent Christmas day on their own. Our wonderful staff do it because they want to, not because they have to." The registered manager explained that, without a ramp, the person was trapped in their own home. This was a safety concern as well as having a negative impact on the person's wellbeing. Having the ramp built for a person meant that they were again able to access the community, see friends and spend time in their garden. Another person had been living with a mental health condition and was not doing much for themselves. Staff spent time encouraging the person and building their confidence so much so that the person booked a trip abroad and said it was down to staff support that they had felt able to do so. Another example was of a person who was unwell and not eating. The member of staff made a homemade meal for them to encourage them to eat. The person was very grateful for this. A relative told us, "They make [person's name] life much easier and give us peace of mind."
- During the inspection we heard staff talking with people and relatives on the telephone in a kind, caring and patient manner. They spent time ensuring that they had understood people's requirements and were meeting requests respectfully. Conversations showed that staff knew people well and were empathetic to their needs and concerns.
- Staff had a very good understanding of people's individual circumstances: the service took pride in

providing small teams of staff who had similar backgrounds or interests to enable people to make connections and friendships. Office staff created profiles of staff interests and hobbies as well as ensuring they gained this information from people they supported. They then looked for the best possible match between staff and people. This meant that care was person centred and promoted meaningful relationships from the start.

- In a recent survey of people receiving personal care from the service, 96% of people they felt staff were well matched with them. Examples of this included a member of staff with a health condition being matched with a person who had the same condition but did not have it fully under control which could make them very unwell. The member of staff was able to provide support and use their own experiences to help the person improve how they checked and monitored themselves and cooperated with health professionals. This meant the person's condition stabilised which improved both their condition and their overall health. Other staff undertook a lifesaving swimming course in order to be able to take person swimming regularly. This fulfilled the person's wish to do this after many years of being unable to access a pool.
- Some people who received personal care lived with family members who also fulfilled a caring role. Staff recognised the importance of such roles and ensured they were well supported. Staff told us of an occasion where a family member felt unable to continue caring for their relative and wanted them to move into a care home. The family member called the service to ask them to help arrange a home. The registered manager recognised there was a serious risk to both people and that this was unlikely to be the clients wish. They responded by asking staff to provide additional, 24-hour care at short notice. Staff responded to this request and things were put in place very quickly. As a result, both people received the break and support they needed, and both were able to continue living at home.
- Staff understood and respected people's lifestyle choices. When we discussed with staff the people they supported, they demonstrated an open, non-judgemental attitude that respected people's diversity. One member of staff told us how they had found a person very upset and distressed during a visit. They chatted with the person and found out that they were distressed at no longer being able to visit a memorial plaque for close relatives at the local crematorium. The member of staff contacted the crematorium and explained the situation. The crematorium agreed that the person should have the plaque as they could no longer visit, and the member of staff collected it for them. The person was overjoyed at this kindness and told staff that they felt their relatives were now close to them again.

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

- Staff understood that many people who received personal care were no longer able to live their lives as they were used to or wanted to. They understood the importance of improving people's day to day experiences and empowering them to retain control of as many aspects of their lives as possible.
- Everyone we spoke with felt included in how their care and support was planned and delivered. They confirmed they had opportunities to have their opinions heard and they were always listened to. One person told us, "They know how I like things done. I have a routine and they stick to it properly." A relative told us, "The staff all know how [name] likes things done and they do it that way for her."
- If people needed independent support with making decisions, the registered manager had information available about advocacy services.

Respecting and promoting people's privacy, dignity and independence

- The service was focused on maintaining and improving people's privacy and dignity. The registered provider had taken the decision to continue accepting payment by cheque so that people without access to banks or electronic banking could remain in control of paying their own bills. The service also did not require staff to wear uniform. The registered manager explained the decision had been made as they did not want to identify or label people as requiring personal care and support as this was a private matter for

them. It was also seen as a security issue as it could label people as being vulnerable.

- People who received care, confirmed that staff were respectful of their privacy, dignity and independence. A relative told us, "Yes, they always treat [name] with respect and dignity, they often will tell him a joke to lift his spirits and I know he enjoys that."
- The service recognised how important people's independence was to them and supported them to retain and improve their independence wherever they could. Care plans reflected what people were able to do for themselves and how to encourage them to do this. A health and social care professional told us, "I work with one person whom Right at Home provide the care for and I am amazed at how the staff are always trying to improve how they work with the person to improve their independence and quality of life, being very responsive to their changing needs."
- People's personal information was kept secure and staff understood the importance of maintaining people's confidentiality.

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

- The service undertook regular reviews of people's needs to ensure care plans were up to date and contained relevant information. In a recent survey of people using the service, 94% voted Strongly Agree and the other 6% voted Agree that staff had an excellent understanding of their care needs. This showed that the systems for assessing needs and planning to meet them was an efficient tool to ensure the service was person centred. One person said, "I get regular reviews and am happy with the service provided all round." Another said, "They stay in regular contact and all points discussed are dealt with."
- The registered provider had introduced innovative ideas to ensure staff were confident in meeting people's needs. The nominated individual [a representative of the registered provider] went the extra mile to ensure staff knew what to do when shaving a gentleman and made himself available for staff to practice on during their induction. They told us this was important to them in leading by example. One person had requested a specific pudding for a special birthday. The nominated individual had spent the time testing a recipe before delivering the pudding to the person. Staff told us how happy the person had been, and it had enabled the person to recount lots of happy memories.
- People received personalised care that was responsive to their needs. Care plans were extremely person centred and detailed the daily routines that were specific to each person. From this information, and because staff consistently visited the same people, they had got to know in detail how people liked their care routines and what mattered to them. One person said, "They always show a caring and understanding attitude." A member of staff told us, "We all work as a good team and go over and above to provide a quality service to our clients, providing them with a better quality of life. It's a service I would want my parents to receive if they should need it."
- People told us they felt well cared for and were consulted about what they needed. One person said, "Staff are reliable, caring and trustworthy. They have positive impact on my life." A relative told us, "There was good contact with the office before the arrangements for [name] were put into action."
- The staff team were knowledgeable about people's personal history, which enabled them to have meaningful conversations. All staff confirmed that care plans and other records contained good detail to enable them to meet people's care needs. They especially praised the new electronic system because it meant any updates or changes to people's needs were communicated to them immediately which meant they were able to respond to such changes straight away. This meant the person received the additional care they required without any delays or confusion. A member of staff said, "I am very proud of the care plans we produce, they are very detailed, and person centred to each client."
- Rotas were carefully planned to reflect people's needs, such as appointments or to ensure specific members of staff were available to meet specific needs or requests. A member of staff told us, "We have

amazing coordinators. [the people that schedule staff to attend visits]. They are patient and passionate about what they do. They genuinely care about our clients and staff. They sacrifice a lot of their time to make sure the rotas are finished, and all the visits are covered. They never say 'no' to increasing a package of care. They make the impossible possible." Another member of staff told us, "If a client needs extra help or more time, the office will instantly reallocate our next call." This meant staff could stay with the person as long as they needed. One person had failing sight but had always enjoyed reading. They became unwell and were admitted to hospital where they became very low. Staff sourced audio books and the equipment to play these on. They then visited the person, (who was surprised to have visitors as they were not expecting any) and showed them how to operate the equipment. The person told staff how this had helped them cope with their hospital stay which they had found distressing and to get better. They have continued listening to books which staff collect for them every week since they returned home.

- The service had recognised that communication between staff was a major factor in providing personalised and responsive care and support to people. In addition to the electronic records system, they had also set up an instant messaging system to allow staff to pass messages securely. For example, if they were concerned about a particular symptom a person had, a message was left for the next member of staff to visit to monitor this or alternatively if someone had run out of items such as milk or tea and arranging for the next member of staff to visit, to take these with them. A member of staff told us, "[name of instant messaging app] is invaluable, enabling staff to contact each other, and share relevant and pertinent information which helps us all to do our jobs more effectively. Staff also praised the reliability and support they received from the 'on-call' system that was operated by the management team when the office was closed over evenings and weekends.

- During reviews of the care the service provided, it was noted that a high number of people had falls and could often spend a number of hours on the floor waiting for ambulance staff to come and pick them up. The registered provider and registered manager identified a need to reduce ambulance staff call outs to non-injury falls and reduce the length of time people spent on the floor. They attended training from the South Western Ambulance Service and purchased a piece of portable equipment that can be used by one person to safely get a person off the floor. They trained all staff to use this. At the time of the inspection, the chair had been used 43 times. The registered provider calculated that this had saved 43 ambulance call outs and meant that people had been saved approximately 258 hours of lying on the floor waiting for the ambulance.

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

- The service had recognised that that many of the people they supported were at risk of becoming lonely and socially isolated. People were encouraged and supported to maintain links with the community to reduce the risk of social isolation. Staff had arranged an outing for nine people to watch the local air show. They researched a venue that could provide refreshments as well as meet people's needs, and staff volunteered their time to collect people, stay with them for the afternoon and return them home after. This gave people the opportunity to meet others and make friends as well as reminisce about the aeroplanes they saw. Staff told us how people were still chatting about the air show and how much they had enjoyed it as well as asking to attend more events like this. At the time of the inspection, a Christmas party was being planned. A member of staff told us, "I like their commitment to improve people's engagement with their community. They have demonstrated this by the trip to the air show and presence at the Bournemouth Pride event. These were really rewarding events and hopefully there will be more to come."

- The registered manager shared with us numerous examples of when staff had gone the extra mile in meeting people's needs and enhancing their lives particularly in relation to preventing loneliness and isolation but also to ensure people felt valued and cared for. Examples included staff discovering that one person accepted support if they spoke to them in rhymes, making large print laminated signs to remind people of specific things, and helping a person to purchase a new freezer to ensure their food was stored

safely. Many of these events had been recorded and reviewed and showed that there had been a very positive impact on people's well-being and self-esteem. Events included, staff researching specific equipment to help people maintain their independence; the person was living with dementia and also had impaired sight. Staff noticed the person was struggling to understand what the time of day was which meant they were calling people for help. Staff researched equipment and found a large screen clock specifically designed to support people living with dementia. This could also be set to provide audible reminders. Staff set the clock to provide the person with reminders to take their medication which meant they were able to remain independent with this aspect of their lives. Staff also enabled a family member to take a member of staff's dog for regular walks to give them some respite from their caring role, supported someone to take a holiday and have their regular carers with them and finding a wheelchair friendly boat to take a person on a much longed for day trip. Staff confirmed that people had experienced either improved physical or mental health, or both, following these events. They also told us about visiting a person in hospital. Nursing staff were concerned that the person was dehydrated and would not drink. Right at Home Bournemouth and Poole staff shared that the person liked to drink tonic water and also supplied the person with some in hospital. This meant that the person started to drink again which helped to improve their health.

- Feedback from people demonstrated the positive impact that the quality of care and support they received, had on their life. Comments included, "Can't fault the care given. Premier Division!", "Staff are reliable, caring and trustworthy. They have had a positive impact on my life." In a recent survey of people using the service, 98% said that staff made a positive difference to their life.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection. The registered manager told us of one person who had received care and support from Right at Home Bournemouth and Poole for over six years. Their health declined, and the GP confirmed that the person required palliative care. The person told their family, "I want to stay in my own bed with my girls looking after me." The service immediately increased the number of visits they were making to the person and included night visits. The person later told a member of staff that they did not want to be alone and asked the member of staff not to leave. The member of staff reported this to the office and stayed with the person until 24-hour care from the person's regular members of staff could be arranged. Staff stayed with the person until they passed away.

- People had been given the opportunity to discuss their end of life wishes. Where they had chosen to do so, their wishes were recorded in care plans and included information such as how they would like Right at Home Bournemouth and Poole to support them, any significant people they would like the service to contact, and any religious or cultural requirements they may have. One person had been in hospital but wished to spend their last days at home with their family. The person's next of kin contacted the service to arrange a package of care on a Friday and they agreed to provide support of two staff, four times a day from the following Monday. The next of kin then explained the family situation and their wish to have the person home for Mother's Day that weekend. The registered manager sent messages to all staff and a plan was put in place for the person to come home that evening, so they were there in time to settle in and thoroughly enjoy the special day.

- Staff worked with other health professionals if needed to ensure people had a pain free and dignified death. The service had ensured that staff who provided end-of-life care had appropriate training, skills and experience.

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 assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them. This ensured people had access to information in a form that met their assessed needs.
- Staff spoke knowledgeably about people's preferred methods of communication and explained how they took time to ensure they understood people and checked their understanding with people.
- The registered manager confirmed they could provide large scale print of any documents if required for people with sight difficulties and could change documents to suit most needs. They explained how they had converted documents to black and white only, as a person was unable to read anything in colour. They emailed everything to another person because they were registered blind and had a system which read everything to them from the emails.
- A member of staff told us how they had difficulties with some aspects of record keeping. The service had researched the problem and provided the member of staff with additional equipment. The member of staff told us, "They worked around my problems to fit me in. I love my job and the support I have received from management and other members of staff is second to none."

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service.
- People told us they knew how to complain if they needed to and felt confident that they would be listened to.
- The complaints procedure explained how to make a complaint and set out how people could expect any concerns or complaints to be dealt with.
- Complaints were acknowledged, investigated and resolved in line with this policy. The registered manager had created a document which allowed them to track any concerns or complaints, identify any trends and ensure that, where lessons could be learned, these were followed through.

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 now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a clear, positive and open culture that was shared both amongst the management team and staff. Everyone we spoke with described how people were very much at the heart of the service. A member of staff told us, "Everybody working here has care and passion in their heart. Wonderful staff who always go above and beyond for their clients – improving their quality of life, working to help people live an independent life, helping them when needed and providing not only personal care but emotional support and companionship."
- People, relatives and healthcare professionals all told us the service was exceptionally well managed. Many of the staff we spoke with told us they had previously worked for other care services but felt that Right at Home Bournemouth and Poole was the best. One person told us, "It's very well managed. I am very happy with the service." A member of staff said, "I have worked in care for 35 years; rest homes, nursing homes, home care and I have to say that, out of all the agencies I have worked or, Right at Home Bournemouth and Poole is the best." Other staff reflected that they would not wish to work anywhere else and that it was knowing they were making a positive difference for people as well as good management that gave them high levels of job satisfaction.
- People benefited from strong leadership and oversight. The outstanding rated caring and responsive sections in this report reflect how the registered manager and registered provider led a service where staff understood what was expected of them, were motivated, hardworking and enthusiastic. They shared the philosophy of the registered provider and registered manager to put people at the heart of everything they did and to focus on what mattered most to them
- The vision and values of the service put people at the heart of everything they did. Every member of staff from the owners to office staff to those providing care wanted people to live their best possible lives and not be hampered by their care needs or disabilities. The registered manager had been in post since the service opened and had vast experience in relation to all roles within the service, having worked in other services at all different levels from carer to coordinator. This meant the registered manager had an in-depth knowledge of what was expected of care staff, and fully supported them to develop themselves in order to achieve even better outcomes for people. They also had a very good knowledge of all supporting services such as occupational therapists, equipment suppliers and charities which they used to ensure staff had a very good awareness of support services for people. A member of staff told us, "[registered manager] makes an excellent manager to us all as she is very approachable and treats us all fairly." A health and social care professional told us, "I would thoroughly recommend this agency for care provision. They are efficient, caring, responsible, well led and I have never had any issues with them."

- The registered manager and staff were motivated to provide the best possible person-centred care and support for people. Without exception staff we met or had contact with were enthusiastic and passionate about providing a high quality and personalised service to people. In a recent survey, 100% of people and staff said that they would recommend Right at Home Bournemouth and Poole to others. This meant the service put people first and always considered the impact any actions staff took would have on people. Whenever staff identified with, or for, a person, that something could improve their lives or bring pleasure to them, they tried to make this happen. For example, one person was no longer able to leave their home to collect cash or carry out banking. They were afraid of losing independence and potentially at risk of financial abuse. The service contacted a charitable trust who supported the person to arrange a financial power of attorney, set up direct debits and support the person with paying bills. They also brought the person small amounts of cash as and when they required it. However, the person did not like to answer the telephone, so the service continued to pass messages to the trust on the person's behalf. This meant the person was able to maintain their independence safely and continue to manage their money which was so important to them.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- Their most recent rating following the last inspection was clearly displayed at the office and on their website.
- A member of staff told us, "We are encouraged to report any comments (positive or negative), errors, concerns, accidents/incidents or any other issues. We know they will be investigated, dealt with or acted upon as soon as possible."

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

- Without exception, people, relatives and staff expressed confidence that the service was well run. A relative told us, "I think this is an excellent service, very well run." Another said, "I would give the management a five star rating." A member of staff told us, "[registered manager] is the most inspirational, hard-working, dedicated, honest caring and loveliest person I have met. Her life's mission is for clients to receive the best quality care possible."
- Again, without exception, every member of staff we spoke with or received feedback from praised the management and leadership they received. They used words such as supportive, visible, listening, approachable, amazing, effective, inclusive and flexible to describe the registered provider and registered manager. People also gave very positive feedback and spoke in glowing terms about the service. One person told us, "This is a very good service. Nothing needs improving as far as I am concerned."
- The registered provider was very "hands on" and involved in the day to day running of the service. They, as well as the registered manager and office staff, kept their training up to date to enable them to provide support to people and staff whenever this was required. They were very clear about the quality and level of service they wanted to provide and demonstrated this by leading by example. For example, they provided practical basic life saving training to all staff and also regularly provided help with the service's post falls service which they had introduced. A member of staff told us, "I have had the pleasure of working calls with each person in the office including [registered provider] and [registered manager] and I feel that everyone going out to do calls makes us a strong team."
- The registered manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider. People and staff said there was a clear management structure in place and that

they were always responsive to any issues raised. A health and social care professional told us that the service was good at recognising and reporting issues or asking for advice. They also told us, "The staff are flexible, personable and treat individuals with dignity and respect."

- Staff spoke very positively about teamwork and how everyone supported one another. A member of staff told us, "I have appreciated the praise and positivity which has made me feel I am doing something well. I feel very much part of a team."

- The registered provider continually monitored the quality of the service provided to people to ensure they received the highest quality service possible. Unannounced checks were carried out on staff to ensure they were working in accordance with the service values, safely and following policies and procedures. Surveys were sent to staff to gain their views of the service.

- There was a very strong emphasis on continually striving to improve the service. There was a range of audits and quality assurance systems and processes in place. These quickly identified any shortfalls and prompted any action required to address shortfalls to be completed quickly and efficiently. The registered provider also had regular audits completed by senior staff from their 'regional' office to monitor the quality of care.

- The registered provider and registered manager valued and recognised staff contributions. As part of their staff recognition scheme, they celebrated care staff who had gone above and beyond the call of duty. Staff received certificates and gifts to recognise that they had "gone the extra mile". The registered manager had been awarded The Women's Franchise Employee of the year award for 2019 in recognition of her contribution to the growth and development of Right at Home Bournemouth and Poole.

- The service kept up to date with learning and innovations to ensure they delivered high quality care. The registered provider and registered manager were members of several local and national organisations such as Dorset Home Care Providers Association (DHCPA), the Society of Later Life Advisors, the local authority's Proud to Care scheme. This allowed them access the latest knowledge and information and to share best practice. The registered provider was deputy chairman of DHCPA and been instrumental in setting up a network for local care coordinators to provide support to one another, share learning and help manage the demands of the role. This was in addition to all the support from RAH national office which kept policies and legislative changes updated and under regular review.