

Cornerstone Home Care Limited

# Right at Home Mitcham, Streatham and Dulwich

## 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 18 and 24 April 2018 and was announced. We told the provider one day before our visit that we would be coming. This is the first inspection for this service which was registered in May 2017.

Right at Home is part of a franchise that delivers care to people in many areas of the United Kingdom. They provide domiciliary care and support to mainly older people living in their own homes in the Mitcham, Streatham and Dulwich area of London. This service includes assistance with all personal care, meal preparation, eating, medicines administration and general domestic chores. We only looked at the service for people receiving personal care during this inspection as this is the service that is regulated by CQC. The staff who support people are known as 'caregivers,' we have called them this in the report and office personnel are referred to as staff.

The service did not have a registered manager at the time of the inspection. The former registered manager had left at the end of January 2018 and the provider had recruited a new manager who was due to start at the end of April 2018. In the meantime the provider was managing the service.

A manager is a person who has registered with the CQC 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 provider had only been delivering services to people for the past year, but during that time had established good practices and procedures which would help as the service expanded.

People were safe in their homes. Caregivers and staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with people's homes, to help keep people and caregivers safe. Recruitment practices were safe.

Staff were trained in medicine administration and the checks we made confirmed that people were receiving their medicines as prescribed by caregivers qualified to administer medicines

People were supported by caregivers who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs.

Staff were providing support in line with the Mental Capacity Act 2005. When required people were supported to eat and drink sufficient amounts to meet their needs. Staff worked well with people's GP and other healthcare professional to ensure they stayed well and comfortable.

People and relatives told us staff were caring, kind and efficient and staff respected their privacy and treated them with dignity.

People's needs were assessed before they started to use the service and care was planned and delivered in response to their needs. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

The provider had recognised and responded to people's social needs by starting a dementia café 'The Waterlily' to support people with dementia and their family and caregivers. The manager also delivered regular information sessions to the local community on how to be more dementia friendly and supportive of those people living with dementia.

Systems were in place to monitor and improve the quality of the service. The provider had effective quality assurance systems to monitor the scheme's processes. These systems helped ensure people received the care they needed as detailed in their support plans.

## 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 ●

Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take.

People had individual risk assessments and where risks had been identified risk management plans were in place

The recruitment practices ensured staff employed by the provider were suitable for their roles.

The provider had systems in place to protect people against risks associated with the management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff received regular training and support to keep them updated with best practice.

The manager was aware of what was required if people were not able to give consent and of their duties under the Mental Capacity Act (2005).

The provider had arrangements in place to make sure people's general health needs were met.□

### Is the service caring?

Good ●

The service was caring.

Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

The service ensured they provided the same care staff to promote consistency and continuity of care.□

### Is the service responsive?

Good ●

The service was responsive.

The support plans outlining people's care and support needs

were detailed so that peoples' individual support needs were identified.

Peoples' nutritional and hydration needs were met.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.□

**Is the service well-led?**

**Good** ●

The service was well-led.

The provider had effective quality monitoring systems in place.

The manager had a clear understanding of their roles and responsibilities with regard to the requirements for submission of notifications of relevant events and changes to CQC.

The provider had systems in place to gather the views of people and relatives to help improve the quality of the service.□□

# Right at Home Mitcham, Streatham and Dulwich

## **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 checked 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.

This inspection took place on 18 and 24 April 2018 and was announced. The provider was given one days' notice because the location provides a domiciliary care service and the manager is sometimes out of the office supporting caregivers or visiting people who use the service. We needed to be sure that the manager would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since they were registered and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we went to the provider's head office and spoke with the manager, the operations manager, the quality compliance officer from the parent franchise company and the administrator. We reviewed the care records of three people who used the service, and looked at the records of three staff and other records relating to the management of the service.

After the inspection we telephoned and spoke with one person, and four relatives of people who used the service. We also spoke with five caregivers.

# Is the service safe?

## Our findings

All the people and relatives we spoke with said they felt safe with the service they received. People and relatives commented "Staff are all 'tops', they go the extra mile," "One hundred percent happy, the service is fantastic" and "I am confident that the support my relative receives is good." People said the caregivers' time keeping was good.

The provider took appropriate steps to protect people from abuse, neglect or harm. Caregivers and office staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern about a person. The provider kept people and caregivers safe through individual personal risk assessments and risk assessments of the home environment.

The personal risk assessments had been developed with the person in order to agree ways of keeping people safe whilst enabling them to have choices about how they were cared for. These were individual to the person and covered a range of daily activities and possible risks including moving and handling, preparing food and medicines administration. Risk assessments of the home environment included any equipment used to help a person remain independent, such as walking frames or wheelchairs as well as the physical environment such as carpets and rugs, heaters and lighting. These measures helped to ensure caregivers were working and caring for people in a safe environment.

Effective measures were taken to help prevent and control infection, for example, by using hand gels, gloves and aprons. One relative said "It was good to see the caregivers wore aprons and were positive about maintaining good hygiene while supporting my relative." These procedures helped to ensure the safety of caregivers and the person in their home.

Recruitment practices were safe. We looked at the personnel files of three caregivers and saw the necessary recruitment steps had been carried out before they were employed. This included a completed application form, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

The service had a system in place for the investigation and monitoring of incidents and accidents. Following an incident or accident occurring caregivers would contact the manager as soon as possible and an investigation would be carried out and an action plan developed if necessary. The accident forms we looked at were comprehensively completed, with details of the incident, the action taken and the outcome. This process helped to keep people safe and avoid a reoccurrence of the accident.

Medicines were administered safely. We looked at three medicine administration records (MAR) and saw the caregivers had completed the records correctly, as to when and what medicine they had administered. Where prescribed creams were required by people we saw a body map was attached to the MAR so that the cream could be administered in the correct area. The provider had a list of staff signatures so they could verify who had administered the medicine. The MAR's were audited when they were brought back to the office or when management conducted a 'spot check' on caregivers practice in the person's home.

Caregivers had received training in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by caregivers qualified to administer medicines.



## Is the service effective?

### Our findings

People were cared for by staff who received appropriate training and support. People and relatives commented "They (caregivers) are brilliant, so good," "The caregivers are very responsive to my relative's needs, they give the right balance of support" and "The agency (Right at Home) gives a better quality of care to my relative than he's received before, with other agencies."

Staff had the skills, experience and a good understanding of how to meet people's needs. Right at Home had developed a comprehensive induction programme for staff. Staff we spoke with spoke positively about their induction, the support they received and their on-going training. They felt there was sufficient training to enable them to do their job effectively. The provider had also developed a staff handbook with important policies and procedures that staff could use as a reference. The book included details on what was meant by person centred care, reminders on good medicine management, health and safety, and dignity and respect for clients. This was a helpful tool that staff could keep with them and use for quick reminders of good practice.

We saw recent caregiver training certificates which included safeguarding adults, dementia awareness, manual handling and health and safety. Training consisted of a mix of on line E learning and class room style learning. Staff were encouraged and supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Staff were supported through team meetings and one to one supervision, which normally occurred monthly but as this was a new and small team, the manager and office staff were available at any time to support caregivers. The systems the manager had put in place, induction, support and training helped to ensure people were cared for by staff suitably trained and supported to meet their needs.

The people who currently used Right at Home were all self-funding. The people, their relatives and friends who we spoke with confirmed they were, where possible actively involved in making decisions about their care and support needs. Caregivers spoke about how they encouraged people's involvement in decision making and did not just do things for people. Caregivers gave examples of giving people time to make decisions about what they would like to do, how they needed to be supported and the level of help they needed. The manager said that people's capacity to decide on how their care was to be delivered was discussed at the initial assessment stage. This helped to ensure everybody was aware of the person's ability to decide on what was in their best interests.

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. The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent.

Where required caregivers supported people to eat and drink sufficient amounts to meet their needs and people's dietary requirements were detailed in their care plans. Caregivers had received training in food nutrition and food safety and when required prepared food for people. Caregivers were aware of respecting people's religious and cultural needs when preparing or serving food.

When required caregivers supported people to access their GP or other healthcare appointments. Each person had a communication book, which healthcare professionals could write in. This helped to ensure people received the care as prescribed by their GP or healthcare professional. This knowledge of people and the training and support caregivers received had helped to ensure an efficient service that was person centred.

## Is the service caring?

### Our findings

People and relatives commented "My friend is so much better now that Right at Home support him and more importantly he likes the caregivers and they give him the chance to get out of the house," "Right at Home is like a family, they care," "The caregiver (named) is fantastic, always on time and goes over and above to support me" and "My relative thinks the world of the caregiver (named), they have a very good rapport." Other comments we received related to the agency having a small team, which they had got to know, that arrived on time and they had confidence in."

People's care records were well written and informative, giving details of people's support needs and daily activities. Care plans were reviewed regularly and the opinions of people taken into account during these reviews. The manager ensured people were happy with the service given, by calling the person the day after the support had started to ensure they were happy with the service they had received. After one day one person said "I am very happy with the support, the caregivers are polite and really helpful." The manager or office staff then contacted the person again the following week and again after six weeks and three months. This would then be expanded to nine months and twelve months so that the provider could ensure people continued to receive the service that met their needs. This information would help to ensure caregivers cared for people appropriately.

The provider recognised the importance of providing the same caregivers consistently over time so they knew the people they cared for well. Before going to see someone new the caregivers received the care plan from management and read about the person before being introduced to them. New caregivers could shadow other caregivers until they felt confident to support the person by themselves. The provider also had a logging in system on the caregivers' phone which they activated when they arrived and left a person's home. This helped to ensure care was given at the time and for the duration requested by the person and that people received a continuity of service from caregivers who understood their needs.

The provider also recognised that good care both personal and practical given to people was essential, and that people also enjoyed social time with their caregiver and for that reason the minimum time for a call was one hour. This gave the caregivers the time to provide company and meaningful conversation to people and to help make a difference to a person's daily life.

People and relatives we spoke with felt that their privacy and dignity were maintained by the caregivers when personal care was being given. Caregivers were able to describe to us what they did to help maintain a person's dignity at all times. People had been asked if they would prefer male or female staff to help them with personal care and their preference was respected. One relative said "You can't fault the staff in maintaining my relatives' dignity; it's always his choice of how things are done."

## Is the service responsive?

### Our findings

The service was responsive to people's needs. Staff assessed people's support needs and this information was used to plan the care and support they received. One relative said "I'm impressed, my relative had a really good assessment, they (manager) took their time, waited for him to reply and included him totally in the discussion," and "This agency is like a breath of fresh air right from the start. My relative had a good assessment of their support needs; management staff spoke to him and engaged him in the conversation. What I really liked was the one page profile, we had to complete. It gives you a good insight into the person, their history, family, work life. A small but valuable piece of information for the caregivers to get to know my relative." This attention to detail helped to ensure people received the care and support they needed and wanted.

Each person had a person-centred plan in place, identifying their personal and health care needs, as well as guidelines for providing care for them in an individual way. The people who used the service were involved in the development and review of their care plan. The care plans we looked at evidenced that the people had signed their plans and a copy was kept in their home and in the office. Caregivers told us as they got to know a person and if their support needs changed; this information would be fed back to the manager, so that appropriate changes, with the person's agreement could be made to the person's care plan. People were able to contribute their views and preferences to the process and to the reviews of their care.

People continue to be supported by caregivers to engage in activities to stimulate and promote their overall wellbeing. We heard from people, relatives and the manager about the sort of things their caregivers did in response to people's needs, not just physical but social needs. One person had expressed a love of flowers and the caregiver took them to the local garden centre, where they had the opportunity to buy some plants and later plant them. Another caregiver was given apples from a person's garden; they found out what the person's favourite apple pudding was and cooked it for them. We heard other examples of caregivers making specific meals that brought back fond memories for people and of caregivers giving relatives birthday cards, which one relative said "That was so kind, I was having a difficult week and this made it better."

In response to their clients' needs and to the needs of the local community the manager had started a monthly dementia café 'The Waterlily' at a local library. The café provided a time for people, their relatives and caregiver to come together to share in activities, such as board games, crafts and singing. It was also an opportunity for people to support one another and get information on local dementia friendly services.

Also in response to what their clients have told them about the local area the manager delivered regular information sessions to organisations and businesses in the community on how to be more dementia friendly and supportive of those people living with dementia.

The provider had a complaints process. The information given to people explained the complaints process and what they could do if they were not happy with the quality of service they received. One relative said they had not really needed to complain, 'we had a few teething problems at the start but these were soon ironed out.' People and their relatives said they would be happy to speak up if something was not right and

were confident the manager would action their concerns immediately. The manager explained that any complaints or concerns received would be reviewed, investigated and responded to in a timely manner.

## Is the service well-led?

### Our findings

People and relatives commented about the staff, caregivers and management saying, "Great management, really approachable," "The manager is very good, you can call anytime," "All the staff are very supportive of the whole family, I'm very pleased with them, they have a good ethos" and "It's a pleasure to talk about a good agency." Relatives also spoke about the daily communications book that the caregivers complete at each visit. They said this gave them good information about what their relative had been doing during the day, how they were feeling, as well as the everyday activities such as personal care and meals taken.

The vision of the provider was to 'develop a high-quality home care service and to be recognised as making a positive contribution to the care of the elderly in the community. With a desire to create an environment where our caregivers enjoy and look forward to coming to work every day, and where our service succeeds in providing person centred support for our clients enabling them to achieve the very best outcomes.'

From our discussions with the manager, who was also the owner it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

The manager kept up to date with changes in legislation, policies and trends through the national office of Right at Home. The national office sent out regular updates and consulted with owners and managers about changes to policies. There was a business support manager who supported the franchisee, quarterly meetings to build on best practice and a national two day conference for owners and managers. The national office also provided training for managers/owners. The knowledge and information gained at these events or through the on line systems could then be shared with staff. The provider was also a member of the Merton and Lambeth Dementia Action Alliance who worked with other organisations in the community to help make the local communities more dementia friendly.

The provider had quality assurance systems in place to monitor the scheme's processes. This included monitoring staff training and future training needs and auditing of peoples' support plans to ensure they were relevant and up to date. These systems helped ensure people received the care they needed as detailed in their support plans and delivered by appropriately trained staff. The national office also conducted annual audits on standards and compliance to ensure the franchise was keeping to the standards they had set for care. This included scrutinising all aspects of the business, care plans, staff files and security of on line data.

The provider asked for people's views of the service and of all staff to monitor and improve the quality of the service. This was through telephone calls to people and relatives and 'spot check' calls to people's home. 'Spot checks' were unannounced visits by the provider to a person's home to ensure the care being given by the caregivers was of a standard and quality the provider and person required. The manager and office staff also worked as caregivers, which they said helped them to get to know people and the support they needed. People we spoke with were very happy with all the staff that supported them.