

Becalm Quality Care Ltd

# Right At Home Mid Sussex

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 24 and 26 January 2018 and was announced.

Right at Home Mid-Sussex is a domiciliary care agency. It provides personal care to approximately 45 people living in their own houses and flats in the community. The majority of people receiving a service are older adults with a range of care and support needs and who fund their own care. Not everyone using Right at Home Mid-Sussex receives regulated activity. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care and support people received from Right at Home Mid-Sussex was of a high calibre. People felt very safe with staff who supported them and told us they were encouraged to be as independent as possible. People spoke highly of staff and had complete confidence in them; the provider had a pro-active approach in relation to ensuring people's safety. If they had any concerns in relation to people's safety, staff knew who to contact and what action to take; they had completed safeguarding training. Risks to people were managed safely and assessments were drawn up before people received support from staff. People were prevented from the risk of infection because staff had completed appropriate training and wore personal protective equipment as needed. Staffing levels were such that staff did not feel rushed when spending time with people. Staff said shifts were organised to accommodate their needs, as well as the needs of people they supported. Safe recruitment systems were in place. Staff had been trained in the administration of medicines and records were completed in confirmation that people received their prescribed medicines. Lessons were learned and improvements made when things went wrong. Staff felt able to raise any concerns they might have in relation to safety incidents and that action would be taken.

We found numerous examples of the kind, caring, warm and outstanding care that people received from staff. People and their relatives spoke positively about staff and were extremely happy with the care they received. Staff encouraged people in their independence so that people felt in control of their lives. Staff went the extra mile in relation to people's wellbeing and the help staff provided went beyond the hours they were contracted to deliver. People's needs were paramount and staff were highly motivated to provide the care and support people wanted. Relatives who cared for their loved ones were not forgotten and care was provided that fitted in with relatives' needs, as well as people being cared for. People were involved in all aspects of their care and felt that staff treated them with dignity and respect in a discreet and sensitive way. The provider recruited staff who had the right values and attitude towards providing high quality care. A relative said, "They are very kind to him, very respectful and they always do jobs over and above what is in the plan. I've never felt worried about how they were treating him, they are so gentle and patient with him.

They chat to him and try to get to know him. I hear them laughing with him. They are very tender-hearted".

Care plans were detailed and people were fully involved in drawing-up and reviewing their care plans. People were carefully matched with staff who would be looking after them. People felt they received good quality, personalised care and that their preferences were met. The service was responsive to people's changing needs and people described the kind of care and support they received, which was bespoke to them. People were encouraged to go out into the community and to engage in activities that promoted a sense of well-being and were meaningful. People and relatives knew who to contact if they had any concerns or complaints and felt confident these would be addressed.

The service had been in operation just over a year at the time of this inspection and was growing steadily. Staff felt valued working for the provider and said their professional and personal needs were catered for. Staff were passionate about their work and about the people they supported. They were asked for their views and suggestions and contributed to the development of the service. Questionnaires were sent to people and their relatives to obtain their views about the service. All comments were extremely positive and a home care website scored the service 9.9 out of 10 on average. People felt fully informed and engaged with the service and were extremely likely to recommend the service to others. The service was well managed and well led. A range of audits was effective in measuring and monitoring the quality of care delivered. The provider met with other regional managers who worked for the brand 'Right at Home' and was keen to set up a local managers' forum.

Staff completed a range of mandatory training to carry out their roles and responsibilities. They received regular supervision meetings and had a good understanding of equality and diversity. People and relatives felt that staff were well equipped and trained to do their jobs. New staff completed an induction programme and shadowed experienced staff. There were opportunities to study for additional qualifications if staff wished. Some people required help in the preparation of meals and staff supported them with this. People were encouraged to live healthy lives and staff liaised with healthcare professionals as needed. The service was working within the principles of the Mental Capacity Act 2005 and staff had completed training on this topic. People's consent was gained lawfully.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Staff went out of their way to support people's safety and to promote their independence.

Where people were at risk of abuse or harm, steps were taken to address these and the provider was pro-active in their approach.

Staff attended home visits promptly, completed allocated tasks and sometimes had time to take on additional everyday jobs if time allowed.

Medicines were managed safely.

### Is the service effective?

Good 

The service was effective.

People's needs were holistically assessed and referrals made to health and social care professionals as needed.

Staff had completed a range of training to deliver care and shadowed experienced staff as part of their induction.

Staff had regular supervision meetings with their line managers.

Staff supported people in the preparation of meals.

Staff had completed training in relation to mental capacity and people's consent was gained lawfully.

### Is the service caring?

Outstanding 

The service was exceptionally caring.

Staff were passionate about their caring roles and we found numerous examples of the kind, caring and warm approach of staff.

People felt that staff went the extra mile when providing their care and nothing was too much for staff, even if this meant

assisting people in their own time.

People were involved in all aspects of their care and were introduced to new staff. Relatives felt that staff cared for them too providing emotional support and company.

People were treated with dignity and respect and staff provided care in an unobtrusive and sensitive manner.

### **Is the service responsive?**

**Good** ●

The service was responsive.

High standards of responsive, person-centred care were evident. People and their relatives spoke positively of the care they received.

Care plans were detailed and enabled staff to provide care and support to people that exactly met their preferences. Staff were carefully matched with people and encouraged people to be as independent as possible.

Staff arrived promptly at people's homes or, if they were going to be late, ensured people were informed when they could be expected.

Complaints were dealt with in line with the provider's policy.

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff knew what was expected of them and high standards had been set by the provider. Staff felt valued and cared for. Their suggestions and views were encouraged and listened to.

People, relatives and staff were asked for their feedback about the service through provider surveys and through an independent consultancy agency. Feedback was very positive. People and relatives stated they were extremely likely to recommend the service to others.

People felt they received a personal service and described care staff as 'exceptional' and 'perfect'.

A range of robust audits was effective in monitoring and managing the service and identified any areas for improvement. The service worked collaboratively with other franchisees of the overarching provider and community healthcare professionals.

# Right At Home Mid Sussex

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 and 26 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to be sure the office would be open and that staff would be available to speak with us. We visited the office location on these dates to see the provider, the registered manager and other staff and to review care records and policies and procedures. We made telephone calls to people who used the service and their relatives on 29 January 2018, to obtain their views about the service.

The inspection team comprised an 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. The expert by experience at this inspection had experience of older people and of people living with dementia.

Prior to the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events that the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection, 10 people were contacted by the Commission and their feedback on specified key questions was recorded in the PIR. We visited two people and one relative in their homes to obtain their feedback about the service and to check the care records that were kept there. We spoke with 13 people by phone, three family members and one member of care staff. We met and spoke with the provider, the registered manager, two members of the administration team, and two care staff. We reviewed a range of records relating to people's care and support. These included six care plans and associated risk assessments and medicines records. We looked at staff training, support and employment records, audits,

minutes of meetings with people and staff, complaints, policies and procedures, accident and incident reports and records relating to the management of the service.

## Is the service safe?

### Our findings

People felt that staff went out of their way to promote their safety, whilst supporting people to be as independent as possible. Everyone who received a service, including their relatives, told us they felt very safe. A relative said, "Safe? Yes, they've genuinely got her best interests at heart. It's their manner, to both of us. They always take time and effort to understand how she's feeling. It's everything really, from the very beginning they got to know us, went through everything in detail and absolutely nothing was missed. It's attention to detail and it never feels like a carer is here; it's like having a friend, but in a professional way. [Named person] can't use things like the toaster because she's burnt herself on it before, so now the staff do her toast for her in the morning, just to be on the safe side". Another relative told us, "Yes I think he is totally safe with the carers. I know I can rely on them to do everything for him carefully". People's safety was protected because staff knew how to access people's homes safely, for example, with the provision of key safes and codes.

People were supported by staff to take positive risks and were involved in decisions about their safety. One person told us, "I feel very blessed to have them. Absolutely anything you need they'll do it for you and they honestly can't do enough. I'm still able to go out and about by myself and we talked about that when staff first came. A carer will come with me if I ask, but I feel able to manage by myself. I do and I know I can go out and leave staff in the house and they will do everything they should. The doctor is only over the road. I can walk there with my frame, but if it's windy, they'll walk with me to make sure I'm safe and if it's raining they'll put me in the car and take me over there. They're absolutely wonderful". A second person said, "I feel absolutely safe with them. It think it's partly because they spend time in conversation with me". A third person commented, "Yes, I feel safe with them. They help me with the stair lift and they always do everything they should and more besides". A fourth person said, "I have complete confidence in the staff, they are trustworthy, honest and reliable. Everything they do they do with a good heart". The registered manager gave us an example of a specific incident in relation to one person's safety with regard to their mental health and emotions, and the steps that had been taken to improve their wellbeing. We are unable to provide further information about this example within this report to protect the person's identity. However, the particular issue illustrated how the provider had gone out of their way to prevent further harm coming to the person and how their life had improved enormously as a result.

The provider had a pro-active approach in relation to ensuring people's safety. We had been notified by the provider of an incident regarding a person who was admitted to a nursing home for a short break. On returning to their own home, staff observed the person had sustained areas of skin damage, had contracted a urinary tract infection and had unexplained bruises on their hand. The provider immediately informed the person's GP and district nurses to assess and monitor the pressure damage. The provider liaised with this person's relatives throughout in order to provide appropriate care and support and then raised a safeguarding alert to the local safeguarding authority so that the issue could be investigated further. When the Commission received the information, the Commission inspector who covered the nursing home in question was also informed so the matter could be followed-up. This demonstrated that the provider had a robust understanding of safeguarding procedures to keep people safe

Systems were in place to protect people from the risk of harm and information was on display in the office, so staff knew who to contact, should they need to speak with a local safeguarding authority. A member of care staff said, "If it's a new client, we have an assessment and we look for safety. It's people's right to make their own decisions if they need to". They went on to explain the different types of abuse they might encounter, such as verbal, physical or sexual. The staff member added, "If I thought someone was being abused, I would report my concerns to the office. They would look into it and take it further". Staff had completed safeguarding training.

People's safety was central to the culture of the service and risks to people were identified, assessed and managed safely. A relative said, "The carers see him as first and foremost and even when I'm there, the carers always speak to him first, he's the client. All the risks were fully appraised at the very beginning. He decided and still decides on a daily basis what he will have help with and what he will do himself". Another person told us, "The best thing about the service is being given freedom to do what I can. The carers are very adaptable and they do anything I ask them. I can't think of any improvements they need to make". The registered manager said, "Pre-assessment is key and risk assessments are put in place before care begins".

We looked at care records which included a range of risk assessments, for example, in relation to moving and handling, skin integrity, mobility, nutrition and hydration. Risk assessments provided detailed information to staff on how to support people safely, with the number of staff needed, how equipment should be used and how to mitigate risk. In the Provider Information Return (PIR), the provider stated, 'Where equipment is used as part of a service, we always ensure the equipment has been recently serviced and log when the next service is due so we can advise our clients accordingly'. One staff member said, "If people need specialist equipment, I tell the office and they will refer on". They commented on the need to be vigilant with skin integrity and the importance of people drinking sufficient fluids. Where equipment was installed in people's homes, staff received training in the operation of this. One staff member told us about the training they had received in relation to the management of a person's catheter and their understanding of this in relation to the importance of hygiene and the risk of urine infection. We read about one person who had needed a high level of support with their physiotherapy and rehabilitation and how the service staff had worked with the person to promote their independence by encouraging them in sporting activities, which they did together. In their own time, one staff member had installed 'grab rails' in the person's house to enable them to be self-sufficient.

In a questionnaire issued by the Commission, every person and family member who responded 'strongly agreed' that they felt safe from abuse or harm from care staff, that staff arrived on time, that staff did all they could to prevent people from the risk of infection and that staff stayed for the agreed length of time on home visits.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. In the Provider Information Return (PIR), the provider had written, 'We aim to have an approximate ratio of two care givers to every three clients and prefer, where possible, for care givers to work an average of 16-20 hours per week to allow for flexibility and cover'. We asked the provider about the recruitment of staff and he said, "We've managed to recruit new staff fairly easily. We're always recruiting". He added that there was a waiting list of 10 people at the time of the inspection and so additional staff were needed before new people received a service. Since the service was registered in November 2016, only one call had been missed, when a staff member became sick. Everyone we spoke with commented that staff arrived on time and that if they expected to be more than five minutes' late, they would be contacted. One person said, "Staff are very good. They generally arrive within a few minutes of when I expect them and I've never had to phone the office and ask where they are. I've never been provided with a job spec of what they should do, but if they have time to spare they will tidy and Hoover for me. They always offer to do other jobs". Staff we spoke with were happy

with their shifts. One staff member said that rotas were organised a week ahead and then uploaded to their mobile. They told us, "If a person cancels, then it come up as a change in the rota".

We looked at two staff files to check on the recruitment systems when new staff came to work at the service. Potential new staff had their employment histories checked, two references were obtained and checks made with the Disclosure and Barring Service to ensure staff were safe to work with people in their homes.

Where people required support or for staff to administer their medicines, this was managed safely. Additional systems were implemented to monitor medicines given to people to make sure this was done safely. We were told that staff who administered medicines to people always checked the Medication Administration Record (MAR) entry from the staff member who had attended the person previously. This ensured the medicine had been administered correctly and the MAR signed in confirmation. People we spoke with said they received help with their medicines as required. One person, who needed staff to administer their medicines, said, "They follow everything to the letter. They have gloves on and pass my medicines to me in a teaspoon". Staff completed training in the administration of medicines and staff told us they would check with the office staff if there were any queries in relation to people's medicines. Staff said they always explained to people what their medicines were for before they administered them. Medicines to be taken as needed (PRN) were recorded within the MARs we looked at. A copy of the local authority's policy on the management of medicines which was to be followed was on display for staff in the office.

People were protected by the prevention and control of infection as staff wore personal protective equipment (PPE), such as aprons, gloves and used hand gels, which were supplied by the provider. This meant that people could be assured staff were aware of the potential risks in relation to the spread of infection and these were mitigated. We read of one incident where a staff member had been observed not wearing their PPE during a home visit and of the action taken to address this.

Lessons were learned and improvements made when things went wrong. We asked staff if they felt able to raise any concerns they might have in relation to safety incidents. One staff member said, "We're open here. If a staff member doesn't sign a chart, we will follow it up". We looked at the accidents and incidents that had been reported and these had been managed safely, with any actions recorded. For example, one person had not taken their medicines as prescribed. The action taken was that the issue had been discussed with the staff member responsible and they were reminded to stay with the person and witness them taking their medicines, to ensure a similar incident did not occur again. There was no impact to the person's wellbeing as a result of the missed medicines.

## Is the service effective?

### Our findings

People's care and support needs were holistically assessed and referrals made to specialist services for advice where needed. In the Provider Information Return (PIR), it stated, 'We work together with other health professionals to achieve goals for our clients. Our client assessment and care plan includes information about any other health and social care professionals involved in the support of our clients. We always introduce ourselves to these individuals to ensure that there is a joined-up approach to supporting the client to remain at home. For many of our clients, this means we work closely with district nurses, GPs, occupational therapists, social workers, physiotherapists, community mental health teams and incontinence nurses'. Care records confirmed the input of a variety of professionals in relation to people's health and wellbeing. For example, one person spent long periods of time in their wheelchair. A referral was made to an occupational therapist who assessed the person's needs and procured a recliner armchair that provided appropriate support and comfort for the person in their home. Staff at the service worked with other organisations to deliver effective care, support and treatment. For example, when a person was discharged from hospital, we read about the support that was put in place to aid their rehabilitation at home. This included support from an occupational therapist who assessed the person to identify equipment that was needed for them. Staff worked closely with the occupational therapy service to learn about any new equipment required and how it worked. The occupational therapy staff ensured staff had a good understanding about any equipment and how this was to be used in supporting people effectively.

We asked staff about their understanding of equality and diversity and how they put this into practice. Staff confirmed they had completed training on this topic. One staff member explained what they had learned and said, "Everyone is different and we have to work to an acceptable standard. It's how you address people and consider their needs like religion, whether their vegetarian, things like that". Staff provided a service which recognised and appropriately supported people's diverse needs.

Staff had the skills and knowledge they needed to deliver effective care. People and their relatives felt that staff were trained appropriately in order to meet their care needs. One person said, "They are all well trained; they do everything for me and they've talked to me about the courses they go on. They really know what they're about. I'm not good with my balance and mobility and they help me up the step into the shower. They're being there gives me the confidence to do that. I feel in control of what help I have and the carers are very tactful and discreet when helping me. Excellent". Another person told us, "When the carers come, I have no worries. They do their jobs and I feel well looked after. I don't know what training they have, but they all have such a nice manner about them. They do what I want my way, whether it's having a shower and hair wash or cooking my meals". A third person said, "I think they must be really well trained. Whenever I ask them something they seem to know the answer. I'm very lucky. I'm still fairly self-sufficient and they respect the fact that I want to maintain as much of my independence as I can".

A relative said, "Staff all seem very well trained and I know they get called back quite regularly for training. It's on-going, not a case of 'There's your training, now go and get on with it'". A second relative told us, "Yes, I think they are very well trained. I think they have extensive training for their staff. The manager told us about the training when he first came to see us. It was one of the things that impressed us both. We

wouldn't want to move from them. Staff have worked really hard to understand her condition and tailor their care to her likes and dislikes as well as her needs.

Staff told us about their induction and of the additional training they received. One staff member explained, "New staff will shadow other staff; it depends on their experience", adding that they loved sharing knowledge and to have new staff shadow them. They told us that people were always asked if they minded a new member of staff shadowing when they attended home visits. Another staff member told us about their induction and that they shadowed an experienced member of staff over several visits to people until they felt confident. This also helped people to get to know staff. New staff, who had no previous experience of health or social care, completed the Care Certificate, a work based, vocational qualification. Referring to the training, one staff member said, "The training was brilliant and it's all explained. Everyone helps each other out. If you're treated well, you're more than willing to give 100 per cent". Staff completed training in a range of areas such as medicines, moving and handling, food hygiene, safeguarding and mental capacity and staff files contained training certificates. The majority of training was completed on-line and staff were required to achieve 80 per cent in order to successfully complete each training module. Staff training was developed and organised around people's individual needs, so staff understood how to support people in a personalised way.

We asked staff about supervisions and the support they received. Staff confirmed they attended supervision meetings and that spot checks also took place, which were unannounced. The spot checks were completed by the staff member's supervisor who monitored how well staff supported people in their homes. Supervisions were carried out every three months and one staff member commented that supervisions were helpful and that the feedback they received included areas of work that had been completed well and any areas for improvement. Records confirmed that staff received supervision on a regular basis and a computer system provided senior staff with prompts to remind them when individual staff member's supervision was due. Staff were well supported in their roles and effective systems ensured that staff supervisions happened regularly. After the inspection, the provider told us they had introduced a system, used as part of the supervision process, to identify how staff had progressed in their roles, with the potential to be rewarded through promotion

Some people were supported with eating and drinking and staff prepared meals for them. Staff had completed relevant training and knew how to prepare food in a hygienic way. One staff member told us some people lived with diabetes and the importance of encouraging them in a healthy diet, emphasising that it was ultimately people's choice of what they ate.

People were supported to live healthy lives and staff liaised with healthcare professionals as needed. One person said, "I have regular carers that come in to look after me. I don't often see a new face and if I do they are introduced to me first. If there's any little problem I have with my health they will listen to me and if they think I need to see the doctor, they will arrange it for me. They are all very friendly and chatty. One of them doesn't speak good English, but somehow we still manage to hold a conversation of sorts and understand each other".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

Staff had completed training in relation to mental capacity as part of their induction and ongoing training.

We looked at some care plans and how people's consent had been gained. We talked with the provider about their understanding of consent in relation to people who had appointed others to act on their behalf through Lasting Power of Attorney (LPA). LPAs were in place for some people in relation to decisions regarding property and finances. We discussed, with the provider, the need to ensure that decisions relating to health and welfare required that there was an LPA specifically in place for these decisions. The provider stated they would look at all the documentation in relation to LPAs, to ensure that consent was gained legally according to the area in which had been granted.

## Is the service caring?

### Our findings

We were provided with numerous examples of the outstanding care people received from staff, through questionnaires sent out by the Commission, direct communication with people and their relatives, documentary evidence at the location office, surveys undertaken by an independent research company and feedback posted on a home care website.

People using the service and their relatives were extremely happy with the care they received and said that the staff who supported them and the office staff were all kind and very willing to do anything they needed. Without exception, everyone told us how kind and caring the staff were. People spoke positively about the staff that supported them and that staff gave them a choice to do the things they could do independently and only supported them with the tasks they could not manage. This left people feeling in control of their lives. One person said, "With their help I still feel independent". A second person told us, "Staff are very caring people. They talk to me and listen to me. It doesn't sound like much, but the older you get the more important you realise that is. They are very caring people, concerned about my welfare. If I've any little problem with my health they're straight on it, checking it out, does it need a visit to the doctor or should we get advice from the chemist? They are kind, respectful and they make me feel cared for and valued, it's not just a job that has to be done". A third person said, "So far I am very pleased with the carers that have come. They are very nice to me and wonderfully kind. They are all polite and they always bring a smile to my face when they visit; they are just superb".

Whilst the caring attitude of staff with people and their relatives was endemic, staff went the extra mile in relation to people's wellbeing. The care and support that people received was not limited to the hours that had been contracted and paid for. Staff genuinely cared about people and their relatives' welfare and did everything they could to ensure people had a meaningful life. For example, the provider or registered manager volunteered to sit with one person so their relative could go to church on a Sunday. They were not contracted to do this, but understood how important it was for the relative to participate in worship at their local church, to meet friends and to have time to themselves. One person who received support from staff had recently had a baby, so staff put together a gift basket full of baby clothes and gifts, which staff had donated money to put together. A relative said, "We recently had a baby and the care company aren't able to help with the baby because their insurance doesn't allow it, but one carer came and saw us and brought a hamper full of baby clothes and bits for the baby that they had clubbed together and bought out of their own money. How lovely is that? They really do put the clients first". We were told of a person whose carpet was soiled and a staff member visited the person's home voluntarily with their own carpet cleaner, to clean the carpet. In his own time, the provider had bought milk for one person on a Sunday and delivered it to their home, so they could have it with their morning tea and their favourite cereal.

Staff were highly motivated to provide whatever care and support people wanted, regardless of whether this was part of their job role or not. One staff member said, "Everyone here goes the extra mile. One lady likes a particular honey, so I'll buy it". The provider had identified that relatives who also had a caring role in looking after their family member could be at risk of feeling isolated and lonely. A Christmas afternoon tea was organised for people receiving a service and their relatives. The provider had paid for a taxi for one

person and their relative so they could attend. The cost of hiring a hall and the tea, as well as the attendance of a choir, had all been arranged and paid for by the provider, with the support of staff. When people were admitted to hospital or needed to move into a care home, care staff would continue to visit them, so people spent time with staff they knew as they adjusted to a different care setting. On a home care website, one person had posted, 'Everyone at Right at Home are amazing! Nothing is ever too much, they are always willing to help. I am only 25 and when I had my assessment the Managing Director made sure that I was comfortable with everything. I have caregivers similar to my age and we have a lot in common. I can't recommend them enough!'. In another post we read, 'My husband has been receiving care by two carers three times a day since last April. During this time a large number of different carers have attended to him and all have been extremely kind, gentle and patient with him as he can be difficult at times. The care given is second to none. Everyone is respectful of me and our home and always ask if there is anything more they can do. As I cannot leave my husband without someone sitting with him, some days it is only the carers that I see and can converse with, so they really do keep me sane as well as caring for my husband'. Staff cared and supported people and their relatives in a way that exceeded expectations.

People were supported to express their views and to be actively involved in decisions about their care and support. One person explained, "I was introduced to staff before they began helping me. Carers always ask for my consent before providing personal care. They always ask permission and when they help me in the shower, they respect my privacy and dignity and will wait patiently for me to finish. They give me my own space, but are there to support me if I need it". A relative said, "Staff always ask if I am all right. They always ask, 'Do you want a cup of tea or coffee before I go?' even though they are here to attend to my husband's needs. I feel cared for and important too. As the bulk of the caring falls to me, that matters, because you can feel unnoticed. I haven't come across a carer I didn't want to come back and care is never rushed. If longer is needed, staff stay longer, they're flexible". Staff were particularly sensitive to ensure people and their families received caring and compassionate support.

Staff we spoke with were enthusiastic about caring for people and commented on the fact that they had time to spend with people. One staff member said, "If I find I don't have time, I will ring the office and shifts can be adjusted. If I'm held up with a client, the office will ring the next client". Call times varied, with a minimum of 45 minutes up to five hours, which meant that staff had time to spend with people. People could choose whether they preferred male or female staff to support them. The same staff member told us, "All decisions are the client's. Don't think people are the same every day, because they're not. Some people are more confused on some days than others and you listen to them". We were told that staff, with people's permission, could act as their advocates, for example, they would attend multi-disciplinary meetings with people.

People spoke very positively about the way staff treated them. People told us that staff respected their privacy and dignity particularly when helping with personal care. People said they felt extremely comfortable with staff. One person said, "Oh, staff are very nice to me. My regular girl is marvellous, kind and good-tempered. They all always treat me with great respect. When they help me with personal care, they are always particular about making certain the radiator is on, the towel is warm, the door is closed, all that sort of thing. As soon as I'm done in the shower, they are straight there to wrap me up in a towel, so I don't get cold. They chat away to me as we go along and somehow there's never any embarrassment about it".

When staff were recruited to the role, the provider took care to carry out all necessary checks in relation to their suitability. In addition, the provider used a psychometric profiling tool which helped to recruit potential new staff who had the right attitude towards the job role and who could meet the standards of the organisation and have similar values. One staff member provided an example of how they would treat

people with dignity and respect. They explained that they were sensitive to people's needs when providing personal care, that they would shut the door and cover the person up. The staff member added, "I treat people as I would like to be treated, with dignity, care and compassion".

## Is the service responsive?

### Our findings

People received a high standard of personalised care that was responsive to their needs. From August 2016 all organisations that provide NHS care or publically funded adult social care are legally required to follow the Accessible Information Standard (AIS). This is good practice for privately funded care. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. It also aims to ensure that people's communication needs are met appropriately if they transfer between services. Care plans were written in an accessible format and, where they were able, people signed their care plans to show their agreement. Where people were unable to understand their care plans in a written format, staff would sit down and explain care plans with people. One person explained, "They review my care plan with me. [Named provider] is very correct with everything and would make sure nothing is missed".

When people started to use the service or when new staff were recruited, people were introduced to them. This ensured that people knew who would be supporting them and could welcome staff safely into their home. People talked about the importance of having the right staff to deliver person-centred care. One person said, "Without doubt, staff are kind. I think they are scrupulous in the vetting and selection of staff. They all seem to be the same, they all have a really good personality and are very cheerful. Whatever is wrong, you can talk to them about it and suddenly it doesn't seem so bad anymore. They notice anything that needs doing and will always help with things outside their remit if they can. I had some stains on something and I didn't know what to do about it, but my carer took charge of dealing with it and she stuck at it until it was done. You couldn't wish for more". We were told of one person who had macular degeneration. In addition to having their care needs assessed to ensure that staff delivered care in the way the person wanted, help was also provided to the person with tasks they could not complete on their own, such as changing a light bulb.

People were carefully matched with staff who supported them. A relative said, "Every carer we've had from this company has shown her the utmost kindness, no bad language, no rudeness, nothing. If for any reason we can't have our regular carer, we are told in advance, but we have been able to pick who we want and don't want. They treat us with absolute respect". Positive and meaningful relationships were built between people and the staff which was important to both parties. The provider sent out weekly schedules to people so they knew which staff would be attending the call and at what time the visit would take place. After the inspection, we were told that a system had been introduced whereby people could electronically inform the provider of any updates to their personal details or if they had any concerns. This meant that people were kept informed of arrangements in relation to their care and could communicate directly with the provider.

People we spoke with felt they had a care service that was highly responsive to their needs. Before people began to receive care, a senior member of staff visited them to assess their personal and healthcare needs, agree a package of care and draw up a plan. A relative explained how the care plan met their family member's needs in relation to what they could do and tasks they needed assistance with. Where people needed assistance with some, but not all elements of their care, this was agreed with them and described clearly in their care plan. No-one we spoke with had any special religious or cultural needs, but people said

they had a choice of male or female staff. One person told us, "They offered me a choice of male or female staff. There is a very nice male member of staff who comes at lunchtime to help me with my lunch, but I said I didn't want a man to help me with personal care. I don't have any special religious or cultural needs". This demonstrated a service that respected people's personalised needs and preferences.

We looked at reviews published on a home care website which detailed relatives' views of the many benefits of the support they and their loved ones received from the agency. One comment stated, 'It is an extremely worrying time when a relative comes out of hospital needing care at home. This home care agency responded to our initial telephone enquiry with speed and efficiency and promptly set us up with a home care plan to suit our needs. This was explained to us in detail and very welcome help given to me on the financial aspect of the care. We were particularly impressed with the kind understanding given to us when we had to halt the care for a few days due to my husband being re-admitted to hospital. My son and I are very satisfied with the care given to my husband and it is very reassuring to know that this will carry on for the foreseeable future and that we can increase the care if necessary. The staff are all efficient, kind and understanding of my husband's disabilities and he is very comfortable with all of them'.

The service was responsive to people's changing needs. One person only required help on the days when their relative was at work, so every week the service was given a copy of the relative's work schedule and care staff worked around this. Another person told us how care staff worked alongside them to promote their independence, for example, with cooking and laundry. They said, "The carer asks me what I would like. She said it is my life and I am a guest in your home, you choose". A third person said, "My care plan is perfect – they work exactly as I want them to. I was worried about having help, but staff seem more like friends, doing things for you, rather than carers. They come shopping with me and unload it and put it away for me. We go for walks when it is nice, they are fabulous". A relative said, "They couldn't be better. We've had other care agencies before and they are way, way better than anything else we've ever had. They work around us. They are not intrusive, but they're always willing to give and give and give again. We've never, never had to complain and we'd be lost without them. They review the care plan six monthly, but really every day her help is judged on how she is and what she needs". A staff member said, "I've never worked anywhere with such a passionate and caring attitude. It's holistic, not just about personal care, we encourage independence and we take people out into the community". Staff intervened when people had problems in their day-to-day lives. For example, one person's stair lift had broken and the company who were carrying out the repair said they could not visit until the next day, which meant the person would have to sleep on the settee. A member of staff rang up the company and managed to get the stair lift fixed sooner, so the person could sleep in their own bed. The provider told us, "For some people, we are the first port of call outside their personal care".

Care plans were detailed and at the front of each there was a one-page profile. This described the person, what was important to them, their personal history and overall goals. Care plans were written in a person-centred way. Information within care plans was based on a pre-assessment which included information on the kind of help and emotional support people needed, including companionship, home help, meal preparation medicines management, personal care and mobility needs. Assessments had been completed with regard to people's physical and communication needs, the environment and people's daily routines. People's likes, dislikes and preferences were clearly recorded, so staff had a detailed pen picture of how to support and care for people in the way they wished. We looked at care plans in the office and in two people's homes and information was consistent in each. Daily records were completed by staff which showed what care and support had been provided to people. The provider had plans to introduce a system whereby staff could complete daily entries electronically via a communication log. This would mean that staff in the office could see immediately any action that might be required and respond promptly. Care records were reviewed six monthly and reminders were flagged up electronically to ensure care plans were

updated and reviewed as needed. This ensured that records for people remained up to date and reflected their current care needs.

Staff told us how important it was to encourage people with their independence and, if possible, to support people outside their home. One staff member explained, "People's needs change and we act accordingly. We can do exercises with people and go with them into the community. It's the holistic approach with people's cultural and religious needs". The same staff member talked about how vital it was to engage with people according to what would work for them. For example, the staff member said that for a person living with dementia, how a particular smell might be the trigger for starting up a conversation. Another member of staff took a person out on a 'memory drive' taking them past houses of old friends and the person talked happily with the member of staff and remembered fond stories of their youth. One person said, "Staff are fantastic, couldn't be better. They have attention to detail and everything is always done with the utmost care. They make sure I'm okay and they have a good sense of humour. If I could design an agency, this would be it". We were told about one person who used to run a nursery, but now did not feel inclined to go out into their garden. The provider potted up some plants in some donated outdoor containers and took them round to the person's house on Christmas Eve. The person said this had, "Put the top hat on her Christmas" and now felt motivated to go into the garden to look after the plants. The provider told us they were busy planning summer planting with the person and that care staff were helping the person to look after the plants. People were positively encouraged with opportunities to engage in activities that they were passionate about.

People were supported with a reliable and consistent service that they could depend upon. We asked people whether staff were prompt in arriving at their homes and 10 people who responded to a questionnaire sent out by the Commission (100 per cent) said that staff arrived on time. At a home visit, one person told us that staff were, "Exceptionally prompt and often early. They're quite flexible in times". They went on to say that some time ago staff were going to be late because of nearby roadworks, but even then, they had been no later than 15 minutes. The person told us, "Carers will always call the office if they're going to be even five minutes late". A relative said, "My husband is very independent, but this is working out very well. There's always plenty of staff and we've never been left short. The manager pops in and out. It's a very good company. The best thing? Staff attitude – it's 'can do, happy to'. Brilliant. The worst thing? I can't think of anything".

We looked at the provider's Duty of Candour policy and the registered manager demonstrated their understanding of this and the need for open and honest communication and meeting with people and/or their relatives if an incident occurred. We asked people if they knew who to contact if they had a complaint and whether they felt comfortable to discuss any issues. A relative said, "The care plan was really very extensive, very detailed and they abide by everything in it. It's the consistency and quality of the carers that really stands out. We've never had to complain about anything. The manager visits from time to time to check everything is okay and the office staff go out of their way to be helpful if you have any queries". One person said, "I have a care plan in the house and I read it, it was agreed with me. Staff came to see me before it started and it was all very carefully written up. I've never had to complain about anything, but I would ring the office if anything was wrong. They don't brush you off. They would definitely sort things out for you, they want you to be happy".

In the Provider Information Return (PIR), it stated, 'Comments, compliments and complaints are recorded and managed in line with our complaints policy. Clients are advised how to make a complaint and the service user guide also contains this information. We encourage clients to openly review us publicly on a key review website. This gives us benchmarking and feedback for us to be able to gauge and improve our services'. Information was in the back of people's home folders about how they might make a complaint. A

staff member said, "If a client rings up with a complaint about a carer, then that carer won't go there again". We looked at a log of complaints received and these showed the actions and outcomes of each complaint and that these had been dealt with to the satisfaction of the complainant.

## Is the service well-led?

### Our findings

Right at Home Mid-Sussex operates as a franchise and registered with the Commission in November 2016. The provider was passionate about developing a service that would merit an 'Outstanding' rating at inspection. In our conversations with people and staff, it was clear the provider and registered manager had worked hard to develop a holistic approach, to provide exceptional care to people from staff who felt valued and were happy in their employment. Positive work practices and values were of great importance and were seen as a priority when staff joined the company. The provider told us, "We've grown steadily. We don't take on any work we can't safely manage. I think we've developed a strong culture and that's borne out by reviews with clients".

From our conversations with the provider and registered manager, it was evident that staff were valued in the way they were supported both professionally and at a personal level. For example, we saw there was a policy in place for lone working with guidelines for staff on how to keep safe which included risk assessments, who to contact out of hours and calling for help in an emergency. Staff were provided with torches when they worked after dark. The provider said, "We don't want staff to be isolated because it is lone working". The registered manager also worked some of the night-time calls and said, "We wouldn't expect carers to do anything we wouldn't". This demonstrated an agency where people and staff were at the core of its business and who were involved with developing the service to meet their needs and choices.

Staff were compassionate and motivated about their roles and worked together in a way that valued and supported one another. Sadly, a member of staff had died recently and a coffee morning was organised by staff during work time to raise money for MacMillan nurses. A member of care staff told us, "I can honestly say, having worked for nine years in domiciliary care, this is the first organisation that had the same core values as me and was proactive. If I have any issues with a client, any issues at all, they are dealt with quickly". They added, "This is personal. All the girls meet up and we have social outings". Another staff member said, "It's brilliant, the best thing I ever did. I love working for these people [referring to the provider]. They're genuine and the clients come first". Social occasions were organised for staff such as bowling, curry nights and a Halloween event. Staff could talk with each other through an internet based social media group.

In a questionnaire sent out to people and staff by the Commission, nine staff who responded all stated that managers were accessible and approachable and dealt effectively with any concerns, that their views were listened to and that staff in the office gave them important information as soon as it was needed. In their response to the questionnaire, one staff member had written, 'I have been a carer for many years and this agency that I work for now is outstanding in the way they treat clients individually, promoting independence and self-worth. Concerns from clients are acted upon promptly and I feel valued as a member of the staff team'. Another staff member stated, 'The management team are very open, friendly and supportive. They have an open-door policy. I always feel supported, valued and listened to. All carers are lovely, caring people who value all the clients' needs and all go that extra mile. I enjoy working for the company immensely'. Staff were also asked for their views about working at the service through a survey sent out by an independent consultancy agency. Results from this survey were overwhelmingly positive. One comment

was, 'We are given the time to do the job properly without having to rush and clock-watch. We are cheerfully given help and support from management and other colleagues whenever it is needed. The Company's core values and ethics are second to none. There are opportunities to train if required [training in addition to mandatory], but no penalty for not wanting to. Consideration is given to requested hours of work and distances travelled'. Another comment was, 'They genuinely care about their clients and the staff. They have really supported me with my career plans'.

Staff knew how to raise any concerns with the management and the provider's whistleblowing policy was on display on the staff noticeboard. One staff member said they would inform the office if they had any concerns and, if needed, record the concern. We asked the provider about their responsibilities under Duty of Candour. He explained, "Our responsibility is to be open, honest and transparent in everything we do. We want to create an environment where people can report things".

The provider and registered manager worked closely together and each had a defined role which contributed to the smooth running of the service. The provider took an active role in recruiting and interviewing staff and explained that it was important for potential staff to have the right values which aligned with the ethos and philosophy of Right at Home Mid-Sussex. Senior staff met monthly regularly and we looked at management minutes from a meeting held in November 2017. Topics discussed included systems and procedures, client risk assessments, exit surveys for clients, client schedules, spot checks and other matters relating to the running of the service. Actions from the preceding meeting were reviewed to ensure these had been followed up. Information for staff was on display on the staff noticeboard such as principles of the Mental Capacity Act 2005, covert administration of medicines and contact information for local safeguarding authorities. Four members of the management team had attended training in relation to gaining an understanding of what it was like for people living with dementia which they had shared with support staff. In an independent survey, staff identified the support they received from management as being one of the best things about working for Right at Home Mid-Sussex. One staff member stated, 'I like the ethos, to be able to give clients the time to do the care without feeling rushed is fantastic; also the flexibility of working hours'. Another staff member referred to, 'the High standards. Person-centred care is very important to me and we help clients reach their full potential. I work with staff who have the commitment to go the extra mile and I have a manager who I can talk to. A wonderful company to work for'. Notifications that the provider was required to send to us by law had been completed and sent to the Commission as needed.

Staff felt actively involved in developing the service. One staff member told us, "I can phone the office six or seven times a day if I need to, there's always someone there and we're always made to feel welcome in the office'. The provider felt it was important to value staff in a way that prevented them from feeling isolated as they worked in the community. He said, "Staff come in for 'Treat Tuesday' [where cake and biscuits were provided] and this is to encourage staff into the office and have a chat. Staff are made to feel welcome in the office; they are our best asset'. A weekly newsletter was produced for staff that included information in relation to work and also some light-hearted material such as jokes. We asked staff whether they felt there were any areas for improvement. One staff member said, "There's always room for improvement. We have staff meetings and suggestions are listened to. I like that we have get-togethers. If someone is struggling, we can share that and do things differently. Everybody's listened to. Any issues are confronted and sorted". After the inspection, the provider sent us minutes for two staff meetings held during 2017 and stated that these meetings were also used to introduce external specialists for staff to widen their understanding in different areas'.

Peoples views about the service were valued and listened to. People were asked for their views about the service and completed questionnaires we looked which were all extremely positive. People were asked

about the care and support they received, the attitude of staff, the matching of care staff with people, punctuality, accuracy and relevance of care plans and communication. When people left the service, the provider asked them or their relatives the reason this had occurred, in order that any improvements could be made where needed. One relative had written, 'You all made the last few months of my nan's life better. She made friends in all the carers who supported her and really felt safe and cared for by outstanding care givers'. One person we visited in their home was having to move into a residential care setting. They told us, "I'm imminently going into another place, so I'm going to have to leave them, but I want to stay in touch with staff when I move". We looked at numerous compliments and communications from relatives about the quality of the service provided. The provider sponsored a Christmas tree in the local church and called it, 'Care in the Communi-tree'. It was evident that people received an exceptionally high standard of care from staff who went the extra mile.

People and relatives we spoke with were full of praise for the service and told us they received a personal service. People confirmed they had been fully consulted during the assessment, planning and review of their care. One person said, "My care plan is changed with me when I have a review". A relative said, "The management and the office staff are very good. The carers are exceptional. Overall we are very satisfied. I honestly can't think of a thing that needs improving. They're very good and keep me fully informed. Perfect". The provider told us that monthly newsletters were sent out to people and their relatives. This ensured that people were kept informed about any developments and improvements at the service, as well as keeping people up to date with news.

There were robust systems that monitored the quality and safety of the service. For example, care plans were reviewed with people, spot checks and supervisions were completed with staff and surveys were sent out to people and staff to gain their feedback. Systems had been introduced to collect and store information about people and their preferred method of communication. Information was collected and analysed in relation to issues affecting people's care and support needs. The provider told us that all management staff had access to this information which contributed to providing a holistic approach to the service provided to people.

The provider told us, "We strive for outstanding. Right at Home is about outstanding. The brand is always looking to support the franchisees. Over the last six months or so we've developed some really good systems". Registered managers in the region met together to discuss what was working and any areas for improvement. The overarching organisation and brand of Right at Home organised regional managers' conferences and training, on-line forums enabled managers to share information. Right at Home Mid-Sussex had won the Best New Business Award. In the Provider Information Return (PIR), it stated there were plans to introduce monthly focus groups with staff to discuss people and to consider improvements that might be needed and how to make care plans more person-centred. The provider told us that staff knew people best and had made suggestions of how to make a difference that could enrich people's lives. Care co-ordinator forums were to be introduced. Clubs and outings into the community where staff might support people were being investigated.

We looked at reviews placed by people and relatives on a homecare website and the average score was 9.9 out of 10. Overall feedback identified that people were 'extremely likely' to recommend the service to others. One person had written, 'We have been very happy with the service from the care givers and the support from the management. An extremely professional company'. Another person stated, 'Very happy with Right at Home – they go above and beyond, making sure everything is okay and nothing is too small. Having the extra help and support has given me more confidence and independence to do more and enable me to engage in more activities in the community. I have the same carer every morning which keeps everything consistent, means we have a good relationship and I don't feel like a stranger is coming in every

morning. Very happy with my care'. In telephone calls we made with people, one person said, "They talk to me. They are here because they want to be not just because they are earning money. They always seem to enjoy their work. I think it's very well run and I can't think of anything they can do to improve it". Another person told us, "I think it is a very well-run company. All the staff are efficient and kind and demonstrate exceptional thoughtfulness. I feel very fortunate to have them. No improvements needed". Everyone we spoke with felt the service was extremely well managed and that they had frequent contact with the management who checked and supported them to ensure the care was provided as agreed. Everyone we spoke with said they would recommend the service to others.

The provider told us they wanted to set up a local managers' forum to liaise and meet with other Right at Home franchisees in the area. The service worked in partnership with other agencies and we have referred to this in the Effective section of this report. For example, when supporting people as they left hospital to return home the agency would work closely with other organisations proactively to ensure people were appropriately and safely supported at home. The registered manager told us they would make referrals to other agencies where needed, such as supporting people into a residential care setting when they could no longer live in their own home.