

JM Homecare Ltd

# Right at Home Portsmouth

## Inspection report

Trafalgar House  
223 Southampton Road  
Portsmouth  
Hampshire  
PO6 4PY

Tel: 02393233186

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Right at Home Portsmouth is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection there were 33 people using the service.

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

At the time of the inspection the registered manager was on a planned absence from the service for 28 consecutive days or more. They had appointed a manager to manage the service in their absence.

People and their relatives told us they were impressed with the service and that staff were exceptionally caring. People looked forward to the carers visiting and enjoyed their company. Staff spoke with compassion and genuine warmth when referring to the people they cared for. The caring ethos of person-centred, expressed to us by the provider and manager, was echoed in the comments made by the staff. This was reflected in the care people told us they received. People appreciated the continuity of care from the same care staff who were consistent and always attended. People and their relatives had trust and confidence in the staff and management.

People and their relatives consistently told us that the support being provided was incredibly responsive to their individual needs. The service was person-centred, viewing their relationship with people using the service as a 'partnership' with emphasis on equality and diversity including cultural and lifestyle choice. The service worked in collaboration with and health and social care professionals to promote joined up care. Care plans were comprehensive with clear instructions for staff on how the person wanted to be cared for. People's interests and what was important to them was prominent in their care planning. Consent to care was agreed at every visit which allowed for choice at the time of care delivery, taking into consideration a person's preferred way of communication.

People and their relatives were confident that if they had concerns they would be dealt with appropriately. Effective systems were in place to monitor the delivery of care through feedback from people and relatives, audits, spot checks, staff observational supervision and quality assurance questionnaires. Lessons learned were documented and shared in staff meetings. People received their medicines safely in line with their preferences and by staff who knew them well. People confirmed that staff followed infection control procedures and wore gloves and aprons appropriately to prevent the spread of infection.

The provider continuously encouraged staff to develop the support they provided and to give the highest possible care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the providers policies and systems supported this practice. There was a clear focus on providing person centred care and staff understood the needs of people, their individual wishes and preferences. The provider understood the importance of social activities to people's wellbeing and had developed community resources to help people live as full a life as

possible.

Staff received a comprehensive induction, refresher and specific subject training. The service promoted a learning and development culture to continually strive towards excellent care practice. The management team were open and transparent. The nominated individual and manager were passionate about supporting older people and had created a team of enthusiastic and dedicated staff. They provided good leadership and staff were clear about their role. The wellbeing of staff was viewed positively by management and was embedded within the culture of the service. Staff told us they felt valued and supported.

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

#### Rating at last inspection

The last rating for this service was Good (published 29 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Right at Home Portsmouth

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Prior to the inspection the registered manager had notified the CQC of their planned absence from the service for 28 consecutive days or more and had appointed a person to manage the service in their absence.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be available to support the inspection.

Inspection activity started on 18 December 2019 and ended on 20 December 2019. This included visiting the office to speak with the manager, interview staff and review care records and policies and procedures.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight members of staff including the nominated individual, manager, office manager, coordinator, three care staff and the quality and compliance manager. We looked at four people's care records including their medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### After the inspection

We contacted one person, six relatives and one staff member for feedback about the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt safe receiving care and support from Right at Home Portsmouth. Relatives told us, "Oh yes very safe" and "They are fantastic."
- There were appropriate policies and systems in place to protect people from abuse.
- Staff could demonstrate an awareness of safeguarding procedures and how to report an allegation of abuse and records showed staff had received training in adult safeguarding. Staff told us, "I would contact the office straight away and speak to either [coordinator's name], [manager's name] and {nominated individual's name}" and "I'd speak to one of the team for advice. You would be able to go higher, and I could find the information if I needed to. It doesn't just stop there, can go to others if I needed to."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and planned for. Staff demonstrated they had a good knowledge of people and how to mitigate potential risks to them.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly. One relative told us, "They are very hot on environmental risks."
- Business continuity plans were in place to ensure that the delivery of care was prioritised to those most at need during crisis situations such as bad weather.

Staffing and recruitment

- People, relatives and staff confirmed that staff always attended calls. Relatives commented, "They are always on time, if someone is going to be late you get advanced warning" and "If someone can't come someone else will" and "you never have someone you don't know; they'll have been before."
- Punctuality and continuity were appreciated. One relative told us, "I always know it's the same people who come and if they are on holiday I will have someone who has come to the house before." Another relative told us, "Extremely punctual ... They are very, very good at timing."
- We saw a strong emphasis on continuity of carers by the provider; they told us how they kept the teams small and ensured that anyone new to the person would at the very least be taken to be introduced to them in an emergency. However, the norm was for them to have a shadow shift with someone the person was familiar with. People, their relatives and staff confirmed this.
- Sufficient staff were employed to meet people's needs. Staff confirmed that they had enough time with each person to undertake care safely. One told us, "We usually have time to sit down and have a chat and cup of tea. Some people don't want that communication but for those who do we always have the time. Sometimes we are the only ones they may see."
- Safe staff recruitment processes were followed which included making the necessary checks to ensure

staff were suitable to work with vulnerable people.

#### Using medicines safely

- People received their medicines safely in line with their preferences and by staff who knew them well.
- The office carried out regular audits to ensure all medicines had been administered correctly. We saw evidence of actions identified being completed and lessons shared with staff.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- The manager told us about the new medication training they had invested in which was in the process of being rolled out at the time of the inspection. It was a much more comprehensive and in-depth training programme for medicines with even more robust processes being implemented.

#### Preventing and controlling infection

- All staff received training in infection control and were provided with the appropriate personal protective equipment (PPE) to prevent the spread of infection.
- Staff confirmed they were supplied with enough gloves and aprons to carry out their work safely. One staff member told us, "So much; whenever we need it we can come in to the office and get more."

#### Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- We saw evidence of trend analysis of incidents taking place. Staff were informed of any accidents and incidents and these were discussed and analysed during staff meetings.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider completed comprehensive assessments to ensure people's needs could be met. Expected outcomes were identified, discussed and agreed with the person and family members. The assessments were undertaken face to face with an emphasis on finding out as much as possible about the person, their family, history, and interests so that when the care givers visited they had conversation points beyond common courtesies.
- The provider ensured staff had access to best practice guidance to support good outcomes for people and to ensure that care was being delivered in line with best practice standards.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the ability of staff. One relative told us, "They know exactly what to do and how to do it."
- There was a strong emphasis on the importance of training and induction. New staff received a formal induction, delivered by trainers who were suitably qualified to teach their subjects. The training covered the standards within the Care Certificate, practical lessons and shadowing of experienced staff. The Care Certificate is an identified set of standards that health and social care workers adhere to.
- Discussion with staff confirmed training and induction to be of a high standard and provided in different ways to suit them. A unique approach the provider took to induction was to have no set time frame for the shadowing period of the induction and enabling new starters to take the lead. A staff member told us, "I was completely new to it and the shadowing was for as long as I wanted it. They told me that I could shadow for as long as I want until I was comfortable."
- The provider had a close relationship with a local college and supported staff to undertake nationally recognised qualifications. For example, QCF Diploma's in dementia, challenging behaviours and mental health.
- Additional training subjects, relevant to people's needs such as caring for people living with dementia and Parkinson's Disease were conducted.
- Staff received regular supervisions including face to face meetings, observational checks, spot checks and appraisals.
- Staff told us they felt well supported and had access to the management team when they needed them. One staff member said, "100% I really, really do feel supported."

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

- People told us they were happy with the arrangements in place to support with their meals. The manager told us, "We try and involve people so if they have an interest in cooking then involve them; chop things up

or ask them what their recipe is and their views on things."

- People's nutritional needs were managed well. Care plans confirmed people's dietary needs has been assessed and support and guidance recorded for the individual person. One relative told us, "[Person's name] can need prompting, they sit with [person's name] and makes sure she eats. They don't go off and do other things."
- We saw evidence that staff had received training in food safety, fluids and nutrition and were aware of safe food handling practices.

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

- People were supported to see health care professionals according to their needs. For example, one person had recently been supported to make a chiropodist appointment by the office.
- People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed staff worked closely with, and liaised with, healthcare professionals to ensure people received the appropriate level of care as their needs changed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Care plans showed that mental capacity assessments were carried out to ascertain whether the person had capacity to make decisions related to their care.
- The care plans required that consent was sought for all care practices and we saw evidence of this recorded. This documented how consent was gained taking into consideration people's preferred methods of communication.
- Care plans identified if people had legally appointed representatives or an advocate in place, advocacy seeks to ensure people have their voice heard on issues that are important to them.
- People had a choice of care staff gender to assist with their care. The provider allocated carers to meet the needs of the individual person, which was managed by the staff roster system. One relative told us, "They asked if [person's name] wanted a male or female carer right at the start."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives were exceptionally positive about the care and support received. People told us they looked forward to the carers visiting and enjoyed their company. Comments from relatives included, "[Person's name] looks forward to them coming ... Enables me to do things and know she is not only safe but enjoying herself" and "I think they are fantastic."
- Staff spoke with genuine warmth, empathy and compassion when referring to the people they cared for. One staff member told us, "Everyone gets person centred care, like picking up a newspaper for somebody. Look after them in an individual way, respect their needs, privacy, dignity. Treat as you would a family member."
- People and staff had one-page profiles detailing their personal history, likes and interests and were used to match carers to people. One relative told us how a carer had been matched to the person as they shared a passion for supporting the same football club and would read football programmes together. They also shared how the carer had gone out of their way to source, and gift, a signed football programme for this person which had made the person's day.
- People and their relatives were overwhelmingly positive about the impact the provider had had on their lives. Comments included, "Before they started coming I didn't get any sleep", "I have full confidence in them ... they have had such a huge positive impact on mine and [person's name] lives", "They are a life saver for me, I get respite time that is really important" and "It takes a lot of worry off me as well ... They are fantastic at this."
- The manager told us the ethos of the company was, "The mum test. We won't send people out if we would not send them out to our family members. We feel passionately about delivering high level of care." People, their relatives and staff confirmed this. One relative told us, "They bend over backwards to make themselves useful to [Person's name]." A staff member told us, "Making sure you look after them in the way they want. Choices ... every time I see them, give them choices."
- The provider had carefully considered people's human rights and support to maintain their individuality. Records included information of protected characteristics as defined under the Equality Act 2010, such as peoples religion, disability, cultural background and sexual orientation. The provider had a diversity section included within their induction programme which had a module dedicated to supporting people in care who are included in the lesbian, gay, bisexual, transgender, questioning, and others, communities (LGBTQ+).
- We were repeatedly told of occasions where staff had exceeded what was expected of them. One relative told us, "It's the little extras they do when they are here; if making a cup of tea for [person's name] they'll make me one." Another relative told us, "I have learnt an enormous amount from [caregiver's name] about

my [person's name] condition".

- There were many examples of staff carrying out extra, thoughtful acts, not part of the person's care package, in their own time. These included: bringing one-person fish and chips every Friday, supporting another person to regularly order specially designed shower caps that washes hair and supporting someone else to manage their pest control.
- One person who had previously lived abroad was delighted when a caregiver holidayed in the same location and had visited the places and sights the person had told them about. On their return the caregiver surprised the person when they presented them with a photo album to keep so they could see the changes and reminisce about their experiences.
- One person had been supported to improve their mobility following a stroke. A staff member told us, "On every visit we encourage him to get up from his electric wheelchair and support him to walk to promote his mobility."
- The provider organised for one person to get their flooring replaced. After it had been completed a caregiver observed when visiting an uncovered wire. The provider arranged for an electrician to attend that same day to make it safe as they had identified it was a trip hazard to that person.
- One person had a care alarm system they could use to call for emergency assistance. A relative told us of occasions where they had been unable to respond to a call as they were outside of the local area at the time and so contacted the provider to see if they could help. The provider promptly arranged for someone the person knew to visit and check their wellbeing.

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

- People and their relatives told us their views were listened to and they were involved in their plan of care. Relatives told us, "We have care reviews and go through what we like and don't like", "They come out and go through things with me, check things and make sure I'm satisfied" and "They work really collaboratively with [person's name] and me."
- Staff encouraged people to express their views and opinions and supported people to make choices and decisions. They were involved in planning how their care was given. Where people had limited communication, or chose to include them, their families or representatives were also involved in decision making. One relative told us, "[Nominated individual's name] came and sat with us and went through the options." Another relative said, "Yes we have a care plan. I know exactly what is going on, they include me."
- People could contact independent advocacy services if they wanted guidance and support or an advocate to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People told us that they were treated with dignity and staff were always respectful. Relatives told us, "The way they treat [person's name] means the world to us, they treat them with such respect" and "They try to give [person's name] as much choice as possible."
- The provider told us how they ensured that call times and visits were led by people and it was when they wanted them and how they wanted them. There was a culture of flexibility that was embedded within the service. People and their relatives confirmed this. One relative told us, "We were impressed from the outset. They came out and said what does [person's name] need and how can we support it."
- There was a strong emphasis on supporting people to promote their independence. One person had been supported to regain some independence following an injury. For example, they had been supported to set up a gym in their home and were supported with exercises to strengthen their muscles. Staff told us how they had witnessed them regaining independence and detailed how they supported them with this.
- Another example was where a staff member researched options and equipment available to support a person to continue being able to get in and out of the car when they started to find it more difficult as they knew how much the outings meant to the person. They successfully sourced a piece of equipment that

enabled the person to continue to be able to get in and out of the staff member's car. The family of the person also purchased the equipment for themselves after seeing the difference it made to the person.

- Staff were sensitive and respectful when talking about the people they supported. People's care records were kept securely, and their confidentiality respected. The provider had security measures in place to enable them to remotely lock and wipe any handheld sets if a need arose.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation

- People and their relatives consistently told us that the support being provided was incredibly responsive to their individual needs and was reviewed and adapted as their needs changed.
- Examples included; Carers supporting one person to host their 'knitter natter' group within their own home which had a positive impact on the person's wellbeing. A carer organised a replacement freezer the same day to be delivered to a person's home when their freezer broke. They managed to salvage the food and prevent any from defrosting. For another, a carer supported them to find an alternative moisturiser when their preferred one was discontinued.
- One person was unable to visit the grave of their loved one where a rose bush had been planted. A carer visited a grave and cut a rose for a person to keep by their bedside when they were no longer able to visit the grave of their loved one where a rose bush had been planted. The provider also supported them to grow roses in their garden.
- We were told about one person who wanted to lay a wreath at their loved ones grave and was being supported by the provider to work towards achieving this goal; they had supported the person to set smaller goals to support them to achieve this. At the time of the inspection they had recently achieved going for a short walk with a carer.
- Carers supported one person to visit their pharmacy weekly to pick up their prescriptions as it was important to them to be involved in their medicines and to maintain as much independence as possible. This made them feel included and involved.
- The provider continuously encouraged staff to develop the support they provided and to give the highest possible care. They had introduced 'magic moments' the focus of which was to promote doing the extra 'small things' for people that matter to them and make a difference to them. Such as, supporting someone with their favourite takeaway meal, getting replacement pints of milk for people running out or taking time to support someone to complete a puzzle.
- One relative told us how the certainty of knowing who was coming was hugely important to their loved one, and for their loved one to be able to recognise the face of their carer. They told us how impressed they were by their regular small team of carers and how they always knew who to expect and that they had never had a carer they did not know. They expressed to us how this had had a hugely positive impact on their lives.
- People and their relatives shared many examples of the provider being responsive to changes in their needs and changing their packages of care to meet those needs. For example, one person had been supported with respite care but it was unsuccessful as the respite service had not been equipped to support

their needs. The person returned to their own home and were supported by the provider to have their package of care resumed that same day despite the short notice. Other people told us how responsive the provider had been in increasing or amending their packages of care as their needs and requirements changed.

- Other examples included people being supported to access additional healthcare services. For example, the provider arranged contact and assessments with the continence team to maintain and promote independence for one person. Another person was supported to attend a medical appointment and provided reassurance and support.
- Following assessment, the provider had a holistic approach towards providing person centred care. Records were consistent, and staff provided support that had been agreed during the assessment process. People and their relatives confirmed this when we spoke to them. Comments included, "Very confident in them; they know the care plan and treat [person's name] as if she can understand", "I've never come across them not giving [person's name] the care she needs, it's such a relief" and "They look at [person's name] as a person, very much holistically and not as a medical need."
- Care records had been regularly reviewed and updated when necessary. Relatives told us, "They come out every six months to talk to us and find out any changes", "Oh yes I'm often asked what I think", "There have been times we've not been happy with how a care plan works and they've changed it immediately" and "There are regular reviews of care plans on a formal basis but if any concerns would call the office." This ensured people received the up to date care they needed.
- The provider understood the importance of social activities to people's wellbeing and had started to develop community resources to help people live as full a life as possible. For example, they held events such as afternoon teas in the local community through the use of local community centres.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and information for people could be provided in different formats for people if required.
- The provider had a robust and in-depth induction programme for new staff which included an informative section on communication and supporting people with impairments.

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

- People and their relatives told us they felt safe expressing any concerns with the manager and were encouraged to provide feedback and discuss any issues.
- People and their relatives told us they were confident that any concerns would be dealt with and any changes needed would be made but had no complaints. Comments included, "If any concerns I would call the office, the quality of relationship between the office and us is first class", "They are responsive", "I feel able to be really honest with them and they are really receptive to that" and "There is not anything you can fault them on, never had any real problems with them at all."
- Staff encouraged people to discuss any concerns and would offer people the option of providing instantaneous confidential feedback at every visit. This feedback would be instantly shared with the office allowing them to follow it up.

#### End of life care and support

- Staff worked closely with a range of professionals to ensure that people received a pain free and dignified death. For one person, when being supported with end of life care, their health rapidly declined and their

main carer who was on annual leave at the time came in every day of their leave to care for the person until they passed, so that they would have the comfort and reassurance of being cared for by someone they knew in their last days.

- Where appropriate, conversations took place with people about their preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care and were documented. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.
- Staff were trained in end of life care and had access to a bereavement councillor. The provider had plans to introduce an 'in-house' councillor to enable relatives and friends of loved ones to access bereavement services as well for their mental health and wellbeing. This would enable them to be fully supported during, and after, their loved ones passing.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives had great confidence in the company and the care provided. Comments included, "They are always very responsive and action stuff", "They are excellent", "They are very, very good" and "I have total confidence, they are absolutely fantastic."
- The provider was passionate about supporting older people and had created a team of enthusiastic and dedicated staff. They encouraged and rewarded high performance and had developed an open and supportive working culture.
- The management team were open and transparent. People and their relatives told us they felt able to approach the manager or anyone from the office at any time. People told us how they received home visits and phone calls regularly from the office staff to check they were happy and to review their care and any changes needed. They told us they felt listened to. One relative told us, "I find them approachable." Another said, "They are just wonderful."
- The management team understood the duty of candour responsibility and supported people and staff affected if something went wrong.

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

- The service was well organised. There was a clear and supportive staffing structure and lines of responsibility and accountability. Staff were competent and experienced.
- Staff were highly motivated and proud of the service. There were high levels of satisfaction amongst the staff team. Comments from staff included, "I really, really love the job and working for the company" and "They are all lovely, they check up on you. My car broke down and [office manager's name] left the office and picked me up, brought me back to the office for a coffee and then took me back when the breakdown lorry came." A relative told us, "I would recommend them to anyone, in fact I do all the time."
- Staff told us they would recommend working for the service. They commented, "I love it. When you leave, and you know you have helped them, and they are secure and safe. You want them to feel they are cared about." and "[Nominated individual's name] and [manager's name] are great, very caring and supportive and upfront about everything. They will always make sure that we are okay, have what we need to do our jobs and always put the clients first."
- Governance was well embedded within the running of the service. The provider had effective systems of structured internal audits and checks. These systems assisted staff to provide people with high-quality

personalised care which met their needs and preferences. For example, regular audits were carried out and every person had an analysis completed of their hours to ensure they were delivered effectively and that the carers supporting them were known to the person.

- Staff felt included, confident and supported in making suggestions. They told us they could call into the office any time for advice and support. One staff member told us, "I got a personal letter from [nominated individual's name] with really positive feedback. It's the little personal things, like the little car kit each of us got as a thank you" and "They are very approachable. Super approachable ... I suggested this one thing and it was taken on board and they agreed it."
- The provider and staff team were able to communicate any information or changes promptly to each other, even when remotely working. This enabled changes to care plans to be updated straight away.
- The management team followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations.
- Both the nominated individual and the manager spoke about the importance of valuing staff and strived to be inclusive and supportive. There were various recognition and wellbeing initiatives that had been implemented. Such as, celebration events for staff and their relatives and personal appreciation letters sent to staff members home addresses.

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

- Quality Assurance questionnaires were undertaken to gain feedback from people, their relatives and staff about the service. These were reviewed by the management team and the analysed feedback shared with people. This feedback was viewed by the provider as essential for continued improvement.
- Regular staff meetings were held, and staff were invited to add areas of interest to the agenda. We observed a new initiative that had been introduced to make staff meetings more interactive and inclusive; 'e-meetings' where they staff meeting was recorded and staff could watch the meeting on a shared video feed on a secure network. The information shared with staff through these was meaningful, relevant and constructive. Staff had been encouraged to share feedback about this new initiative and we saw how suggestions had been responded and listened to.
- The service was establishing important links with its local community and were reaching out to benefit people who received, or were considering, receiving care from Right at Home Portsmouth. The manager had recently become trained in a 'movement to music' programme and had made plans to set up a regular group within the community for people to attend and to create social opportunities for people.
- Right at Home Portsmouth used a local community centre as a base for community support activities including fundraising events and social events such as afternoon teas. This encouraged people to enjoy companionship. Refreshments and activities were provided.
- Right at Home Portsmouth have signed up to the Dementia Friends initiative. A dementia friend is somebody who learns about dementia so that they can help their community. They were planning to create dementia friendly sessions with families. The manager told us it would, "provide a good explanation of how dementia impacts on people."

Continuous learning and improving care; Working in partnership with others

- The manager understood the importance of continuous learning. They ensured the delivery of an effective training programme and bespoke workshops.
- The nominated individual and manager attended networking opportunities with other local providers to share good practice ideas. They had attended a conference on fraud and learnt about scams and were conscious about the people they supported and how to ensure they were protected and shared their knowledge.
- The systems to monitor the quality of the service were robust and effective. The management team acted

on any errors or omissions raised or found on audits to help them further improve care. For example, we saw evidence of how an audit of a medicine administration record had identified actions and we saw those actions had been followed through and resulted in reflective practice for some staff members.

- The manager reviewed accidents and incidents to see if lessons could be learnt and improvements made.
- The service worked collaboratively with health care professionals and community organisations. For example, they had worked alongside the Parkinson's nurse and received bespoke Parkinson's training and had worked with the local college to provide vocational qualifications for staff.
- The provider had sourced a new electronic care planning system that they were planning to implement. This would enable healthcare professionals to have access to relevant information about the person when required through a barcode in people's homes which would promote the best outcomes for people.