

## Lynch4 Care Services Limited

# Right at Home Medway

### Inspection report

Brown Europe House  
Gleaming Wood Drive  
Chatham  
ME5 8RZ

Tel: 01634662428

Website: [www.rightathome.com](http://www.rightathome.com)

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Right at Home Medway is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection there were eight older people, including people living with dementia, using the service. Care and support was provided within the Medway towns and surrounding areas.

### People's experience of using this service

People received person-centred care that was outstanding. Staff were matched with the people they supported and had an excellent understanding of people's individual and cultural preferences. A professional told us, "It is family run and more personal as staff get to know people's ways, what they did before they had dementia and their likes and dislikes. They go out of their way to make things person-centred."

Staff were motivated to support people in creative ways. Staff had enabled a person to enjoy their garden, by gradually bringing the garden to them. Reminiscence had been used to improve another person's well-being. When one person could not give their consent in writing, their verbal consent was recorded in a video.

The service had received a number of compliments about how the service had gone the 'extra mile' to respond flexibly to people's individual needs. Engaging people in their interests and reminiscing about past events was seen as essential in promoting and maintaining people's well-being.

The provider took a key role in the community, developing links and working in partnership with other social and health care professionals. They had held a dementia café and attended events to gain information on how to enable people with dementia to live well.

People were cared for by a consistent team of staff who were skilled and competent in providing care and support. Trusting and caring relationships had developed between staff and people, so people felt safe and comfortable.

Support for people enabled them to be as independent as possible so they could remain in their own home. They had 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's health and well-being was monitored, and they received the support they needed with their medicines. Risks to people's well-being and the environment were effectively managed.

The service was well-led. People's feedback about the quality of care was actively sought. There was an open culture of learning from mistakes, concerns, incidents, accidents and other relevant events.

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 and why we inspected

This service was registered with us on 17/10/2018 and this is the first inspection.

Follow up

We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

## 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 caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Right at Home Medway

## 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 was carried out by one inspector.

#### Service and service type

Right at Home Medway is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The registered manager had left the service at the beginning of October 2019. The provider was taking appropriate and timely action to recruit a new manager to undertake this role. This means the provider is 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. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

#### What we did:

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

#### During the inspection

We visited two people in their homes to gain their experience of the care provided. We spoke with six members of staff including the provider, operations manager, a senior carer, two care staff and the

compliance manager.

We reviewed a range of records. This included two peoples care and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also saw a variety of records relating to the management of the service, including policies and procedures and quality audits.

After the inspection

We sought feedback from professionals who work with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff understood how to keep them safe. People were introduced to staff before they supported them which they said was reassuring. One person said their staff member had explained the importance of keeping all their external doors locked in hot weather, so no one could come in uninvited. This person told us they valued staff's concern about their safety and had acted on their advice.
- Staff responsibilities in keeping people safe was discussed at team meetings and training to ensure staff knew how to protect people from harm. Staff said when they had identified potential abuse, they had reported their concerns to the provider. The provider had reported potential abuse to the local authority safeguarding team, so it could be investigated, and the person kept safe. The local authority safeguarding team have the primary responsibility for safeguarding.
- The provider had a proactive approach to safeguarding. They always looked to see if any lessons could be learned or things done differently next time to improve people's experience of feeling safe.

Assessing risk, safety monitoring and management

- Risks to people's well-being and safety such as the risk of falling, developing pressure areas and from moving around their home had been assessed. Risks were rated high, medium or low to alert staff to the importance of following written guidance to keep people safe.
- People said staff checked and took action to reduce any potential risks to their well-being. For people at risk of developing pressure ulcers, staff were guided to apply protective creams and report any concerns to a health professional. One person told us, "Staff always look at my back to see if it is alright and there are no pressure areas." Information about risks were shared within the staff team.
- Staff felt confident using equipment. They explained that an alarm sounded when people's air mattresses were not set at the correct pressure to maintain healthy skin. They knew who to ring to fix the equipment if they were not able to make the necessary adjustments.
- A health and social care professional told us, "The risk assessment undertaken was conducive in highlighting the safety of both client and carer. Furthermore, the company were able to advise on a solution to ensure the client could continue to access the community safely with the carer."

Staffing and recruitment

- Recruitment for new staff was ongoing so that there were enough staff available to support people safely. Care was taken to match people and staff who had similar interests
- People said they were supported by a core team of staff who arrived at the times they were expected, stayed for the correct amount of time and did not rush them.
- Recruitment practices made sure that the right staff were recruited to support people to stay safe. Checks

on new staff included obtaining a person's work references, full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

#### Using medicines safely

- People told us they were given the support they needed to take their medicines.
- Staff completed training in medicines administration and their competency was checked to make sure they practiced safe medicines administration and were clear about their roles and responsibilities.
- Staff understood how to follow the provider's protocols for the receipt, storage, administration and disposal of medicines.
- Staff were given written guidance, so they knew what medicines people took, what they were for and any side effects.

#### Learning lessons when things go wrong

- There was an open culture of learning from mistakes, concerns, incidents, accidents and other relevant events.
- Staff had reported incidents and accidents, so they could be addressed in a timely manner. When a medicine error had occurred, the person's doctor had been consulted and discussion took place with staff to identify any further training needs.
- All significant events were monitored and analysed so action could be taken to reduce the chance of the same things from happening again. Discussions about any lessons learned were communicated to the staff team through supervisions and team meetings.

#### Preventing and controlling infection

- People said staff cleaned their homes as they wanted them to be kept clean.
- Staff knew how to follow the providers policies and procedures to prevent and control infections.
- Staff were trained and understood the importance of maintaining standards of cleanliness and hygiene in people's homes. Personal protective equipment was available to staff to help prevent the spread of infection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Before a person started to use the service, a member of the management team met them and their relatives to assess their needs. This included asking the person about their physical, social, emotional, cultural and religious needs so these could be considered when planning for their support.
- People said this initial visit gave them a clear picture of what the service could provide and how their support needs could be met.
- Assessments were undertaken in line with best practice and included tools for identifying and monitoring people's nutrition and hydration.

Staff support: induction, training, skills and experience

- New staff undertook an in-house induction programme which included the aims of the service, access to policies, the staff handbook and the Care Certificate. The Care Certificate sets out the learning outcomes, competences and standards of care workers.
- Training was face to face and by e-learning. The provider was a trainer in basic life support and practical moving and handling. All staff received specialist training in supporting people living with dementia and end of life care. New staff shadowed existing staff until they were assessed as competent to work alone.
- Feedback from people was that staff had the skills and knowledge to support them in the right way. People said staff knew how to support them to use any equipment they needed.
- Staff were given opportunities to review their work and development needs through individual supervision sessions, observations and team meetings. A format for staff appraisals was available to use when staff had worked at the service for a year. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. Staff felt extremely well supported. Comments included, "What I like at staff meetings is that there is no such thing as a silly question" and "At supervision there is always a plan in place and you know where you are and where you are going. If you want extra training, you can request it."

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

- People said staff prepared meals of their choice for them under their direction. Staff made a record of what people ate to monitor their diet.
- Staff knew people's food likes and dislikes and how to support people with a specialist diet such as diabetes.
- Staff understood the importance of making sure people had enough to drink. People said staff left drinks for them and checked if they had drunk them when they next visited. A range of drinks were left in people's reach when we visited people.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People's health needs were identified in the assessment process. This included identifying if people needed help with their oral care such as brushing their teeth. The importance of oral health care was discussed at induction and staff knew how to follow guidance in people's care plans.
- Staff observed and monitored people's health and well-being and communicated changes effectively within the staff team.
- Staff communicated and liaised with health and social care professionals in a timely manner. A staff member described how when they had identified a sore area on a person's heel they reported it immediately to the district nurse and made a record on a body map.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were guided by the provider's policies and procedures on mental capacity and their knowledge enhanced through undertaking training in this area.
- People's capacity to make daily decisions had been assessed and was recorded in their care plans. Staff understood that people had the right to make decisions. They described how some people's capacity fluctuated due to living with dementia.
- Where people did not have capacity, they were supported to have maximum choice and control of their lives. Staff knew how to give people informed choices to support them to make decisions about what they wanted to wear and eat. Information was available about advocacy services.
- Records were kept of directives by the Court of Protection when appointees were responsible for making decisions about people's health, welfare or finances.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- There was a strong, visible person-centred culture where positive relationships had developed between people and staff. One person told us, "Staff are very friendly, and they care. I know they care by the way they speak to me and their actions in helping me." Another person said, "You can talk to staff and we have a nice relationship. They take an interest in me and we have a laugh."
- A number of written compliments had been received about the caring nature of the service. Comments included, 'Right at Home runs a very professional company combined with a genuine desire to provide compassion and care. I have come to regard them as more like friends of the family than paid care providers', 'My wife needs a lot of 'tender loving care' and attention, and this has been provided by her personal care givers readily, with a smile, and when necessary, with a laugh' and 'I found Right at Home to be elitist in caring. They provide a bespoke service and are the only caring company I have used that actually do what they say they will do.'
- A health and social care professional told us, "I found the staff to be caring, engaging and focussed on getting the best outcome for the client."

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. It was important to one person that they were always smart and well presented. Staff knew how to support the person to meet this goal, including which was their favourite jewellery. This person proudly told us, "The way staff help me to dress makes me feel great".
- Staff understood that it was the 'tiny little things' that made a difference to how people felt about themselves and the care that was provided. Staff understood about people's specific likes and dislikes and the importance of sharing these with the staff team to give consistent care.
- Staff promoted people's independence in maintaining their well-being. Staff explained how they had gently encouraged one person to regain some of their mobility. They described the person's achievement in terms of their 'eyes sparkling' when they had regaining some of their mobility.

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

- People were asked about their choices and preferences as part of the care planning process and when being supported with their care daily.
- Feedback was regularly sought about people's views on the quality of care they were receiving. If people expressed dissatisfaction with any aspect of their care, action was taken to address their concerns. For example, when people were not happy with a member of their care team, changes were made.

- Staff had supported people to understand information and make informed decisions. One person told us a staff member had accompanied them to an optician's appointment. They said the staff member had used their professional knowledge to ask questions and help them choose the right frames.

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 meet people's needs, preferences, interests and give them choice and control

- The provider had consulted with a local group of people living with dementia and their carers to understand what the most important things were when receiving a domiciliary care service. This feedback had been used to develop the service, so it was responsive to people's needs.
- Staff were assessed and evaluated on their capacity to work with others and matched with people's interests and personalities. Staff had an excellent understanding of people's social, cultural and diverse needs and took that 'extra step' to meet people's preferences. One person had been matched with a staff member who spoke the same language and understood how to make their cultural food. The person was also diabetic, so together they had watched videos on how to prepare cultural food that was suitable for them to eat. Another person told us, "I taught one of my carers at school, so we have a lot to talk about." A health care professional stated, "They make a big effort to match people." A staff member told us they were very sensitive to people smoking and therefore were never matched with a person who smoked.
- People described staff has having an excellent understanding of their individual preferences and values and how this impacted on their well-being. One person showed us a book which was by their side. This person told us, "I am interested in Egypt. My carer gave me this book on Egypt as a gift and we talk about it." Another person loved gardening but was not confident to go outside due to a change in their health. The staff member started to build the person's garden to their patio doors, so they could see it growing. Over time they encouraged the person's interest in the garden until they eventually supported them to sit in their garden as they had done previously.
- Staff were highly motivated as the provider valued their contributions, which enabled them to share good practice and provide personalised care. Comments from staff included, "The communication is great and we get regular updates, so we know what is going on. At team meetings and supervisions they feedback how valued we are, and I have feedback to management the good things about them too" and "You are valued. You can go out and give it as you have received it."
- There was regular communication with people's family and friends to maintain people's well-being and ensure the service was responsive to people's needs. Sometimes people had complex family relationships where family members did not always communicate effectively with one another. In these situations, the provider understood the importance of talking to each family member individually so everyone understood changes in a person's care and support.
- Health and social care professionals said that the service was focused on providing person-centred care and support which benefitted people. One professional told us, "It is family run and more personal as staff get to know people's ways, what they did before they had dementia and their likes and dislikes. They go out of their way to make things person-centred".
- The service had received a number of compliments about how it had gone the 'extra mile' in its flexibility

to respond to people's needs. Comments included, 'They liaise quickly when there are problems such as health issues and work with us to review the conditions quickly', 'The management team have gone out of their way to provide extra care whenever my wife required it' and 'A special mention should be made of one member of the management team who appears to have the magical ability to override our doctor's receptionist insistence the doctor does not perform home visits and gets my wife numerous home visits when necessary.'

- Engaging people in their interests and reminiscing about past events was seen as essential in promoting and maintaining people's well-being. Staff gave examples of how they had accessed images and pictures of people and places that had special meaning for people on the internet. They had then shared these with the people they supported, and a conversation had developed. One person's well-being fluctuated. Staff recognised that when they spoke to the person about their hobby, their well-being improved, so they ensured they engaged in this topic each time they supported them. Reminiscence pictures of familiar people, places and products of the past were available for staff to help unlock people's long-term memory.
- The provider took a key role in the local community and was actively involved in building further links. People, their relatives, the public and school children had attended dementia cafés held at the service. At these events a nutritionist and dementia nurse had given talks on how to live and eat well for people living with dementia. The provider had also attended a dementia awareness event hosted by the Medway Dementia Action Alliance. The goal of these events was for people to access local resources and to learn how to live well with dementia.

#### 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 before they first started to use the service, so any necessary adjustments could be made. The service had taken extra steps to meet people's communication needs
- One person's physical disability limited their ability to give written consent to their care plan. The provider filmed the person giving their verbal consent to their care and treatment rather than just make a file note that they gave their verbal consent. This put the person at the centre of their care and fully involved them in the process.
- The provider had anticipated people's diverse needs and could assess information in a different language or easy read format if it was needed.

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

- People were regularly given opportunities to feedback on their experience of their care and support and so sort out anything that was not to their satisfaction. Due to the open culture of the service, everyone felt confident to raise a concern. People said if they had raised an issue it had been acted on immediately so there was no need for them to proceed further. One person told us, "I had a complaint about a carer who rushed. I told the office and they did not come back. None of the carers I have now rush me."
- The provider was proactive in dealing with any issues that arose, to reduce the number of instances of them developing into a formal complaint. A member of staff inadvertently broke a small item belonging to one person. The staff member immediately reported the incident to the provider, who contacted the person's relative to advise on the best way to remedy the situation. The item was replaced to the person's satisfaction.
- Investigations into complaints were comprehensive and complainants given the opportunity to attend a meeting with the provider to identify any improvements. Complaints were used as a platform to learn different and more effective ways of supporting people. For example, it came to light through a complaint

that one person was not engaging with all staff members. Discussions took place around activities staff could consistently use to help stimulate the person's memory and improve their well-being.

#### End of life care and support

- People were asked during the assessment process about any wishes they had about the care they wanted at the end of their lives. If people chose not to discuss their preferences, this was respected, so people could make their needs known when they felt comfortable to do so.
- The staff team knew how to support people, so they experienced a comfortable, dignified and pain-free death.
- The provider understood the importance of offering emotional support to relatives after their loved one had died. They described how they, "Left their door open" so relatives could contact them after a person's death, to talk about their loved one and the care they had received.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The provider had effectively disseminated the aims and the values of the service to staff, so staff knew what was expected of them and how to put them into practice. The aims were to be the service of choice for people and the employer of choice for staff. This was achieved through the management team creating a positive culture where people were at the centre of the service and staff were valued and listened to.
- People said they would recommend the service. One person told us, "They do what they say they are going to do. They are true to their word." Another person said, "I always recommend it to others because staff are so kind and always cheerful."
- Comments from staff included, " and "There is a sense of calm in the office. You feel uplifted and valued. You know there is something about it. It is absolutely lovely to work for such an amazing team." and "It is family orientated and if you have a problem they will support you as much as they can. We help one another out."
- The provider had a duty of candour policy, which outlined how they should respond when something went wrong. The manager understood the need to be open and honest and these values had been disseminated and were understood by the staff team.

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

- The provider was active in all aspects of the running of the service and knew people and staff well. Therefore, there had been a seamless transition to them managing the service, in the short period since the registered manager had left the service.
- There was a structured programme of audits and checks on records and the quality of care that people received, to help drive improvement. People were contacted at regular intervals to check if they were satisfied with the service or if any adjustments needed to be made to meet their needs and expectations. In addition, there were spot checks on staff to directly observe care and assess if staff were following set protocols and the aims of the service.
- People benefitted from being supported by a staff team who were motivated, understood their roles and responsibilities and who had confidence in the management team.
- The provider understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths, in line with regulatory requirements.

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

- People were regularly consulted about their care through telephone calls, care reviews and spot checks. All feedback received was positive. One person had summarised the care they received as, "Very satisfied. I would highly recommend the service."
- Staff were involved with the development of the service through gaining their views in supervisions, staff meetings and a staff survey undertaken in September 2019. The majority of staff had rated the service as exceeding their expectations. Staff were proud to work for the service and confident any suggestions they made were listened to and acted on.

Working in partnership with others

- The service worked in partnership with health care professionals such as community nurses, GP's and occupational therapists.
- Strong links had been developed with dementia nurses and all staff were dementia friends, which is the Alzheimer Society's initiative to give people a better understanding of what it is like living with dementia. The provider actively gave the public information about these two organisations when attending events.