

Alde Care Ltd

# Right at Home GF

## 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?

Outstanding 

# Summary of findings

## Overall summary

### About the service:

Right at Home GF provides personal care to people in their own homes. This includes both providing care visits and live-in care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service was providing support to 54 people with personal care needs at the time of our inspection.

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

People received an exceptionally personalised service which was promoted by a strong and effective leadership team. The provider and registered manager worked collaboratively to embed a positive culture with clear values which staff applied when providing care. There was a great commitment to ensuring people lived fulfilling lives and the service worked alongside other agencies to support people in achieving this. The provider and registered manager were continually looking for ways to develop and improve the service provided to people.

Staff told us they were proud to work at the service and of the support they provided. People told us staff would always ask what additional help they could offer and took a personal interest in building meaningful relationships with them. We found numerous examples of where staff had gone the extra mile to support people to achieve their goals and respond to their needs. Relatives were highly complimentary about the care provided to their loved ones at the end of their lives.

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 this practice. People and their relatives commented on staff listening to their wishes and respecting their choices which had given them back their sense of self-worth. Feedback from all those we spoke to reflected a staff team who were extremely caring and highly motivated.

The service had an active presence in the local community, particularly in raising awareness and support for those affected by dementia. Staff ran numerous groups throughout the week help people and their carers to remain active and receive support from each other and professionals. These sessions were open to the general public as well as those receiving care from the service.

People told us they felt safe with the staff who supported them and felt any concerns raised would be addressed promptly. Staff employed were subject to robust recruitment checks and received training, inductions and support in their roles.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was Good (published 16 February 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 GF

## 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 carried out by three inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the provider would be available to support the inspection. Inspection activity started on 24 January 2020 and finished on 30 January. We visited the office location on 28 January 2020.

#### What we did before the inspection

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. Providers are required to send us 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 plan our inspection.

#### During the inspection

As part of our inspection we visited three people who received care from Right at Home GF and their relatives. We also spoke four people and five relatives on the telephone. We spoke with the provider,

registered manager, seven staff members and the group quality and compliance manager. We reviewed a range of documents about people's care and how the service was managed. We looked at six care plans, four staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed.

After the inspection

Following the inspection, we reviewed additional information including complaints monitoring and further audit information.

# 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

- People and their relatives told us they felt safe with the staff who supported them. One person told us, "I have always felt safe with them. The start of my day is having that hour, nothing is too much for them." One relative told us, "They are safe, they (staff) keep them safe."
- Staff demonstrated a good knowledge of safeguarding processes. One staff member told us, "There are lots of ways I can report things I'm worried about. If there was any immediate danger, I can call the police. I would normally go to the manager or on-call. There's the whistle-blowing line or the safeguarding team. I'd write everything down and make sure something was done."
- The electronic recording system had been developed with a 'Raise a Concern' form which enabled staff to inform the office of potential safeguarding concerns or risks to people's safety. This was monitored by a designated member of the office team or on-call to ensure prompt action was taken to keep people and staff safe.
- Records showed that prompt action had been taken when concerns had been raised to ensure people's safety. The local authority had been informed of potential safeguarding issues and additional information provided as required.

Assessing risk, safety monitoring and management

- People and their relatives were positive about how staff helped them to remain safe living in their homes. One person told us, "They understand what I want and how it should be done. They would never put me at risk." A relative told us, "We have to use a hoist but they are very careful when doing that, it is quite difficult to make it that way in our house. The management came and assessed to make sure it was safe to use equipment."
- Staff understood how to support people with anxiety and any behaviours. One staff member told us, "They need familiar faces and understanding. We know it can be part of their illness and we need to find out what works with them." Risk assessments highlighted possible triggers to people's anxiety and behaviours. Guidance was in place for staff regarding how to support individuals in a person-centred manner and using a positive approach.
- People were supported to maintain their interests whilst ensuring risks to their safety were managed. One person enjoyed going for walks. A safe walking route was planned included a walk through the park which was one of the person's preferred places. The person was also supported to wear a high visibility vest to alert drivers.
- Risks to people's safety were reported and these were responded to in a timely manner. One staff member told us, "If I feel someone's risk assessments or care plan needs reviewing at any stage, I would contact the care manager." Records showed that amendments to risk assessments and guidance were made promptly.

## Staffing and recruitment

- An electronic monitoring system was used to check staff had arrived on time and stayed for the duration of the call. The system was monitored by office staff and the on-call service to ensure no care calls were missed and ensure the safety of lone workers.
- People and their relatives told us staff were reliable and they were informed of any changes or delays. One person told us, "They scan when they arrive and leave and it is all done precisely on time, they would get in touch from the office if anything happens." One relative said, "I have main management contact and I get really good communication on schedules and timings, if anyone is running late or is sick which does not happen often, I am always informed in a timely manner."
- Sufficient staff were deployed to ensure all care calls could be covered. The provider told us, "We are always recruiting. We have a waiting list as we don't take on any new clients unless we have capacity." Staff confirmed they did not have to rush people's care.
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Prospective staff were required to complete an application form and undergo a telephone interview, a face to face interview and complete a psychometric profile to ensure suitability. Disclosure and Barring Service (DBS) checks were undertaken and references were received prior to staff commencing employment.

## Using medicines safely

- People we spoke with who received support with their medicines told us staff did this safely. One person told us they generally managed their own medicines. However, they had asked staff to prompt them when a different medicine was prescribed. They told us staff did this conscientiously and they had not missed any medicines following this change.
- Electronic medicines records were completed following each administration. This system had been introduced following gaps in administration records being identified three years ago and had led to improvements in the way medicines were managed.
- People's changing needs were responded to when supporting them with their medicines. Staff found one person was refusing their medicines with increasing regularity. Through discussion with the person and their GP, their medicines were changed from tablets to liquid. The person found this easier to manage and agreed to take their medicines more frequently.

## Preventing and controlling infection

- People told us that staff always wore the appropriate equipment and followed safe infection control processes. One person told us, "They (staff) are always washing their hands." One relative said, "Staff always wear gloves, aprons and masks when necessary. They always clean-up."
- Staff told us they always had access to protective equipment. One staff member said, "We always carry gloves and aprons and use them for any personal care or bodily fluids. Wearing gloves can feel a bit clinical to some clients so we explain why to make them feel at ease."
- Due to specific health conditions two people required staff to pay additional attention to infection control issues when supporting them. Staff we spoke to were able to describe how they provided the support in good detail to minimise the risk of infection.

## Learning lessons when things go wrong

- Accidents and incidents were reviewed to ensure relevant action was taken to prevent them happening again. A designated staff member was responsible for reviewing all accidents, incidents, safeguarding concerns and complaints. This ensured action was taken promptly to minimise risks to people and staff.
- Records showed referrals were made to health and social care professionals where additional support was required following accidents.
- The registered manager and provider met monthly basis to discuss any trends or concerns. As part of this

review process the accident and incident recording system was amended to ensure lessons learnt were clearly reflected.

# 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

- People's needs were fully assessed prior to them receiving care. People and their relatives told us the attention to detail at this stage had given them confidence in the service. One person told us, "The attitude in the first place made me know they were different right from the start." One relative told us, "We knew we'd made the right decisions as soon as we spoke to them."
- Staff followed guidance when supporting people in order to provide safe and effective care. A secure social media group had been established in order for staff to share good practice and information relating to people's needs. This led to people receiving greater consistency in the care they received.

Staff support: induction, training, skills and experience

- People told us they felt staff had the skills they required for their roles. Comments included, "It feels to me they are very competent in what they do." And, "Staff are incredibly skilled, less skilled people would say we can't manage at all, at no point have they said they don't want to manage her or can't do that."
- Staff received a comprehensive induction when starting their employment. One staff member told us, "The induction week was really useful to meet everyone in the office. There's a sense of community here. It meant I could ask questions and speak up. The training was very thorough."
- Staff had highlighted it would be useful to have additional support following their induction. The service had implemented a, "Wise Owl" role where experienced staff would continue to mentor new staff whilst they fully settled into their role. Staff fed back they found this additional support helped them gain confidence and provide better support to people.
- Following the completion of their induction staff were offered additional training to further enhance their skills. These included enhancing learning in areas such as dementia care, mental health, falls prevention and end of life care. This additional training was well attended by staff. All training was tailored to the needs and learning style of individual staff members.
- Where staff required specific training to support people's healthcare needs this was provided. One relative told us, "Only staff trained in using the equipment can provide (my relatives) care. A specialist from Royal Surrey Hospital came to show staff how to use it."
- Staff told us they felt supported to develop their skills and received regular supervision and appraisals. A process called 'Building Brilliance' was used to support staff in their development. Staff told us they found this process useful, "They really encourage you. They recognise when you have done things well and they'll support you if there is anything to improve."

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

- People who received support with meal preparation told us staff understood their preferences. One

person told us, "The people in the morning will do my lunch. They seem to have learned what I like."

- People's care plans contained detailed information regarding their food preferences. Daily records confirmed staff followed this guidance when preparing meals for people.
- Staff took time to ensure people had appetising foods they enjoyed. One person had diabetes but was fond of desserts. The staff member researched diabetic puddings and prepared a home-made apple pie for the person.
- The service worked alongside health care professionals to monitor people's nutrition. Where required people were supported with a soft diet, fortified foods and supplements to ensure they received the nourishment they needed.

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

- People and their relatives told us the staff supported them to access health and social care professionals. One relative told us, "They will call for expertise, psychiatric liaison, dietician, district nurses, use the expertise and don't profess to know it all. They quite often call me first and consult, collaborate with me but also take professional responsibility."
- Records showed that any changes in people's needs or health concerns were reported to the relevant agency or healthcare professional.
- Staff supported people to attend a number of groups and local activities designed to help keep people active and maintain good health. In addition, the service was supported by a dementia specialist who was able to provide advice and bespoke support to people, relatives and staff.
- Staff worked closely with other services to ensure people had a smooth transition between services. Positive feedback had been received from one relative whose loved one moved in to residential care. They commented on the support provided by staff making this transition easier and thanked staff for visiting their loved one once they had moved.

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

- People and their relatives confirmed staff understood the importance of gaining people's consent and ensuring they were fully involved in their care. One person told us, "I say what I want, they appreciate that. I am involved in my care, it is very good and they are very helpful."
- Staff received training in the MCA and were able to describe how this related to their roles. One staff member told us, "We should listen to their choices about their care and respect their decisions. It might be they can't make some decisions but can make day to day choices, so we must always listen."
- Where appropriate people's capacity to consent to their care and make specific decisions was assessed. Where people were found to lack capacity, best interest decisions were recorded and took into account people's views and previous wishes. Relevant professionals and those who knew people well were involved in reaching best interests decisions.

- No one using the service at the time of our inspection required an application to be made to the Court of Protection.

# 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 improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service. Since the last inspection the provider has continued to develop an extremely positive culture which motivated staff to support people in an exceptionally compassionate and distinctive way.

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

- People valued their relationships with staff and told us they felt really well cared for and that they mattered. They said staff offered outstanding care and support that was extremely kind. One person told us, "They couldn't be better, it's excellent. They are so kind and caring. I am a pianist and they know about it. For example, when I had a concert the carer asked me about how it went, they know and remember those things about me." Another person told us, "That hour in the morning, it makes my day. They have a lot of understanding and they are like a second family to me." A third person said, "They are very good with me, very caring and attentive, willing to do anything for you. They are interested in you as a person and how you are feeling."
- People were supported by staff who had an in-depth appreciation of people's individual needs. This included a staff member who took their own breakfast with them to eat together with one person as they knew they did not like eating alone. The person said, "I like eating breakfast with you." Another staff member supported someone with poor circulation. They began to massage their hands during each visit. The person nominated the staff member for an award as they said the staff members actions had made them feel cared for.
- People's relatives were overwhelmingly complimentary about the staff and told us their expectations of the care their loved ones received had been exceeded. One relative told us, "They are all lovely. They are all wonderful. We have got some very conscientious people (staff). They take a very personal interest. They have all established a relationship with us." A compliment received from one relative read, "The lovely team are like my sisters, all with a common goal of doing the best for Mum. It is very precious to me that Mum is loved by them like I love her." The service continually strove to develop the approach of their team so this outstanding level of care was sustained. Right at Home GF had created a strong and visible person-centred culture within the staff team which ensured that staff in all roles were highly motivated.
- People received compassionate and attentive care from staff who helped people express their views to help ensure they provided the right support at the right time. Staff accompanied one person when they needed to take their pet to be put down so they could be there to offer them support at this difficult time. Another staff member took time to help clear a room in a person's house. This enabled the person to set up a table for their family to enjoy Christmas together which was important to them.
- At times when people needed caring and compassionate support staff showed great empathy and looked for creative solutions to ease people's anxiety. One person was distressed at being unable to visit a loved one in hospital. The staff member supporting them filmed a message from them which they then took to

show their loved one. This brought a great deal of comfort, reassurance and understanding to both people.

- People told us staff went that extra mile in their approach towards them. This included being personally involved in people's lives such as Christmas and birthdays. Staff visited people on their birthdays, taking cakes and cards to celebrate. One person told us, "When I had my 90th birthday, they remembered, and gave me cards, they also remembered about me at Christmas and I got some cards as well." A second person told us, "(Provider) is brilliant, he came last Christmas and I had a call from them, he visited as Father Christmas and brought me gifts. They work so hard for people, he is actually amazing."
- People's cultural diversity, values and beliefs were recognised by people as staff had an excellent understanding of the impact these had to some people. One person had been matched with a staff member who shared their beliefs. The registered manager told us they had regularly attended church together which had enhanced this experience for them both.
- Staff had an in-depth and personal knowledge of the people they cared for. They used imaginative ways to share information regarding people's needs, backgrounds and preferences with others which meant the support they received was meaningful and personalised. Staff had completed a memory book with one person who was living with dementia. This contained pictures of things they had done and those who were important to them. This helped staff get to know them better. The person enjoyed looking through the book and re-living old memories with the staff supporting them.

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

- The service had a strong emphasis on ensuring people were provided with choice in all aspects of their care. The in-depth knowledge both staff and the registered manager had of people and their families led to people being in control of their care and receiving a truly bespoke service. Staff were able to describe what was important to people in great detail such as where they liked particular food to be stored or where they liked specific items to be placed in their home. This was also demonstrated by the level of detail contained in people's care records.
- The service was exceptional at demonstrating great attention to detail when developing care packages for people. One person had a great interest in their local football team and had been matched with a staff member who had a detailed knowledge of the team. The staff member told us, "We have an interest in football and I used to sell the programmes at (team name) when they were there. We laugh all the time." To aid this process a one-page profile had been developed for each person and each staff member. This highlighted what was important to them and their hobbies to help identify who may get on well with each other.
- Staff used creative ways to custom a person's care package. They recognised that matching the right staff with people receiving live-in care was exceptionally important to them and tailored adverts were developed with people which included their interests and preferences. One staff member told us of how a person had recently been supported to devise a personalised advert, "(Recruitment team) are fantastic. We placed an advert for someone recently and they had to sift through 90 applications. But we did it and found someone who was perfect for the client."
- People and their relatives were supported with truly bespoke care packages which were flexible and blended with family life. This included being offered a range of options when deciding on their care to ensure their individualised care package became a reality for them. Following a long stay in hospital where one person had been referred to residential care due to the complexity of their needs staff were determined the person would return to their own home. As such they set up a flexible live-in care package which enabled them to do this. Due to this support and consistency in their care the person's mobility increased to the extent they no longer needed to be cared for in bed.
- People were supported by staff who made sure people were involved in decisions about their care so that their human and legal rights were sustained. For one person, this had meant they had independent support (through an advocate) in addressing complex personal issues which had led to a significant reduction in

concerns around their safety and well-being. An advocate is an independent person who helps people express their feelings and views.

- People never received care from a staff member they had not previously met. The provider operated a no stranger policy which people and their relatives told us they found extremely reassuring. One person told us, "I always know whose coming, they are very regular. If I have someone new, they come with the regular ones first so they can see what to do and I can meet them. This seems a very sensible system to me."
- People and their relatives told us had been fully involved in developing care plans and decisions about their care. One person told us, "They listen and involve me and I can ask for changes to be made and they will look into it. For example, If I am not happy about the time of the visit, they will look into it and alter it." One relative told us, "I was involved in care planning they asked me about her preferences, the carers like to look after her, they have good relationship with her."

Respecting and promoting people's privacy, dignity and independence

- People felt listened to, respected and influential in the care they received. They said staff understood things from their point of view. One person told us, "They treat me with respect, they call me the lady of the house and I like it." A second person said, "The help I get means my life is improving every day." They told us staff understood it was extremely important to them to look nice which they had struggled with before using the service. They added, "If you could see me now compared to before you wouldn't believe the difference they've made to how I feel."
- promoted.
- A values-based approach to recruitment, training and support for staff underpinned by the key values of respect, compassion, integrity and listening. One staff member told us, "I had tests when I was interviewed about honesty, communication and integrity. I was pleased and felt reassured that these things were important to them."
  - Staff understood and demonstrated empathy with people who wished to remain living independently in their own home. One relative told us, "They look after (my relative) in their own home and thanks to that they absolutely personalised it for their needs. If you removed them from their home, they would be a lost soul, they would not have their independence. They are guests in (my relative's) home and they behave as such, they are respectful for that."
  - The service placed significant emphasis on promoting people's independence. There were many examples of people's confidence and independence improving as a result of the support they received. Following an operation one person was unable to mobilise independently. The staff member supporting them understood this was difficult for the person as they had previously been fiercely independent. The staff member accompanied the person to their GP and occupational therapist. After being supported with daily exercises and encouragement from staff the person was able to mobilise around their home. The confidence they gained led to them pursuing their former hobbies which were important to them and gaining the confidence to develop new interests.

## 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. Since our last inspection the provider had facilitated increased opportunities for people to develop meaningful social networks within the community. Changes to care planning systems had led to people receiving a highly bespoke and responsive service.

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

- People were cared for by a staff team who protected them from social isolation and loneliness as they recognised the importance of social contact. Staff took a key role in the local community and was actively involved in building further links. There was a strong focus from the provider to ensure people's lives were enhanced as they ran numerous community events which enabled people living with dementia to continue enjoying life in the community.
- Staff found creative ways to enable people to live as full a life as possible and to keep relationships that matter to them. They facilitated three, 'Sunflower Cafe' support groups for people affected by dementia. Feedback demonstrated the positive impact this had people and their well-being. Comments included, "It has given (my relative) the opportunity to socialise, to feel valued and important. It has made (my relative) feel "normal". For me it has given me someone to go to and ask for advice." And, "Attendance has proved a lifeline. Meeting with others with similar concerns. The relaxed friendly support from the organisers and the advice freely given."
- People's lives were enhanced through the innovative and carefully thought out ways of responding to people's social needs. They ran, 'Singing for the Mind' groups which helped to provoke emotions and memories for people living with dementia. A relative told us, "My (relative) loves both of these events. They are the cornerstone of their week, providing different company, stimulation and some respite for my (relative's spouse). (Staff member) is brilliant. She gets everyone involved and has wonderful energy."
- The provider opened up new opportunities for people and the arrangements for social activities met and exceeded people's expectations. A staff member had trained in delivering, "Love to Move", a programme developed by the British Gymnastics Association. The weekly, "Love to Move" group was well attended and we were told, "It's lovely to see everyone there developing a social circle. It's not only about the exercise. It has lots of emotional benefits too." There was also an inclusive cricket group which enabled people and their relative's to share an interest together. A relative told us, "(Name) loves the cricket and I play too. It offers a good workout for both of us and it's something we can do together."
- People were supported to express themselves through their previous interests and hobbies. One person's confidence was greatly improved by staff's support in re-kindling their interest in art through a weekly art group. A second person had enjoyed gardening and staff covered an ironing board in plastic to enable the person to continue potting plants at a comfortable height. The person smiled and squeezed the staff member's hand to show how much they enjoyed this.

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

- People and their relatives told us the service they received was highly personalised and often exceeded their expectations. One person described, "The carer put me before their own family when I had to go into hospital. They stayed the night with me in hospital, helped me to dress next morning. I don't know any other agency that would do that." A relative told us, "They look after my (relative) and I have to say, I am a nurse myself and I could not witness better care ever, I would employ all of the carers in my hospital."
- People's care was planned proactively in partnership with them as staff empowered people to be fully involved in decisions around their care. Through the dedication of staff to foster one person's trust, they had given the person confidence to shop on their own to purchase a new chair. This trip had led the person on to attend groups and events giving them an enhanced sense of independence. Their relative told us, "They were telling me about it very proudly on the phone today. I think they like both the concept and that they were able to sort it out them self, with the assistance of their 'ladies'."
- Peoples care was focussed on their whole life as they were supported to achieve their goals and dreams and staff had an excellent ability in helping people to achieve these. One person had always loved farm animals. Through staff's proactive approach to enable this person to achieve their dream staff arranged for the person to meet a local farmer and their cow. The person was able to spend time patting the cow and learning about their care from the farmer. A second person had always wanted a tattoo. Again, staff's hands-on and practical approach gave the person the confidence to realise their aspiration.
- Staff were deployed flexibly in order to meet people's differing needs and preferences. One relative told us as a family they felt having live-in care would be too intrusive. Staff were therefore organised to work shifts throughout the day and night. The family acknowledged it was difficult to provide a service that met their requirements but said the agency managed it well. They told us, "It's a work of art to get it covered. They will do anything I ask. It's more than just looking after (loved one), it's all our needs really."
- People's care was extremely person-centred, delivered consistently and focused around each person's individual needs, wishes and preferences. The level of detail included in people's care plans demonstrated how well staff knew people and how they wanted their care to be provided. Plans were respectfully written and contained detailed information regarding people's life history, family, occupations, hobbies, things that were important to them and hopes for the future.

End of life care and support

- Relatives said end of life care provided by staff was outstanding. One relative told us, "They don't make anything a drama although (my relative) is on end of life care pathway. They are absolutely unbelievable, Rolls Royce, gold standard of care."
- People were cared for at the end of their life by exceptional staff who demonstrated distinctive skills in helping people explore and record their wishes. The service strove to provide person-centred care during this time of a person's life using best practice resources around pain relief or religious and spiritual beliefs. These took into account a persons cultural diversity and values which helped influence a person's decision.
- People were shown empathy and understanding by staff as they displayed a great commitment to respect and meet people's wishes. This meant during this difficult time, the impact to people and their families was lessened. One relative told us, "They were absolutely amazing, the care was organised with such a short notice, they listened to (my relative) and made them feel valued, I can't speak highly enough of them and the care, they got it absolutely right. They made my (my relative) feel a real person again."
- Emphasis was given to working with specialist healthcare professionals in end of life care to help ensure people experienced a comfortable, dignified and pain-free death. One relative told us, "They have arranged everything with the local hospice, at the right time for (my relative)."
- Through staff's positive relationships with people and their families, difficult and honest conversations were enabled which offered support and comfort to all concerned. The service was inundated with

messages of thanks and compliments from relative's of people who had been supported during the end of their life. In addition, staff recognised the need to continue to support families following the death of their loved one. This was demonstrated when the registered manager accompanied a relative to the funeral directors to make arrangements for their family member.

- Through working in partnership with other organisations, advanced training in supporting people at the end of their life was completed by management and staff. Staff said the training had been invaluable, with one telling us, "I have a much better understanding which means I'm able to provide better information and empathy to my clients and families."
- The provider understood the impact that caring for someone at the end of their life had on staff and ensured they were given time and support to grieve. The registered manager told us, "We provide counselling service for staff. It can be difficult for them because of how close they become, they really love people."

### 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 were supported with tailored methods of aiding their communication. One person's health condition meant it was difficult for them to communicate verbally. They said however that having a consistent, small staff team was essential for them. They told us, "They (staff) sit beside me, they tell me what they are saying and understand what I am saying to them (as they understand my speech)."
- We spoke with one person on the phone who struggled to hear us. Staff supported the person in a respectful and dignifying way, repeating the questions, then enabling them to speak into the phone themselves to give their feedback.
- People's care records contained information regarding their communication needs which were consistent with the AIS's. Information included people's preferred method of communication, any sensory needs and adaptations the person may need to support their communication.
- The provider Information Return (PIR) stated staff would write appointments and care visit schedules in an extra-large diary with one person to keep them in full control of their daily living. They added, "Right at Home have started to send large print schedules to clients with eye sight problems including Macular Degeneration."

### Improving care quality in response to complaints or concerns

- People and their relatives told us they would feel comfortable in raising concerns and felt these would be responded to. One person told us, "I would call the office with any problems, they would listen and they told me what to do if I have an issue." One relative told us, "I would contact (office staff), I have all the contacts I need, we had no concerns to raise. They dealt with any feedback from us such as minor queries. When I raise anything, I get a full response. I have confidence in them."
- The provider had further developed the complaints process to ensure people received a prompt response to any concerns. Outcomes were robustly managed to ensure the full process had been completed and resolved to people's satisfaction.
- The registered manager and provider reviewed all complaints on a monthly basis in order to identify and trends and minimise the risk of them happening again.

# 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. Through constant monitoring, review and investment the provider and registered manager had consistently looked to drive improvements. This had led to systems, staffing and process being greatly enhanced to ensure people relatives and staff received highly personalised support.

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

- Management led by example and was extremely driven to provide excellent, person-centred care to people. This was borne out by the feedback received from people and relatives who told us they felt at the heart of the service. One person told us, "The management is absolutely brilliant. Very, very supportive, if I am worried, I pick up that phone and they will help me to calm down, they encourage you when you need it. I am amazed at what they do." A second person said of the management team, "I would like them to get the Pride of Britain Award, nothing is too much trouble for them." Management also served as superb role models for staff. This included spending the weekend removing flooring which presented risks one person's mobility. This made the person's environment safe, enabling them to remain in their home.
- People described to us how the outstandingly positive culture within the service had helped them regain their sense of self-worth and how staff treated them as individuals with rights, hopes and aspirations. People said the service was exceptional. One person told us, "They just do go the extra mile in helping me. I feel like myself again." A relative said staff had made their loved one feel valued again leading to significant improvements in their overall health and well-being.
- The vision and values of the service were imaginative and person-centred. They were developed and reviewed with people and staff, helping to underpin the excellent level of care people received. This meant people received a holistic, highly personalised service. One person told us, "They are all amazing, all gems in my eyes, I love them all." People and relatives had nominated staff for GEM (Going the Extra Mile) awards. These awards recognised staff's outstanding practice. For example, in preparing a special meal based around someone's travels abroad, working additional hours to ensure consistency for people during periods of ill-health, accompanying people on short breaks or holidays abroad and attending family events which people may otherwise not have been able to attend.
- Staff recognised the on-going importance of a strong teamwork ethos to ensure the vision and values of the service were sustained. They demonstrated, through our conversations with them, pride in the care they provided to people. The registered manager told us, "I have a fantastic team. They are all positive and all so competent at what they do. We're all in it for the right reasons. We know our goals and how we want to achieve them. It's all about providing the very best quality in what we do." Staff confirmed this view of a shared purpose telling us, "We work as a team and there's no negativity. I've never felt this level of support. It's a very powerful thing." And, "Coming to work here is the best thing I have ever done. I absolutely love my

job. I get fantastic feedback and such a sense of achievement."

- Management and staff strove for excellence through reflective practice and the registered manager promoted an environment of learning and development that gave staff the opportunity to develop their knowledge, skills and understanding of their role. One staff member said, "It's a very inclusive ethos here. There's an opportunity to better yourself and you don't feel any discrimination, just very supported." A second staff member told us, "I care because even the slightest and tiny things you do for someone makes a huge amount of difference."

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

- Management recognised, promoted and implemented systems in order to provide a high-quality service. They were committed to ensuring continual improvement in the care people received. Care records were identified as an area requiring improvement so the provider commissioned a bespoke electronic system which supported staff to communicate and respond to changes in people's care promptly. One relative told us, "It's amazing how they communicate. If I ask for anything the carer will put it on the system straight away and I can guarantee it will be done. I can't fault it." There was a staff champion within the service employed to monitor communication and response to changes or concerns.
- The service had sustained outstanding practice since our last inspection and had worked towards achieving recognised quality schemes. The service was a finalist for the Care Team of the Year award and a staff member won the Surrey Care Association Care Newcomer award in 2019. In addition, through consultation and collaboration they planned for the future, looked for ways to develop and piloted new technology. The registered manager said of the provider, "He's good at seeing the future vision and planning so we are always prepared and never reach a crisis."
- Regular spot checks were completed of the care people received. Checks included monitoring staff's approach, medicines support, communication, time keeping, personal care, nutrition and following people's care plan. In addition, people and their relatives received regular calls to check they were happy with the quality of the service they received. Feedback viewed was extremely positive. Comments included, "Be assured I think the quality of service is excellent and I know (my relative's) needs have shifted." And, "(Staff) is fabulous as she always accommodates any changes which are required."
- There had been no incidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in significant harm to the person. The provider had a policy in place regarding duty of candour which demonstrated the need to act in an open and transparent manner with people and their relatives.
- Relatives confirmed they would always be contacted should their loved one experience an incident, illness or a change in need. The registered manager ensured notifications of significant events were submitted to the CQC in line with requirements.

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

- Through the drive of management to improve people's well-being and quality of life, they had created a range of groups to promote social inclusion and involvement. Dedicated staff were employed to facilitate, Singing for the Mind, Love to Move, Inclusive Cricket and the Sunflower Cafes. Groups were open to the wider community and promoted by local GP surgeries and health and social care professionals.
- The provider worked tirelessly to strive for excellence from the perspective of people using the service. As a Dementia Champion with the Alzheimer's Society they had delivered Dementia Friends Information Sessions (interactive session to increase people's understanding of dementia) to over 12,000 people. They

had led sessions to local business, health centres, schools and other community groups.

- The provider empowered people and relatives to drive improvement. One relative was involved in the induction process by sharing their experience of having staff come into their home. This had benefitted new starters, giving them a real appreciation of what people and relatives go through.
- Events were organised each year for people, relatives, staff and their families. These included a summer barbeque and a musical memories event. This gave people a chance to meet others in a social environment and develop the Right at Home GF sense of community. One person told us they had thoroughly enjoyed the last barbecue, describing meeting others as 'an enjoyable and positive experience'.
- People and their relatives were asked to complete an annual survey regarding the service they received. Results showed an extremely high level of satisfaction with people saying they felt staff made a positive difference in their lives and helped them to feel safe.
- People and their relatives told us they felt involved in the service and were kept informed of any changes or planned events. A newsletter was circulated each month which provided updates and useful information. People told us this helped them to feel connected and that they found the information useful.
- Staff suggestions and feedback was responded to. The Wise Owl role had been introduced following staff suggesting on-going support following induction. The GEM recognition scheme had been introduced as a way of celebrating staff supporting the service values and enhancing people's lives.
- Staff told us they felt supported and listened to. One staff member told us, "I feel as though I can always ask questions and I'll get a response. I asked for advice about moving and positioning with one client. I got a really prompt response and they added information into the training as a result." Another staff member told us, "I feel we're all managed very well. (Registered manager) makes time to listen. She has a lot of integrity."
- Monthly staff events were planned to give staff the opportunity to get to know each other and build the team. These included going for meals, charity fundraising events and theatre trips. Staff told us they appreciated the effort made to plan these events which made them feel valued as a team.

#### Working in partnership with others

- The service did their utmost to provide a high-quality service by working in conjunction with other organisations. Through their extremely close links with the Alzheimer's Society one family had become involved in the Technology Integrated Health Management project – a project looking at how technology can help people living with dementia to remain safe in their own home.
- The service also worked in conjunction with a number of local organisations to support people in building friendships, reducing isolation and sharing information to help keep people safe. This included providing information and advice from professionals on falls prevention and alerting people to financial scams.
- Close links had been established with a dementia specialist in the local area who supported the service with staff training and provided support and advice to people at the various dementia support groups run by the provider.
- The provider was a member of the Surrey Care Association where they were able to meet with other providers and registered managers in order to share good practice and new initiatives. In addition, the provider and registered manager were actively involved in the Right at Home franchise advisory council the registered managers council respectively. This again enabled good practice and learning to be shared.