

Right Care (Lancashire) Ltd

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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

The inspection visit took place on 4 and 5 January 2018 and was announced.

At our last inspection on 8 October 2015 we found there were no breaches of legal requirements and the service was rated good. At this inspection, we found the service remained good.

Right Care (Lancashire) Limited is a domiciliary care agency which provides personal care to people living in their own homes in Burnley and the surrounding areas. The service is mainly provided to older people with needs relating to old age, including dementia. The agency office is situated close to the town centre on the edge of a residential estate and is easily accessible to both staff and people using the service.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for people supported in their own homes; this inspection looked at people's personal care and support. At the time of the visit there were 68 people who used the service.

We gave the service 48 hours' notice of the inspection visit because it is domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

At the time of the inspection the service did not have a registered manager. A new manager had been employed from October 2017 and an application to register them with CQC had been forwarded. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service consistently told us they felt safe and staff were caring and treated them well. They told us staff were like their family and they trusted them implicitly. People told us they had consistency of staff, which helped them to feel safe. Safeguarding procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and wellbeing had been assessed and managed. People received their medicines safely.

Staff were recruited following a safe process. People received care and support from a consistent team of staff with whom they were familiar. Staff arrived on time and stayed for the full time allocated. People spoke positively about the staff that supported them and told us they were always treated with care, respect and kindness. Staff had developed good relationships with people and were familiar with their needs, routines and preferences.

Staff had sufficient knowledge and skills to meet people's needs effectively. New staff completed an induction programme and all staff were provided with regular mandatory training, supervision and support.

Staff felt they were supported by the management team and told us they enjoyed working for the agency.

People were involved in the development and review of their care plans and were involved in any discussions and decisions about their care. Staff had clear and up to date information about people's needs and wishes and there were systems in place to respond when their needs changed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and procedures supported this practice.

People were supported with their healthcare needs as appropriate. People were supported with their dietary needs in line with their care plan. Staff supported people to access the local community and to pursue their leisure interests in line with their care plan.

People had no complaints about the service they received or about the staff that provided their care and support; they were aware of the complaints procedure and processes and were confident they would be listened to should they raise any concerns.

People made positive comments about the leadership and management of the agency. Systems were in place to monitor the quality of the service and people's feedback was sought and acted upon in relation to the standard of care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Right Care (Lancashire) Limited

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 5 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by an adult social care inspector.

In preparation for our visit, we checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was informed by feedback from questionnaires sent from us to 39 people using the service and to 39 relatives; we received 19 completed questionnaires from people using the service and four from relatives. Seven questionnaires were sent to community professional staff with one returned. Following the inspection we received positive feedback from a community professional.

We visited the office location to meet with the registered provider and the manager and to review care records and policies and procedures. We reviewed a range of records about people's care and the way the

service was managed. These included the care records and medicine administration records for four people, three staff recruitment files, staff training, supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also spoke with two care workers during our visit to the agency office.

Following the visit to the agency office we spoke with four people using the service, two relatives and three staff over the telephone.

Is the service safe?

Our findings

People told us the service they received from the agency was what they wanted and what they had requested. They said they felt safe in their homes and they considered staff were honest and trustworthy. People said there were sufficient staff to provide safe care and support and they felt safe receiving care from staff. They told us they received support from familiar and consistent staff who arrived on time and stayed the correct length of time.

People said, "I trust them implicitly and I undoubtedly feel safe with them", "They have access to my key code and they come into my home; I trust them without question", "I have my main carers who I know very well but I know all of them that come" and "I get the same team of care staff who know me and they let me know if they are going to be delayed." Relatives told us they had no concerns about the safety of their family members. One relative said, "We know all the staff team. We get the same staff who know how to keep [family member] safe." Community professionals described how agency staff worked with them to ensure people's safety. They told us, "The agency is proactive in reporting any concerns or issues they may have so that appropriate action can be taken."

Prior to the inspection, we sent out a satisfaction questionnaire to people and their relatives to seek their views on the service. All people who responded indicated they felt safe from harm or abuse from the staff.

We reviewed the systems in place to safeguard people who used the service from the risk of abuse. Policies and procedures for safeguarding people from harm were in place. Staff we spoke with were able to explain the correct action that they would take if they witnessed or suspected that abuse had occurred. They told us they would feel confident to report any poor practice and were confident the manager would take their concerns seriously.

Risks to people's health and well-being had been assessed and recorded in their support plans. Management strategies provided staff with guidance on how to manage risks in a consistent manner whilst ensuring people's independence, rights and choices were respected. The manager was aware that any identified risks needed to be kept under more regular monitoring to ensure any changes to people's health and wellbeing were promptly responded to. Risks associated with the safety of working in people's homes were managed well. Records to support that any equipment in people's homes was safe and regularly serviced were currently under review.

Appropriate procedures and assessments were in place to support staff, where necessary, with handling people's money. We noted receipts had been retained and were checked by the office staff and people had been asked to confirm the correct monies had been returned to them. This ensured people using the service and staff employed were supported with the safe management of their finances. Financial protection measures were in place to protect people; staff were not allowed for example to accept gifts, assist in the making of, or benefiting from people's wills.

Records were kept of any accidents or incidents. The manager checked all accident and incident records to

make sure any action taken was effective, to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again. The agency used the information to improve the quality of the service.

There were policies and procedures written to support staff to work safely which were included in the staff handbook. Staff knew what to do if they were unable to gain access to people's homes or were concerned about people's health and welfare.

People were happy with the support they received with their medicines. We found there were safe and effective processes in place for the safe management of people's medicines. The level of assistance needed was recorded in their support plan along with guidance on the management of any risks. However, staff did not have clear guidance to support them with their decisions to administer 'as needed' medicines; the manager assured us this would be developed further. Also the reasons for non-administration of medicines were not always supported by the use of appropriate codes on the medication administration record. The manager provided evidence to confirm this had been noted for action following a recent audit.

Staff who were responsible for the safe management of people's medicines had received appropriate training and checks on their practice had been undertaken. Policies and procedures were available for them to refer to. The manager told us they were due for review.

We looked at two staff recruitment records and found appropriate employment checks had been completed before staff began working for the service. All files contained proof of identity and two verified references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to protect people from being cared for by unsuitable staff. We noted health questionnaires were included with the initial application form and the application form did not clearly ask applicants for a full employment history. We discussed this with the manager who advised this would be reviewed to ensure a safe and fair recruitment and selection process was followed. The manager told us recruitment policies and procedures were currently being reviewed.

The agency had a good team of staff who worked well with each other and provided consistency and safety for people. Records showed there were sufficient numbers of staff, provided flexibly to meet people's needs and keep them safe. Staff confirmed they had adequate time to travel between visits without rushing and that there was enough staff to make sure every person received a personalised service in a safe and flexible way. People using the service and their relatives also told us there were sufficient staff to meet their needs and confirmed staff arrived on time.

People were given a telephone contact number for any difficulties during and out of hours. Emergency, lone working and on-call procedures were included in the staff handbook; this helped to keep people safe. Staff told us they had received a prompt and appropriate response when they had contacted the on call number.

There was a business continuity plan, which set out plans for the continuity of the service in the event of emergency events such as severe weather. Staff received additional training on how to keep people safe, which included moving and handling, infection control and first aid. They were provided with sufficient personal protective equipment, including gloves and aprons.

We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records were stored securely in the registered office in order to maintain people's confidentiality.

Is the service effective?

Our findings

People told us they were happy with the service they received and felt staff had the skills and experience they needed to provide them with effective care and support. They told us they had the same care staff to support them which meant their care was provided by staff who understood their needs. They said, "The staff know what they are doing; they are very good at what they do", "Staff are respectful of me and my property and always ask if there is anything else I would like doing" and "They ask for my permission."

People said, "The staff are brilliant", "They are more like friends to me than anything", "I am happy with the support that I get", "I never feel rushed" and "The staff will go the additional mile. They understand that some days I am better than others and can do more for myself. They respect this." Relatives said, "Everything is done with a smile" and "They are all lovely and they know how to do their job properly." A community professional confirmed that agency staff acted on, and followed any advice given to them.

We looked at how the service trained and supported their staff. We found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Staff confirmed they received ongoing training, supervision and support and said their training helped them to meet people's needs, choices and preferences.

Records showed new staff had completed induction training when they started working for the agency. This included an initial induction on the organisation's policies and procedures, completion of a mandatory training programme and working with experienced staff to learn from them and gain an understanding of their role. Records showed their practice and conduct was kept under close monitoring until their probationary period had ended. New employees also completed the Care Certificate which is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. It is essentially designed for staff who are new to social care.

Staff told us they received regular one to one supervision which enhanced their skills and learning. Supervision included observations of their practice and an annual review of their performance. They confirmed supervision meetings provided an important opportunity to discuss their progress, conduct and any learning and development needs they might have. Staff told us they were supported by the management team.

Staff told us communication was good and effective systems were in place to keep them up to date about people's changing needs and the support they needed. Records showed how key information was shared between staff; staff spoken with had a very good understanding of the people they supported.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation 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's rights to make decisions was foremost in the planning of their care. We could see how people were consulted during their assessment as to the level and type of support they required. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Useful information about people's preferences and choices was recorded. Where people had some difficulty expressing their wishes they were supported by family members.

People were supported at mealtimes in line with their support plan. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. People told us staff ensured they had access to food and drink before they left. We noted from the records that staff received food safety training.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. They also contained the contact details for people's GP and next of kin to be used by staff if they had concerns about people's health or well-being.

From our review of records and from information in the PIR we found the agency worked in cooperation with other agencies such as the community mental health team, physiotherapist, fire safety, district nurses and occupational therapists. This showed that people had been provided with safe and effective care to support them to remain in their own homes.

Is the service caring?

Our findings

People told us the management team and staff were very kind and caring and always treated them with respect and kindness. They said, "I am treated with respect", "The care staff and the office staff are very caring", "They are more like my family" and "They really are caring." Relatives said, "They are caring and respectful of us and of [family member]", "They are all caring and nice people" and "We are treated with respect and kindness. The staff love and care for my [family member] and we all get on really well."

Prior to the inspection, we sent out a satisfaction questionnaire to people and their relatives to seek their views on the service. All people who responded indicated they were happy with the care and support they received and they were involved in decisions about their support needs. They confirmed they were treated with respect and dignity and their care staff were caring and kind.

Staff members told us how they enjoyed working at the service. Community professionals told us, "Their care and approach is consistent and reliable", "The management really did care about the person" and "They (staff) had a good knowledge of the client and their needs. The interaction was really good."

Recent compliments received by the agency highlighted the caring approach taken by staff. They included, "Thank you for all your care that you have given me this year. I really appreciate it" and "Thank you for all your great support."

Care and management staff spoken with had a good knowledge and understanding of the needs of people they cared for. However, we noted people's ethnicity and sexual orientation was not always recorded in their care documentation. This meant people's needs may not be fully met. The manager told us this information would be considered as part of the pre-admission assessments and support plans in the future.

People told us they were treated with dignity and respect at all times and without discrimination. They told us their privacy was respected and staff were respectful of their homes and their belongings. Staff were aware they were working in someone's home and they had to be respectful. There were policies and procedures for staff about caring for people in a dignified way which helped them understand how they should respect people's privacy, diversity, dignity and confidentiality. Daily records were completed by care staff and were written with compassion and respect.

People told us they were involved in regular discussions with staff about the support they were receiving and the support they needed. They said they were involved in developing the service through discussions at regular reviews, day to day discussions with the office and care staff and by completing an annual customer satisfaction survey. People said they felt their views were listened to and respected.

There was information available about advocacy. Advocates support people to access information and make informed choices about various areas in their lives.

Is the service responsive?

Our findings

People told us the agency staff were responsive to their needs and flexible in their approach; they said they were involved in decisions about their care. They said, "They support me in a way that I need", "They will work flexibly around me and will do things differently if I need", "They help me with the things that I need help with", "I have no complaints and have absolutely no problem with contacting the office if I need to at all", "I rang the office staff and they made me feel relaxed and gave me the support I needed" and "There has been no need to complain."

Relatives said, "The care provided for my [family member] is excellent and I have no concerns about the care [family member] receives", "Any problems are dealt with in a professional way by the office staff", "The office staff are very helpful. I can ring if I need to ask anything at any time" and "I am happy with everything but would not hesitate to ring the office if I had any problems."

Prior to the inspection, we sent out a satisfaction questionnaire to people and their relatives to seek their views on the service. Most people who responded indicated they knew how to raise their concerns and the agency responded well to any concerns raised. All relatives responded that the agency had responded well to any complaints and concerns raised.

We looked at the way the service managed and responded to concerns and complaints. The agency's complaints process was given to people when they started receiving a service and was available in other formats if needed. People said they had no complaints but knew who to speak to if they had any concerns or complaints; they were confident they would be listened to. Staff knew how to respond to any complaints or concerns; they told us they would record and share the information with the manager and office based staff.

There had been one complaint made about the service in the last 12 months; records showed appropriate and timely action had been taken to respond to the complaint. The information had been shared with the provider and discussed with staff to help improve the service and to prevent any reoccurrence. We noted there was also a number of compliments made about the service.

We looked at the arrangements in place to plan and deliver people's care. Before a person received a service from the agency a detailed assessments of their needs was undertaken. Information was gathered about all aspects of the person's needs, choices and abilities. Information in the PIR described how the information about people's needs and preferences was used to match/provide people with staff they could relate to or had similar interests to.

People had an individual care plan which was underpinned by a series of risk assessments and included people's preferences and details about how they wished their support to be delivered. We found the information identified people's needs and provided guidance for staff on how to respond to them. We found one person's record did not clearly demonstrate their preferences and choices for end of life care. However, the manager assured us this would be addressed. Other records showed how staff had supported people

with advanced decisions and preferences around end of life care; staff had received appropriate training in this area.

People told us they were aware of their care plans and they had been involved in discussions about care and with the review process. Records confirmed the care plans were reviewed on a regular basis and changes were made to the support people required and to the times and frequency of visits as needed. One person said, "We sit down and discuss what I need and if I am happy with things." Records of care and support provided to people were completed at each visit which enabled staff to monitor and respond to any changes in a person's well-being. We looked at a sample of the records and noted people were referred to in a respectful way.

Staff said they referred to the care plans during their work and found them to be comprehensive and clear. Staff described the systems in place to alert the management team of any changes in people's needs. This meant processes were in place to respond to people's needs in a timely manner.

People were supported to access the local community and to pursue leisure interests in line with their care plan. We noted people were supported by care staff to attend appointments, visit the shops and attend leisure activities. The manager described how one person was at risk of social isolation; the agency had supported them to access support groups that included day care, befriending services and the mobile library. Another person was supported to access the local leisure centre. This helped them remain part of their local community, minimised the risk of social isolation and helped them to feel valued as an individual.

People were given a service user guide when they began receiving a service from the agency. The service user guide provided a detailed overview of the services provided, the aims and objectives and what they could expect from the service. People said the information was clear and easy to understand; the information was available in other formats such as easy read, electronic and in other languages.

Is the service well-led?

Our findings

People made positive comments about the leadership and management of the agency. Their comments included, "I think the agency is well managed and well organised", "I absolutely do not want to move to another agency; I am very satisfied with Right Care" and "The agency is well managed." Care staff said, "It's a good agency and is efficiently run", "Everything runs smoothly" and "The manager works with us and knows what people need." The manager was described as 'nice', 'supportive', 'accessible' and 'approachable'.

There was a new manager in day to day charge of the agency. She was able to discuss areas for improvement and how the service would be developed. The manager had set out planned improvements for the service in the Provider Information Return which showed us they had a good understanding of the service and strove to make continual improvements.

The manager was supported by the registered provider who regularly visited the agency office. We were told any issues relating to the day to day running of the agency were discussed and appropriate action taken. However, we noted the systems to monitor the manager's practice and the day to day running of the agency were not formalised and did not evidence the provider's oversight of the service. The manager assured us this would be discussed with the provider. Staff told us the provider was approachable and they were able to discuss any concerns with him if they needed to.

There were a range of systems in place to monitor the quality and safety of the service. Audits included, care planning and review, timings and lengths of visits, staff files, training, medication and complaints. We saw any identified shortfalls had been acted upon in order to improve the quality of the service which demonstrated the management team had maintained people's care and welfare through monitoring. Following the inspection, auditing records relating to medicines and finances were reviewed to ensure they clearly reflected the action taken to respond to identified shortfalls.

In addition, senior staff undertook a combination of announced and unannounced spot checks and telephone interviews to monitor staff practice and the quality of people's records. The manager, at times, worked as part of the team and was able to visit people in their homes to talk to them about their care and their experiences of the service they received. One person said, "[The manager] visits me to check on things and to make sure staff are doing their jobs right."

There were systems in place to seek people's views and opinions about the running of the service. People's views and opinion were sought through face to face or telephone conversations and during review meetings. People told us the office staff contacted them on a regular basis. People's views were also obtained from an annual customer satisfaction survey. The results from the provider's recent survey indicated people were happy with the service they received. Areas for improvement had been identified and shared with people.

There was a clear management structure in place. Staff were provided with job descriptions, contracts of employment, policies and procedures and a staff handbook, which outlined their roles, responsibilities and

duty of care. They told us they had received the training they needed and were well supported. All staff spoken with told us they enjoyed working in the service and found the management team to be approachable and always available for advice or support.

Staff told us meetings were not regularly held but they were able to raise their views and opinions with the provider, manager and senior staff. They told us they were kept up to date with newsletters, memos, text alerts, telephone calls and emails. Staff regularly attended the agency office so they could receive any required updates, discuss the quality of the service provided, the standards expected and any other issues. They told us their views were listened to.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding teams. Our records showed that the provider had appropriately submitted notifications to CQC and other agencies.