

Home Care & Rehab Limited

# Right at Home Reigate & Crawley

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Right at Home Reigate and Crawley is a domiciliary care agency which provides care and support to people in their own homes. It provides a service to older people living with dementia, sensory impairment and physical disabilities and younger people. Not everyone using Right at Home Reigate and Crawley receives the 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 the wider social care provided. The service had a total of 18 clients who received the regulated activity personal care.

People's experience of using this service:

People who received care from Right at Home Reigate and Crawley told us they felt safe and well supported by staff who visited them. They stated that staff were "excellent" and they would carry out extra requests if asked. Staff were punctual for visits and cared for people in an extremely person-centred manner.

People were supported to continue living at home in a way that enabled them to be as independent as possible. Staff and senior managers went to great efforts to make sure that people took part in activities and encouraged people to enjoy those activities that mattered to them.

Staff were trained and supported to be effective carers in a collaborative team. Staff responded to people's healthcare needs and supported them to access healthcare professionals such as occupational therapists, GPs, dietitians and district nurses.

People and relatives described staff as caring and kind. People and their relatives told us that staff and management at the service were approachable and friendly and staff got to know them very well.

Care plans were produced from the pre admission assessments with the involvement of people and their relatives. This ensured they were person centred and tailored to people's needs and routines. People and their relatives told us that staff followed their care plans and they could make changes to how they received their care at any time.

The agency was well managed by a supportive management team. People, relatives and staff told us that the management of the agency listened to them and acted on suggestions they made. We received positive feedback from an external professional around the care provided by the staff.

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: This was the first inspection since the service registered with Care Quality Commission.

Why we inspected: This was a planned inspection based on the previous rating.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Right at Home Reigate & Crawley

## **Detailed findings**

### Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of two inspectors.

Service and service type:

Right at Home Reigate and Crawley is a domiciliary care agency which provides care and support to people in their own homes. It provides a service to older people living with dementia, sensory impairment and physical disabilities. The agency had a total of 18 people of who received the regulated activity of personal care.

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.

Notice of inspection:

We carried out this inspection on 7 February 2019. We gave the provider 48 hours notice of this inspection in order that they could arrange telephone interviews for us. It also meant they could be available in the office to assist us with the inspection. This is our methodology for inspecting this type of service.

What we did: we visited the office location and had telephone discussions with people, relatives, staff and an external professional. Staff also completed a questionnaire.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

During the inspection, we reviewed three people's care records, four staff files around staff recruitment, training and supervision and records relating to the management of the agency. We spoke with the quality compliance manager and five members of staff.

After the inspection we conducted telephone interviews with five people and four relatives, and received feedback about the service from five staff members.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe with staff who attended to their needs. One person told us, "I am safe with all staff who come to me, they are all very good." Relatives stated they were confident their family members would not be harmed by staff who attended to them. One relative told us, "My (family member) is very safe with all staff who attend to them."
- Staff knew the types of abuse and the correct reporting procedures to follow should they suspect or witness abuse. Systems were in place, and displayed at the service's office to help staff minimise the risk of abuse. These included the contact details of the local authority MASH (Multi-agency Safeguarding Hub) team.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm. Individual risks to people had been identified and guidance on how to manage a person's risk or reduce the possibility of harm were in place. For example, one person's property had a lot of rugs which posed a risk as they were a trip hazard. The family were looking into reducing the number of these.
- Another person had a risk assessment in regard to falls that provided guidance about the risk and measures that were in place to help minimise the risk of falls.
- Staff were knowledgeable about the risks to people they cared for and were able to describe how they supported the person to keep them safe from the identified risks. Staff were able to describe the measures in place to help reduce the risk of falls to people.

Staffing and recruitment

- People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. The registered manager told us that staff were safely selected to ensure they had the qualities required for the role of a carer.
- There were sufficient numbers of staff to attend to the needs of people. People and their relatives told us that there had never been any missed or late calls.
- People and their relatives told us that if staff were going to be more than fifteen minutes late then the office would telephone to let them know." One person told us, "My carer always arrives on time and they never rush my care."
- Staff told us that there were enough staff to safely attend to the needs of all people.
- A member of staff told us, "We are allowed fifteen minutes travel time. If we are late we have to stay the extra time. Our routes are planned to try to ensure we can get to people in a timely manner."

Using medicines safely

- People's medicines were managed safely. People and their relatives told us that there had never been any issues in regard to the medicines administered by staff. One person told us, "I always get my medicines on time." Systems were in place to record and monitor the safe administration of medicines to people. Staff had received training during their induction and annual refresher training was provided.
- Regular audits of medicines and the medicine administration records (MARs) were undertaken to ensure that people received their medicines in a safe and timely manner. There were no gaps in the MARs records.

#### Preventing and controlling infection

- People were protected against the spread of infection. People and their relatives confirmed that staff used personal protective equipment when they supported people with their personal care needs. One person told us, "Oh yes they always put their gloves on."
- Training had been provided which enabled staff to maintain appropriate standards of hygiene which protected people from the risk of infection.

#### Learning lessons when things go wrong

- The provider had systems in place to record accidents and incidents so lessons could be learned to help prevent a repeat occurrence. All accidents and incidents were recorded as well as the outcomes of investigations. For example, there was an incident where by a MAR record was destroyed by a pet belonging to a person. The action taken and lesson learned was that staff were not to leave paper work where it could be accessed.
- Staff confirmed that they discussed any accidents or incidents that had occurred in meetings so that lessons could be learned.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices had been assessed with them and were clearly recorded in the 'Initial Client Assessment' forms used by the provider.
- People's preferences about how they would like to be supported were clearly recorded in the Initial Client Assessment' forms. For example, one person had it recorded that they would like support with dressing, particularly with their shoes and socks.
- Staff were knowledgeable about the assessments and were able to provide detailed accounts of the contents.

Staff support: induction, training, skills and experience

- People received effective care because the provider had ensured all staff completed a thorough induction. This included a six week induction, all the mandatory training, shadow working with other staff and an end of induction assessment. Training records showed all staff had attended an induction and had completed the Care Certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of carers.
- Staff told us the training was very good and they were able to undertake any training that was suitable for their role. For example, Dementia, National Vocational Qualifications (NVQ). One member of staff told us, "I had training in first aid, medication support, safeguarding, codes of conduct, personal care, moving and handling, privacy and dignity. Training is always welcome and at the present I feel confident in doing the job well.
- People and their relatives told us they thought staff had the training required for their role. One person told us, "Staff who have been on their induction have visited me with my carers. This is to help them learn about their job."
- Staff were supported by regular supervisions and annual appraisals which looked at records, punctuality, feedback, training and support.

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

- Not all people required support with their meals. Where this care was provided, people were supported to eat and drink enough to maintain a balanced diet. Daily notes recorded people's food and fluid intake. A member of staff told us, "If we noticed any changes to people's dietary needs we would inform the manager who would take the appropriate action."
- People and relatives told us that staff were good at listening to people's requests and preparing meals they wanted to eat and drink. One person told us, "Staff always ask me what I want for my meal. They don't just do it."

Supporting people to live healthier lives, access healthcare services and support

- People told us, they and their relatives were responsible for their healthcare needs, but had sought support from the service when needed.
- Records showed that staff had supported people with their healthcare needs as and when required. For example, staff had noticed that one person seemed unwell so contacted the office who contacted the person's GP. It was identified that the person had a urinary tract infection (UTI) and received treatment for this.

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

- Staff had been provided with training that helped them to understand the requirements of the MCA.
- Staff were knowledgeable of the MCA and knew to always ask for people's consent. One staff member said, "We have an assessment for people's capacity. We always have to assume everyone has capacity to make decisions unless it is proved otherwise."
- Decision specific mental capacity assessments had been completed and a best interest decision meeting had taken place where required.
- People told us that staff would always ask for their consent before undertaking any tasks. One person told us, "Staff will always ask for my permission when they help me with my washing and dressing. They ask if I am ready, if I am I say so."

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated with kindness, respect and compassion by staff. One person told us, "The staff are all very caring and kind." Another person told us, "The quality of staff is very good, they do not just come in and take over, they do a very good job and they talk to me."
- A relative told us, "We have got to know the staff well, they have built up a good rapport with [family member]. They [staff] are very caring and reliable."
- Each person had a life history and wishes recorded in care plans and managers and staff told us they used this to get to know people and to build positive relationships with them.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity is at the heart of the service's culture and values. It is embedded in the values and staff practices at the service. People and staff felt respected, listened to, and influential.
- People's privacy and dignity was respected and promoted by staff. One member of staff told us, "We always respect people's privacy and dignity, especially when we attend to their personal care needs."
  - A relative told us, "Staff are very discreet when supporting [my family member] with their personal care. They talk to [my family member] throughout the process which helps to put them at ease."
- People's independence was respected and promoted. One staff member told us, "We encourage people to do the most they can do to maintain the maximum possible level of independence, choice and control."
- One person told us, "Staff do allow me to be as independent as possible. They encourage me to walk to the bathroom and to wash what I can for myself."

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

- All staff encourage people to explore their care and support options and support them to explore sources of additional help and advice with particular care and sensitivity.
- People were supported to express their views to staff and the registered manager.
- One person told us, "I can call the office at any time and tell them anything, they respond very quickly."
- One person told us, "I was fully involved in meeting with the manager and answered a lot of questions about my care and how I wanted to be looked after. I can call them if I want to change anything."
- A relative told us, "The manager listens to what we say and accommodates our requests. For example, we asked for longer visits and this was granted."
- Staff told us, "People can make changes to how they are looked after, they talk to us and we let the manager know so it could be amended in the person's care plan."

# Is the service responsive?

## Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. Care plans were extremely person centred and detailed the daily routines that was specific to each person. For example, morning and lunch time routines, how the person would like to be greeted and how the person prefers their care to be delivered. Care plans also outlined people's care and support. For example, personal care, medicine, health, dietary needs, emotional needs and mobility.
- From this information, and because staff consistently visited the same people they had got to know in detail how people liked their care routines and what mattered to them.
- Assessments were discussed with people and these included family relationships, how the family and staff would interact whilst providing care for the person, communication, mobility, skin and personal care needs.
- People and their relatives told us they had been involved in the assessment process and felt they were listened to and their views and choices had been recognised and respected. One person told us, "Yes the manager came and asked a lot of questions. My (relative) and me were able to tell them how I wanted to be looked after." They went on to say that staff did exactly what they wanted.
- There was detailed information about the person such as what was important to them and their overall and daily goals. For example, there was information about people's life history, interests, hobbies and families.
- Staff provided very effective care that was detailed in the daily records of care visits in each person's care plan folder.
- Care plans had been regularly reviewed with the person and/or with their family members. These reviews were to continually review the needs of people and to ensure that they continued to be satisfied with the support, care and treatment provided to them.
- Staff were able to clearly explain the support people needed and what was important to the person.
- Staff spoke with enthusiasm about the people they provided care for, making great emphasis of the importance to ensure that all peoples' needs were met in a pleasant and caring manner.
- Staff were responsive to the needs of people and went the extra mile. For example, records showed one person had not received their medicines from their local pharmacy. They were not supported by staff with their medicines as they administered their own. They were very concerned about this and did know what to do. They contacted the provider who, at no cost to the person went to the pharmacy and resolved the issue for the person.
- Staff actively promoted people's independence which enable them to continue living in their own homes and to live their lives as fully as possible. For example, one person was fiercely independent and enjoyed going out on the bus every day. After a long period of time in hospital the service was contacted to provide personal care to the person. Staff supported the person with showers, dressing and having meals. The provider, who is a qualified physiotherapist, visited the person to ascertain if exercises would further

enhance their recovery at no extra charge. This enable the person to fully regain their independence to the point that they did not require a care package any longer.

- Relatives of the person had written to the provider to thank them for their support. They said, "Thank you so much for swift response when [my family member] was immobile on discharge from hospital. Over three months you never let us down and you responded swiftly, thoughtfully and efficiently in an urgent situation. The staff team were knowledgeable and suggested many practical ways to get [my family member] moving again. Your contribution ensured that [my family member] is now able to go out and about and enjoying life again."
- Another person required support with washing and dressing but were resistant to any help from carers. Often the person would be dressed and refuse to have a wash when the carer arrived. The carer did not push this and spent their time doing other tasks around the house such as laundry, ironing and cleaning the kitchen. One day the second carer gave the person a foot rub in warm soapy water and was able to wash the person's legs which they found very relaxing. Gradually, after encouragement, visiting the bathroom together and gaining trust, the person agreed to be supported with a wash. This is now part of the person's daily routine. The person's relative were very thankful for this breakthrough and wrote, "I would like to take the opportunity to say how professional both staff are in all aspects of their work and we are very happy with them."
- Staff noted that one person really enjoyed listening to music and had a piano which they used to play. Staff had discussed with the person about why they had not been able to continue playing the piano and they were told it was because of the seating. The provider contacted an occupational therapist who visited the person. A new seat and a risk assessment for the person sitting at the piano was written and staff now support this person to play their favourite music on the piano.
- One person would not go out into the garden and remained in their home. Staff encouraged them to go out by putting garden chairs out and laying the table to entice them to go out. This meant that they felt comfortable and safe to go out. Now the person regularly goes out and enjoys their garden.
- Staff had recorded details of when they had gone the extra mile (GEM) for people. This supported what people and their relatives told us about the commitment of staff to provide excellent responsive care to people. One member of staff visited a person in hospital so they had company from someone they knew. The person's relative confirmed how much this meant to the person.
- The registered manager is a qualified physiotherapist and organises exercise classes in the local community. People who use Right at Home Reigate and Crawley are able to, and have attended these classes.
- The registered manager, in conjunction with the occupational therapist, has provided a programme of gentle exercises for people to aid their mobility and independence.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. People were provided with an information pack that included the complaints procedure.
- Records of complaints were recorded that included the actions taken, the outcome of the complaint and lessons learned. For example, a complaint was raised about car parking by staff. There was a clear audit trail of the action taken, the outcome of the investigation, which to arrange for appropriate parking, and the feedback to the complainant.
- People and their relatives told us they knew how to make a complaint but they had not needed to as yet. One person told us, "I would talk to my carer and telephone the office if I wanted to make a complaint. I have had no reason to make a complaint as the carers are all excellent."
- Staff told us that all complaints would be forwarded to the office so they could be addressed and resolved in a timely way.
- The service had received many compliments. For example, one relative had written, "With regard to the

care you are providing to (family member) they have relaxed a bit and are beginning to view your involvement as an 'investment' in their well-being. I think this is a very big step forward."

#### End of life care and support

- At the time of the inspection no one was being supported at the end of their life. The registered manager said, "We provide end of life care and support to our clients who, as we're caring for them, come to the end of their lives and have done for several people."
- Discussions had taken place with people regarding the end of life wishes and were recorded in care plans. For example, this included how they would like Right at Home to support them, any significant people they would like the service to contact, any religious requirements. If the person did not wish to complete this section then it was recorded on their support plan and would be reviewed at a later date.
- The provider had developed a detailed End of Care plan that would be used for people who would require this support at the appropriate time.

# 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.

The service was consistently managed and well-led. Leaders had created a culture which had promoted high-quality, person – centred care.

- People and their relatives were very complimentary about how well the service was run. One person told us, "It is well run, there have never been any issues or concerns."
- People were supported by a well-managed service which promoted person centred care. Staff worked as a team, were enthusiastic in their work and were supported by the management team of the service.
- Staff told us they believed the service was very well managed. A member of staff said,, "The management here is really supportive, fair and very friendly. I feel very valued in my role." Another staff member told us, "The managers are fantastic people to work with. They respond to you very quickly and do everything I ask them for." A second staff member said, "The managers and office staff are good at making sure people are safe and staff are happy. They are always there to help you." A further member of staff told us, "The culture of the agency is a very supportive one. There is an open-door policy, out of hours phone contact and WhatsApp messaging service enabling staff to communicate with us as and when they need to.
- Best practice is actively promoted and shared." Staff were motivated by and proud of the service.
- The provider encouraged all staff to talk and communicate. They said, "As an organisation we are not competitive with other services and will share best practice and learn from each other. This means that all are staff feel like they are part of a larger team and organisation."
- There are registered manager forums where RM's from all the provider's services will come together and speak about trends and share best practice.
- The provider has a very clear vision for the future of the service and had plans in place for 2019. These included the expansion of the service, to be a trusted outstanding homecare provider amongst the local community, promote community engagement through interactive exercise class and to mitigate social isolation through care and strong companionship service and to support people to live at home as independently as possible.
- There is a clear team structure with clearly defined roles and accountabilities of staff. The registered manager told us these roles change and develop with the expansion of the team and the service. They follow a learning culture and no blame policy.
- Governance is well-embedded into the running of the service. There is a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service.
- The service had run a detailed audit which enabled quality assurance to be considered in all areas of the service. For example, medicines, care plans, daily records, staff training, supervisions and appraisals to ensure that people received a good, safe, effective, caring, responsive and well led service from all staff.
- Action plans had been put in place to address identified issues raised during the audits. For example, the August 2018 audit had identified issues regarding the medicine administration records. The registered manager arranged for further training which included a comprehensive medicine work shop for all staff. The outcome of this was to ensure that all staff understood the three levels of administering medication and

their responsibilities within that, understood blister packs and how to identify errors, to correctly complete relevant medication paperwork and understand when and what to report.

- The strong vision and values had been developed with people and staff and all staff worked within these values. Staff were aware of the values and visions and described how they adhered to these. For example, honesty; it is always best to be open and honest, even when something has gone wrong. One member of staff told us, "Together we can solve any problem."
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager understood their responsibilities and had informed CQC of significant events that included safeguarding and incidents. Learning had taken place following any incidents.

#### Working in partnership with others

- The provider, registered manager, team leaders and staff worked well with external professionals involved in people's care. For example, records showed staff had worked with occupational therapists, district nurses, GPs and care managers as and when required.
- A social care professional told us that the service provided excellent care to people that was person centred and involved people and their relatives.
- The service is an important part of its community. It develops community links to reflect the changing needs and preferences of the people who use it. For example, local groups for coffee and gentle exercise had been organised by the registered manager and people had the opportunity to attend.

#### Continuous learning and improving care

- The registered manager had a positive strategy for improvements at the service. This included proactively sending staff to training for various areas such as dementia and staff were encouraged to pursue qualifications. The registered manager was also working to implement a new electronic digital care plan system.
- One staff member told us, "The registered manager is very good and listens to what we have to say. I raised a concern that I may be travelling too far from a client to another one and could therefore run late. The registered manager listened to me and changed my visits accordingly so this would not happen."
- The provider had a business contingency plan for the event of emergencies, such as bad weather.
- The provider had produced a 'Brexit Service Continuity plan' (BSC) that would help to ensure the continuity of the service to people in the event of a no Brexit deal. This was produced with advice taken from associated authorities. For example, the Department of Health & Social Care.
- The registered manager told us that there was a particularly strong emphasis on continuous improvement. The views of people using the service are at the core of quality monitoring and assurance arrangements. A survey had recently been developed and sent to people, their relatives and associated professionals to gain their views about the service provided.
- Senior managers completed regular spot checks with all staff and people to ensure safe and effective care was being provided.

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

- People and their relatives told us they could contact the office at any time and talk to the manager about anything. For example, a relative told us, "We wanted extra time to be for a particular visit and this was immediately granted."
- People were consulted whenever there was going to be a change of staff visiting them .
- Senior managers met with people frequently to complete spot checks or obtain feedback about the service. Staff meetings were held to enable staff to contribute their thoughts and experiences.

- One staff member told us, "We had a staff meeting about two weeks ago. It was very good. The manager and supervisor were both present. I gave feedback on my clients. I have a client who needed a special piece of equipment. The next day we had it in place for that client. They are very fast to react to anything we ask for."
- One person told us, "I am always being asked if I am happy with the service, which I am."