

Right Kare Limited

# Right at Home (Maidenhead and Slough District)

## Inspection report

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17 September 2021

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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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Right at Home (Maidenhead and Slough District) is a community-based care provider supporting people with personal care in their own homes. The service is part of the Right at Home agency brand, which has multiple registered locations across England. The service provides care to adults, people with a sensory or physical disability and some people living with dementia. Although based in central Maidenhead, the service covers a wide geographical area of surrounding towns and villages. At the time of the inspection, the service provided personal care to 41 adults and there were 48 staff.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Outstanding care was provided to people because the service was and well-led. Staff worked effectively as a team to improve care, ensure people were safe and maximise people's care outcomes. The service received many local and industry awards for the exceptional care provided to people and for their community involvement. The service embraced continuous improvement in their care approach to enrich people's lives. The service had an excellent workplace culture for staff. Staff feedback was overwhelmingly positive.

The outcomes of care people received were considered outstanding. The support people received enabled them to reach their maximum potential. Care plans were very person-centred and contained detailed information of how to support people in the best possible way. There was a robust complaints system in place which included lessons learned from prior concerns. People and relatives told us they had no current concerns or complaints. The service actively worked to promote social inclusion, prevent social isolation and encourage people's independence within the community.

People were protected from abuse, discrimination and neglect. Staff knew people's risks and how to prevent and protect against harm. Risks related to people's care were assessed, recorded and mitigated. Sufficient staff were deployed to meet people's needs and continuity of allocated care workers was fostered. People's medicines were safely managed.

There was very good staff training and support. Staff received training in additional specialist areas, such as dementia, and became 'champions' and able to teach other colleagues. People told us staff had the necessary knowledge, experience and skills to provide appropriate care for people. The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. There was collaborative working with various community healthcare professionals.

The service was very caring. There was extensive complimentary feedback from people who used the service, relative and friends. Staff also commented on the quality of the care. People and relatives were able

to participate in care planning and reviews and some decisions were made by staff in people's best interests. People's privacy and dignity was respected when care was provided to them. People and relatives praised staff for their dedication and for their work during the pandemic.

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 policies and systems in the service supported this practice.

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 outstanding (published 29 May 2019).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding, to test the reliability of our new monitoring approach.

#### 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 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 exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Right at Home (Maidenhead and Slough District)

## **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

The inspection was carried out by an inspector, specialist advisor and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

Inspection activity started on 28 August 2021 and ended on 22 September 2021. We visited the office location on 16 September 2021.

#### What we did before the inspection

We reviewed information we held and had received about the service since the last inspection. We sought feedback from the local authority, safeguarding team and other health and social care professionals who work with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. We asked the registered manager to send some documents in advance of visiting the service's office. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people and seven relatives about their experience care and support provided by the service. We contacted the provider's head of quality and compliance and received a written response. We spoke with the nominated individual about their oversight of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager, the quality manager, two senior care coordinators and another care coordinator. We contacted 46 staff by e-mail and received 17 written responses. We contacted the local authority safeguarding and commissioning team and received a further two written replies. We reviewed a range of records. This included five people's care records and medicines administration records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested and received further care records, quality assurance documents, and were provided with a variety of additional evidence for consideration.

# 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 were supported by care workers who kept them safe during personal care. Managers proactively monitored people's care to ensure their continuous safety.
- There was an appropriate policy in place for safeguarding adults at risk of abuse, and a whistle-blowing procedure for staff to use. Staff were encouraged to raise concerns directly with supervisors and managers so any potential issues could be immediately addressed.
- Staff received training in protection of vulnerable adults. This included e-learning and practical training. Training was completed at the start of staff employment, and repeated at regular intervals in line with best practice. Care workers knew how to ensure people were protected from any discrimination, abuse or neglect.
- People said, "[I am] perfectly safe. They're always very sure I'm in a safe place. When they leave, they ask if I want the door locked. I've had no problems with anything" and "[My care worker]...she's lovely. I'm perfectly safe with her. I'm always safe when she is here."
- Relatives stated, "We have no concerns about the care or the care company" and "We have a good relationship [with the care workers] and complete confidence with staff at home and the management team."

Assessing risk, safety monitoring and management

- People's risks were assessed, documented and mitigated to ensure their safety. The risk of harm to people was effectively mitigated by the staff and management.
- Risks assessed covered a variety of areas such as personal safety, accessing the community, personal care such as washing and dressing, and using people's kitchen to prepare food or drinks.
- Risk assessments were comprehensive and detailed, so staff knew how to provide support safely.
- Risk assessments were tailored to each person's needs. They were reviewed regularly by staff and updated when necessary. People and relatives were asked for their input into the creation and review of any risk assessments.
- A relative stated risk assessments ensured a person was, "Very safe; by the way we ask questions of them [staff] and [the way] they ask questions of you and seeing them at work". One relative confirmed that a person attended a local pub regularly and that an appropriate risk assessment was in place.

Staffing and recruitment

- Sufficient staff were deployed to safely meet people's individual needs. Staff were provided with sufficient time and resources to ensure people received care at a relaxed pace, which ensured their support was safe.
- The registered manager clearly explained how they calculated the number of staff required for each

person. They took into account the person's needs, their level of independence and how much support was needed to ensure safe care. They confirmed both the person and their relatives were consulted about the level of support provided as part of their care package.

- The management team had effectively prepared for and carried out care with sufficient staff during the pandemic. They explained staffing challenges they experienced during COVID-19 and the strategies they used to ensure safe staffing. Strategies included communicating with people about potential shortages of staff, rearranging care so the most dependent people received care first and liaising with relatives and others to assist if needed.
- The provider continued to have a safe recruitment process and followed required employment processes. Criminal history checks were carried out with the Disclosure and Barring Service, prior proof of conduct was obtained and the provider checked staff members' identity and right to work in the UK before as part of the application process.
- The nominated individual explained the numerous strategies they used to attract staff to vacant positions. This included widespread advertisements, the use of social media, referral incentives from existing staff, approaching colleges and job centres to seek out prospective applicants and keeping a database of all applications. Prior applicants were contacted on a repeated basis to check whether they remained interested in working for the service.
- People and relatives confirmed sufficient staff were deployed by the service. They also said they received rotas of staff who would support them, and confirmed consistency of care workers. Comments included, 'We get a roster. It's the same carer four days and on a Wednesday someone different; it's always the same carers', 'They have tried hard to make sure I get the same carer. For the last six weeks they have made sure I get the same carer. I get different ones on Saturday and Sunday; they try hard to get people I've had before' and 'They try and keep the same ones'.
- We signposted the registered manager and nominated individual to our guidance about safe recruitment, so they could further develop their approach.

#### Using medicines safely

- People were supported with their medicines as needed by staff that were appropriately trained. Not everyone required assistance with their medicines.
- Staff completed e-learning and face-to-face training in medicines management. They were required to complete a medicines competency to ensure they were able to safely support people with their medicines.
- A medicines management policy was in place. Electronic systems were in place to monitor whether people received their medicines in the right way at the right time. This ensured people supported with the medicines were kept safe.
- There was a suitable process for reporting medicines incidents. No medicines incidents were reported. We asked the registered manager about this, and they confirmed their vigilance at monitoring medicines processes.
- We signposted the registered manager and nominated individual to best practice guidance for the management of medicines in community settings, so they could further develop their approach.

#### Preventing and controlling infection

- People were protected from the risks of infections. The service had taken all reasonable steps to reduce the risks of COVID-19 to people and staff.
- There was an appropriate supply of personal protective equipment (PPE) available for use by staff. This included disposable face masks, gloves, aprons and hand gel. The management team ensured that PPE was in reserve during the pandemic; they knew and had used all of the methods available to ensure sufficient stock was kept in reserve.
- People confirmed staff used appropriate PPE when working with them. They said, 'They use gloves, masks

and wash their hands", "They always wash their hands before anything" and "They use rubber gloves and plastic aprons and wear face masks. They wash their hands; I can't fault them at all."

- Staff were required to complete training in infection prevention and control. Practical training of 'donning' and 'doffing' (taking on and off) PPE was completed and the management team provided staff with learning materials and monitored their practice.
- Regular staff testing for COVID-19 was completed, in accordance with government requirements in place during each stage of the pandemic.

#### Learning lessons when things go wrong

- An appropriate system was in place to record and learn from incidents or accidents. This ensured the service took appropriate action to prevent recurrence of incidents.
- There was an open culture of reporting any issues or errors. Staff confirmed they could approach the care coordinators or management team to report matters without fear of repercussions.
- Where an incident occurred that might demonstrate staff knowledge or practice required improvement, the management team ensured the right remedial action was taken. This included apologies to people involved, additional staff training, one to one conversations with staff and reminders at staff meetings and within communications aimed at care workers.
- Learning from incidents was recorded in a detailed format. This include analysis of the incident, and strategies to ensure safety were put in place. For example, one person's drinks were not properly filled up and there was some expired bread. A spot check was arranged to monitor and make sure all supported tasks were safely completed by the care workers. A message was sent out to all staff to ensure they checked the dates on food regularly and used the food which was going out of date first.
- The care coordinators and management team had very good oversight of lessons learned and ensured changes to processes, practice or procedures were embedded in place. This ensured people were protected from the risk of accidental harm.

# 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

- People's likes, dislikes and preferences for care were assessed, recorded and respected by staff. Regular checks were completed by the staff and management team to check for any changes in people's preferences.
- Preferences included what food and drinks people requested, how they liked to be attired and how they wanted their support provided by the care workers. Care records also demonstrated how people made decisions about everyday life, for example whether they needed prompting or support.
- People were encouraged by care workers to live a full and rewarding life. Staff always provided people with choices and options about everyday living in the wider community, and people were able to make their own decisions. Care workers ensured they supported people with decision-making and respected their choices. The service also approached relatives, when needed, to check if they were able to provide additional input about people's needs or choices.
- People and relatives consistently reported the service to be effective and care was delivered to a high standard. Feedback included, "Mum is 92 and she loves to look good. They make a real effort with her hair and makeup and listen to her wishes, showing her the utmost respect. The attention to detail in this regard makes a real difference as it matters to her", "They offer choice with food and her daily outfits and consult with her fully in any day to day choices", "The personal care has been excellent and they always involve her in choice as far as possible" and "The company is very accommodating, for example, they have been helpful in being available for appointments when needed."
- The registered manager and nominated individual had a clear understanding of care standards and regulations. They explained the requirement to ensure staff and the service provided care in the best possible way. They were clear about their responsibility and accountability for ensuring effective care for people.

Staff support: induction, training, skills and experience

- Staff had the right knowledge, skills and experience to ensure people received effective support and personal care.
- Care workers completed the Care Certificate as part of their induction. This is a nationally agreed set of modules for staff new to working in adult social care. Staff with prior experience in adult social care repeated and updated their training. Care workers then worked with and shadowed experienced staff members to become familiar with supporting people effectively and to learn about their role.
- Staff were offered and completed a range of learning, including the ongoing training they needed to meet statutory and mandatory requirements. Topics included health and safety, first aid, medicines management, protecting adults at risk of harm and oral health. The management team were aware of the

Skills for Care adult social care training best practice guidance, and were following the principles set out within the document.

- Care workers were suitably supported by their respective line managers to continually develop their skills and knowledge of caring for people living with dementia or long term conditions, such as diabetes. Additional training was provided to provide advanced knowledge to staff who cared for people with these medical conditions.
- Staff completed regular one to one meetings with their supervisors. They also created professional development objectives and reflected on their practice in annual appraisals.
- Multiple staff had already completed or were in the processing of undertaking formal qualifications in health and social care. Staff in the management team had suitable formal qualifications to effectively oversee the service and the care people received.
- People and relatives complimented staff's knowledge and experience. Feedback included, "I'm quite impressed with them", "[My care worker] is so efficient she thinks of things before I do. I can't speak highly enough of [her]. She's been with the company for seven years. She is highly regarded. They are all good, but she is a star", "Her main carer appears to be well trained and knowledgeable" and "All his needs are taken care of by competent and skilled staff."

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

- People were protected against the risks of dehydration and malnutrition. Care workers ensured that people had access to sufficient food and drinks.
- Not everyone required support with eating and drinking. However, people required support to prepare and consume healthy meals. People were able to make their own choices about food and drink, and access meals from other sources such as home deliveries.
- People and relatives said, "They bring me cereal, fruit juice and a cup of tea for breakfast. If I wanted anything else, they would get it for me. I choose the rest of my meals", "They get my breakfast, no problem there. They always ask would I like a snack left; they do that for me" and "When they [staff] pick him up from the gym, they go for lunch or come back here [the house]... whichever he prefers. They make sure he has had a meal."
- Staff knew what foods or drinks people liked, disliked or preferred. They ensured that people had access to, or prepared for them, their favourite meals. This promoted adequate intake by people.
- Staff completed training in food hygiene and nutrition. This ensured they knew how to ensure safe food preparation, how to monitor for signs of dehydration or malnutrition, and what steps to take if people were at risk.
- Care plans described in detail any support people required when eating and drinking, and how they preferred to be supported. Food and drink preferences were also recorded.

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

- People were supported by staff who ensured they maintained a healthy lifestyle. The service also ensured people had access to health and social care support as part of their care package.
- Care records indicated people's health was regularly assessed and actions taken to ensure appointments, health reviews and other checks of health were completed. Staff reminded people of their health conditions and checks that were needed to ensure their continued wellbeing.
- Staff had established good working relationships with community healthcare professionals. This meant they could contact specialist services when needed, to discuss people's health and seek advice. The service was able to make appropriate referrals to clinicians when needed.
- Staff understood when to escalate any issues with people's health to a healthcare professional, for example if a person was unwell or required an unscheduled review of their care.

- People and relatives confirmed the service promoted and protected their wellbeing. Comments included, "I expect they keep a look out [for my health]...they would know if I had a pressure sore", "They would call in someone if it's needed. I've had an ambulance take me into hospital...they [staff] called them. They [the staff] are very good", "They do check pressure areas and we would call the district nurse if there was a problem", "I've taken to asking her [the care worker] to do the virus tests for me [lateral flow tests], as I can't do it and hold a mirror" and "We haven't needed it, but I'm sure they would let me know if there was a problem."

#### 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.

- People's consent was correctly obtained and appropriately recorded in their care records. This ensured that people knew what support planned and they maintained the options to refuse any aspect of their care package.
- The registered manager and nominated individual had a very good understanding of the MCA principles. This included assessment of consent and best interest decision making.
- They had a suitable understanding of how to check whether a person had an attorney or deputy appointed. People and relatives were asked to provide evidence of appointed attorneys or deputies. Where this had not been provided or any doubt existed, checks were completed with the Office of the Public Guardian (OPG).
- Care workers deemed competent to do so, along with the management team, completed mental capacity assessments with people when needed. The service's staff presumed a person's capacity unless there was a reason to assess it.
- Where people lacked capacity to make a specific decision and there was no other legally-appointed decision maker, the service made a best interest decision for the person. Care documents showed that people's preferences guided best interest decisions made on their behalf.
- We spoke with the registered manager about the level of detail recorded in the electronic care system about people's best interest decisions. They accepted our feedback and provided assurance they would take steps to review the level of information recorded in the care notes.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives consistently expressed how kind and caring the service's staff were. They provided very positive feedback about various topics, such as the staff and support they provided.
- People's comments included, "When they prepare my breakfast, I have a complicated way of eating as sometimes I have difficulty swallowing. I keep sipping water and they do it without any complaint. My carer today is very patient and very caring", "She [the care worker] is so caring, kind and cheerful...it's a job to fault her", "They are all very caring, and sympathetic towards you..." and "She [the care worker] is lovely, absolutely lovely...she keeps me going. She's perfect."
- Relatives stated, "They are very caring; they help him, but get him to try to do things for himself, for example guide him to the chair. They are always cheerful", "The house is open plan, [so] when they're talking you can hear them. They banter and get on well" and "She likes her staff and they are very patient in adapting to her, for example, she is always listening to and singing to Scottish music and they will join her in this activity. They treat her very respectfully."
- There were many complimentary online reviews about the service, staff and support people received. Examples of feedback included, "A very good experience, completely confirming the wonderful service given to my mother by Right at Home. Really, it couldn't be better!" and "Very pleased with the care service and carers. We used Right at Home before and we are returning customers. We will only recommend Right at Home; the care and service is outstanding."
- Staff completed training in equality, diversity and human rights so they could ensure care was provided in the right way. People's unique differences in their support packages were met by staff who knew their needs well.
- We discussed with the registered manager and nominated individual the provider's approach to disadvantaged or marginalised groups of people within society. The management team explained their ethos for inclusivity of anyone seeking to commence personal care. They explained how people were treated equally and fairly, and by recognising any protected characteristics set out in the Equality Act 2010. People and relatives we contacted confirmed they were treated well and within these principles.
- We noted the service's website was recently updated. The service and provider promoted equality, diversity and human rights. There was information on the website about inclusive care. In addition, there were blogs and posts about care for underrepresented groups in the community. This promoted personal care for people who might be reluctant to seek out support due to their individual circumstances.

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

- People and relatives always had their views considered by the service. They were treated as the ultimate

decision makers of the support provided to them by the service.

- The registered manager explained how detailed information about people was obtained before a care package was developed. This included asking or assisting the person to complete a comprehensive set of questions about their physical needs, but also their emotional needs and psychological wellbeing. This ensured that the care planned was holistic; the person's entire life story was considered.
- In addition, relevant information was collected to inform the care plan development. For example, with the permission of the person, information was collated from families, friends, stakeholders such as health and social care workers and if possible, the local authority or clinical commission group. This information about people was seen as invaluable to ensuring people's views
- Care plans were further developed and enhanced by visiting the person prior to a care package commencing, usually at their home or sometimes in a healthcare setting such as a hospital. After the formation of the initial care plan and commencement of support, senior staff members reviewed the initial care plan to check for accuracy, make any necessary amendments and consult the person about any changes they required. This ensured people continued to be involved in making decisions about the care they received.
- People and relatives stated that care plans were regularly updated and they were asked for their opinions by staff before changes were made.
- People said they were always consulted by care workers about support they received. Comments included, "They certainly ask me [my preferences]. They are pretty good", "There aren't many decisions to be made [but the care worker] talks to me, has a chat during personal care" and, "They just ask me how I prefer it to be done."
- Relatives confirmed that individual preferences were considered. Relatives said, "They talk to him and ask him if he wants anything", "They comb his hair and ask him how he likes it doing...does he like his parting to the left or right?" and "He generally makes up his own mind. He has made the decision today that when [the care worker] comes he is going to have his hair cut. He will say to [the care worker] 'I need to do this'; they bounce off each other."
- People were offered preferences of which care workers they wanted to support them. The registered manager told us introductory visits were completed prior to care workers being assigned to support each person. Staff were also matched to people based on common interests, such as recreation, life history and other unique connections.

Respecting and promoting people's privacy, dignity and independence

- The service had a clear focus on encouraging, developing and maintaining people's independence. Care workers and management actively fostered people to experience a life similar to that of any other member of the wider community. Staff supported people's independence, and ensured this took place in a proactive but safe manner.
- The service's statement of purpose (SoP) clearly set the focus on ensuring people's independence. A SoP is a legally-required document setting out the contact details of the service, but also including the aims and objectives of care.
- The SoP said, "It is the aim of Right at Home (Maidenhead and Slough District) to provide high quality care and support in a way which supports the independence of individuals and enables them to remain in their own homes for as long as possible. Our objectives are to enable individuals to maintain their independence...to provide individuals with information to enable them to make informed choices [and] to provide assistance with daily tasks to support that independence and prevent individuals from feeling helpless."
- People explained their importance was promoted and fostered, even in small ways. A person commented, "I can't wear a bra, I'm very bent over. One of the carers knew I didn't have a bra to wear, she came back the next day having purchased a bra for me. Unfortunately, it didn't fit me. She didn't let me pay for it." Another

person said, "[The care worker] thinks of things ahead of me all the while. I had a cardigan on and I hadn't noticed it was marked, she told me and got me a clean one."

- Relatives stated, "[The care worker] arranged to give [the person] a wet shave once a week, rather than an electric shaver, which makes him feel better" and "When [the person] had a birthday party he invited [the care workers] along. Where boundaries are concerned, they [staff] keep within boundaries."
- People and relatives told us privacy and dignity during person care was maintained. Comments included, "When I'm washed, they're quite professional. I was washing on the bed and they had a routine, I would be covered up", "There is no question. I handle the intimate parts and [the care worker] does everything else and she [places cream on] my feet afterwards", "If I'm going to the toilet, I close the toilet door. They have always said, 'If you need assistance let me know.' They give me privacy", "If he goes for a shower, they will get him dressed in the bathroom. They get him out of bed, they are conscious of how he feels" and, "When they shower him, they make sure the doors are closed. When changing him they make sure he is covered and not exposed."
- People's confidential personal information was always securely protected. Mobile phone technology was used to record daily notes. This included call arrival and departure times, care or support provided during the visits, and any problems or issues that the care coordinators needed to be aware of.
- The provider's collection of people's data and other information was mostly paperless, with electronic systems used in preference. The use of electronic systems meant information was more up-to-date and could be promptly changed. There was a record of all changes made to people's electronic care records, which could be accessed later if needed.
- Limited information was stored within people's homes. People and relatives were granted access to live care documentation via an app, accessible on mobile phones or via computers. Although people did not tend to look at their own records, relatives stated they were reassured they could look at relevant information about people whenever they wanted, and could contact the service if they wanted to provide feedback or had a concern.
- Information pertaining to staff and other confidential management information was locked away in the service's office or protected on computers by passwords. Only relevant senior and management staff had access to this information. Staff who provided support to people and staff based in the office did not disclose confidential information to third parties without verification of identity or people's consent.
- The provider was registered with the Information Commissioner's Office (ICO). The General Data Protection Regulation and Data Protection Act 2018 requires every organisation that processes personal information to register with the ICO unless they are exempt. We found the service complied with the relevant legislation. The management team had a very good knowledge of how to obtain, process, store, retain and dispose of confidential personal information in line with this legislation.

## 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 outstanding. At this inspection this key question has remained the same. 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

- People's care and support remained extremely person-centred.
- People commented how the care coordinators and management team continuously checked that the support provided by care workers was tailored to individual needs. One person stated, "They've contacted me twice this week to make sure things are running smoothly and that I haven't any problems." Other comments included, "They [the management team] come round and check...they come to see how things are" and, "I had a phone call only a few days ago asking was I happy with everything. I said it couldn't be better!"
- One person with deteriorating dementia was increasingly unsafe, a victim of a scam and experienced frequent falls. The management team identified the extreme vulnerability of the person and suggested a live-in package of care be implemented. The proposed care worker met with the person, based on matching traits, a series of common beliefs which provided a unique bond between the two. The match was successful, and the person's life improved dramatically. Their falls decreased and reduced the harm sustained, social inclusion in the community increased and the person's nutritional status improved this supported their mobility by stabilising their fluid intake and ensuring their energy levels were consistent throughout the day. The new package of care meant the person was also able to join the care worker celebrating their shared faith at a place of worship.
- Details within care plans included people's social history, contact information for relatives and healthcare professionals, medical information and allergies, resuscitation preferences, and how to provide different types of support such as medicines administration, moving and handling and bathing. Information about how to ensure people's independence with each support task was also included in the care documentation.
- A person who experienced a stroke experienced severe physical and emotional effects. The person expressed they wanted to regain as much ability to care for themselves as possible. Matching with a male care worker, the person developed a plan for independence. The strong bond between the person and the care worker resulted in successful health outcomes. The person was assisted with their physiotherapy exercises, which improved their mobility. The person was assisted to reduce calorie intake to lose weight, thereby increasing their ability to walk. The intensity of care meant the person regained their independence and was less reliant on support from care workers they are now able to manage the majority of their continence needs without support and access the community with more confidence as they can use public conveniences. They also began preparing their own meals as they became more involved with managing a healthy now vegetarian diet. This meant successful rehabilitation was fostered in the person's own home.
- A person had an existing dependency on alcohol, was self-neglecting and having frequent falls. The service identified the detrimental aspects of the poor personal hygiene and living environment. Care workers

established a routine with the person, commencing with personal hygiene, cleaning the home environment and reconnecting with friends and family. The person's self-image and independence increased- they shaved every morning as they had been clean shaven for many years, they now wanted to dress in clean clothes. Care workers supported the person to stop using alcohol entirely. This meant the person was re-abled, their life expectancy improved significantly, and the person's social isolation ceased.

- One person with Alzheimer's disease had their family move overseas. They were left to care for a sibling. This led to social isolation. Care workers introduced several coping mechanisms based on the person's life preferences. They took the person to charity shops, presented clothes to the person to view and purchase. They commenced memory exercises to stimulate the person's mind and bring back fond memories. The person was taken to nearby parks and nature reserves, where they observed dog walkers and interacted with dogs. This sparked their joy as they liked all sorts of dogs. The person's life was enriched by care workers supporting them with favoured activities in the community.
- As the person's condition deteriorated, they developed hoarding tendencies related to anxiety and depression. The trusting relationship with the care worker meant the person worked with assistance to overcome their hoarding. The care worker sorted the items and asked the person their opinion of what to do with them. Working closely together, the entire house was returned to a tidy and safe place. Before and after photos demonstrated the impact on the person; they were happy and smiling about what they had achieved with support over many months.
- The service demonstrated they considered not only the needs of the person they supported, but also their family, friends and others significant to their lives. A relative stated, 'We are very well listened to. We do sometimes have hospital appointments; they do help me with transport. I phoned this morning as [the person's] got to go to the chiropodist. I said what time, even though it's short notice and they rang me back and said, 'It's all organised'. Also, a worry off my shoulders.'
- Daily notes recorded what personal care people performed for themselves and when staff needed to provide prompting, supervision or support. This ensured that there was an ongoing record of a person's life, which was used to track their progress overtime against the goals of care that were set at the outset of support, and during care reviews.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social lives were taken into account, promoted and fostered by the service. They were provided the means to follow their interests and prevent social isolation.
- Extra, unplanned calls were made throughout the pandemic to check people's welfare and detect any signs of social isolation. Where indicators of isolation or low emotional state were detected, the service took prompt action such as increasing the frequency or length of calls, asking the person what they would like to do differently whilst confined to their home, suggesting new activities and hobbies and keeping relatives informed.
- The management team knew the referral mechanisms for obtaining assistance from healthcare professionals who specialised in mental or psychological health. Staff were able to make detailed referrals, to ensure that people who needed help from healthcare professionals received it.
- There were multiple examples of people's potential or existing social isolation was prevented, or community integration was restored by the service.
- After matching with an appropriate care worker, a person's life dramatically improved. The notes stated, "[The person's] life has had such a change and the impact on her well-being is so apparent. [The person] benefits from being able to live safely in her own home which was her and her family's ultimate wish. [The person] enjoys activities with her care worker in her local community and is no longer isolated. Her diet has improved and she now enjoys eating meals and socialising with her friends. [The person's] personal appearance and self-esteem is now being promoted."

- A person had always loved cooking traditional food for a large extended family network. Following a stroke, their physical ability was severely diminished. They were matched with a care worker of similar cultural background. They compiled an extensive family history about the meals previously prepared. This enabled the care worker to ensure support was aligned with the person's heritage. The care worker enabled the person, now in a wheelchair, to cook in a modified way using the house design and different utensils. The bond between the two meant the person also mentored the care worker in new recipes and ways of preparing dishes important to them. Cooking and being involved with the cooking dramatically improved the person's dexterity and has increased the person's impaired mobility. They are now more mobile within their own home and so able to move around the home with her family rather than being in the same location and feeling like people had to come to her. She could confidently spend time in the kitchen with limited support and cook for her family, this has been a sustained improvement over time.

#### End of life care and support

- People's rights to a dignified, pain-free palliative approach for their end of life were a fundamental principle of the service.
- A person with a rapidly deteriorating condition commenced end of life care. The person was cared for by family; the care agency identified they suffered from carer burnout. The person was restless, in severe pain and fearful of being alone. The agency increased care worker provision immediately, deploying a staff member throughout the nights and allowing the family to return home and sleep. The service observed severe pain and discomfort which was not previously identified by others. They organised for rapid community nurse response to assess and adjust pain medicines. The care worker held her hand, sang to her and talked about life memories throughout two nights. This meant comfort for the person and family; the person had a dignified, loving and peaceful passing.
- In response, a relative commented, "My mother was 96 and had become very unwell quickly so I contacted the director of Right at Home and his team immediately sprang into action with some support during the night for us. It was all arranged so quickly and smoothly and was so very much appreciated at a time of great sadness. The carer who came to our house was absolutely fabulous, kind and caring and supported me too during the night with messages of reassurance that all was well. I would recommend Right at Home 100%."
- Another person's family member passed away. The person had strong faith-based beliefs and customs which needed to be observed. The management team took time to research appropriate ways to provide responsive support and taught care workers about incorporating the person's faith into the support provided. A matched care worker assisted the person to write a eulogy, helped them wash and dress formally for the funeral, wore a suit and drove them to the venue. The person experience withdrawal. However, there existed a special bond between the person and care worker. The dedicated care worker talked through the person's religious beliefs, assisted them in prayer and supported the person's grieving process. This fostered the person's mood, reflecting on the family member's life and improved mobility and confidence in themselves. This impacted other areas of their life as the bond with the caregiver made them want to go out more and explore different activities that they did not have the confidence to do this previously. This has been sustained over time as the client will now prepare planned activities ready for their care calls.
- The service used this experience as part of their induction program to provide current and incoming care workers with a clearer understanding of the benefits of supporting people at the end of their life. They discussed the importance of ensuring people are made comfortable and able to experience a dignified and pain free death.

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

- The service was extremely proactive with the information gathered from any concerns or formal complaints. The content of the feedback was used to drive continuous improvement in the service. This

included making any necessary changes to ensure quality care for people.

- The service had a list of key staff people or relatives could contact if they wished to discuss any issue. This included management and office-based staff names, job titles, role information and contact details. People could make their own decision about who to contact at the organisation if they wished to raise a concern; they could speak with their care worker or contact the management team directly.
- The service was open and transparent in their approach with us about negative feedback. The provider information return we requested before the inspection clearly detailed the number of concerns or complaints within the last year and indicated that all matters were logged, recorded and reported.
- Formal complaints were responded to in a serious way. The registered manager explained each complaint was treated on its own merits, and a tailored approach was used with each person who raised it.
- Investigation reports and outcomes of the complaints were detailed, and demonstrated the matters were handled professionally and appropriately. Complainants had written responses sent to them so they knew the outcome and what the service would do so the person or relative was satisfied.
- The service also analysed all complaints and concerns they received to check for any patterns or trends. The tracking tools used to record the concerns and complaints clearly demonstrated changes put in place as a result. For example, the 'lessons learned' from a complaint about medicines stated, "There is now a form caregivers can fill in from their [care documentation] app whilst in the client's home, which allows them to send an instant notification of medication changes to the office to prevent this from happening in the future. All caregivers were trained on this in the next team meeting to ensure all...are reporting changes in medication immediately." The service successfully used interventions to reduce the chance a similar complaint would be made again.
- People, families and others knew how to raise any concerns they may have. They told us they had no reason to raise a complaint because they felt the support received by was excellent.
- Comments from people and relatives included, "When I have had any issues, they have addressed them and responded", "The office is very obliging and will go out of their way to respond to any special requests or changes", "I would recommend their service to anyone. They keep us well informed...we have never had any cause to complain" and "Her care team are very proactive, involved and stick with any issue until it's resolved. All staff in the office are available, approachable and ensure issues are promptly dealt with."

#### 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 and preferences were recorded in a specific part of the care plan. This enabled staff to know the best way to interact with people who may have a disability, impairment or sensory loss.
- Technology was frequently used to enable people living with a disability to communicate as much as possible. This included supporting people with the use of mobile phones, televisions and online shows, and the use of computer-based calling systems to keep in touch with others during the pandemic lockdowns or shielding. Other people who were independent were encouraged by care workers to keep in regular contact with their relatives and friends using the technology already in place, or obtaining it for their use.
- Staff had access to the correct communication method or aids for the people they supported. Staff were trained in how to deal with behaviours that challenge, such as verbal aggression or confusion related to dementia-type illnesses. If a person was not ready for communication or conversation, live-in care workers used methods such as 'retreat and return', so that they could provide important information to a person at another time when they were calm. This ensured people received the messages they needed as part of their

support package.

- The registered manager confirmed the information about service provision could be produced in a range of formats to suit any communication needs people had.
- Staff also used non-verbal communication techniques, especially with people who were not able to easily verbalise their needs. They observed facial expressions, behaviour and other vocal sounds to determine what people liked and preferred. Non-verbal communication was used by the care workers to determine people's responses to personal care, for example during washing or bathing.

# 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 outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- The service continued their dedicated involvement in the local community and in working with others to enrich people's lives. They continuously evolved their care framework to ensure the best life outcomes for people.
- A person with cerebral palsy experienced decreased limb flexibility as well as a sight impairment. They had set several life goals, which they discussed with their matched care workers. These included increasing socialisation, assistance to present regularly on a radio station and to attend gym sessions four times weekly. The person's integration into the local community was promoted by care workers. They encouraged and supported the person to attend coffee shops, restaurants and national parks. This meant the person's life was enriched by activities they had infrequently completed.
- The care workers learned how to use the radio station equipment. This meant they could support the person to regularly be a presenter on a local station. The person also wanted to meet other radio presenters. The care workers organised the meet in London and supported the person with the introductions and ongoing conversations on the meet up. The person's life goal was achieved, as support from care workers on the equipment and meet up meant continuing participation in the radio station. Due to the success in achieving these goals they have begun setting more goals and are regularly working to identify the next stage in their ongoing development.
- The nominated individual is the chair of Right at Home's franchise advisory council, and therefore provides support to other franchise owners throughout the Right at Home network. The role also provides advice to Right at Home's senior leadership team. This provides effective feedback from a service-level which can be used to improve and enhance other services within the brand group. The head of quality and compliance wrote, "I do know that [the nominated individual] is held in very high esteem by my senior management team colleagues, as well as his fellow franchise owners...this is clearly demonstrated by him being asked to take on the role of Chair of the [franchise council]."
- The service continues their involvement in other activities that contribute to local society. This includes promoting the Alzheimer's Society's dementia friends scheme, the provision of a transport service for appointments and social activities, working with other local social care services to provide 'armchair exercises', completing presentations to the women's institute and other organisations.
- The service's staff remain selfless in their provision to other people. They continue to fundraise for local charities, provide free care worker support and advice at the nearby stroke organisation, sponsor a minibus for transport of disabled people within the community and work side by side with other organisations.
- Plans are underway to open a local day centre, as an assessment by the management team found a lack of capacity for people seeking this service. Alternatively, the management team will partner with an existing

nearby day service to assist them to expand and provide more capacity.

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

- Management oversight of the care and support people received remained outstanding.
- The service completed a comprehensive analysis of how they responded and how successful strategies were implemented during the successive waves of the COVID-19 outbreak. The conclusion states, "Working through the pandemic has been a steep learning curve. It has had a positive impact on our teams' understanding of infection control and its practical application. This has kept our caregivers and clients safe as it has reduced the spread of transmission. It has had a positive impact on our ability to work effectively with other services and support networks. During the outbreak we worked closely with PHE and developed positive relationships with people working within these services."
- In response, the head of quality and compliance stated, "...I worked closely with [the management team] throughout the COVID-19 pandemic and witnessed them being willing to 'go the extra mile' constantly to ensure their clients, their clients' families and their 'caregivers' received care and support which was absolutely focused upon keeping all parties as safe as possible at all times."
- People who used the service benefitted from a stable management team who oversaw the safety and quality of care and knew people on a personal level.
- The managers had completed additional qualifications in social care. They used their knowledge and experience from the advanced training to encourage their own staff team to undertake further study in care. Many of the staff we spoke with confirmed they had either completed, or were invited to complete additional relevant qualifications.
- The management team had extensive experience in the adult social care, and explained how they used their many experiences in the sector to benefit the organisation. The nominated individual operated from their own personal experiences of care, which was demonstrated by the overall approach adopted at the service.
- Staff we spoke with and contacted confirmed that the focus of the service was on care quality. They stated, "I joined Right at Home only just over one year ago. My background was in the hotel industry. I thought I would try and change my career from hotel to the care world. I found it hard at the beginning of the job. However, I was given the training on how to do the job and how to use the equipment. I can use my customer skills from the hotel to help the clients", "I have worked for the company for nearly four years now having never done care work before. They have a great open door policy, make sure training is up to date and providing all our clients with great person centred care. I honestly couldn't ask for a better company to work for" and "They keep on checking on staff to see if we are okay and are very supportive. During the COVID-19 period, we had lots of support to ensure the best care to our clients."
- An extensive suite of audits was completed to gather evidence on the safety and quality of care. Various staff completed the different checks, and these were often cross-checked by another member of staff to look for gaps or errors.
- Results from the audits were used in a constructive way. Areas for improvement were recorded in a service improvement plan used to monitor performance of the service and drive improvement. For example, the service wished to provide formal training to line managers and senior staff in how to hold meaningful career conversations with care workers. The service improvement plan stated, "Ensure all those who are responsible for actively completing supervisions attend the supervision and observation training and the managing difficult conversations [with the trainer]. There was a target date and progress against the objective was actively recorded."
- The management team and care coordinators completed unannounced 'spot checks' of care workers who supported people. These ensured that staff completed personal care in the right way and in line with the service's high standards.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from people and relatives about the leadership and management of the service was consistently positive.
- The service has been rated within the top 20 care agencies within south-east England for the last four years. This demonstrated the good outcomes achieved for people because the award is based on the standard of feedback about the care received. The awards are based solely on people's and relatives' feedback, indicating the high quality of care and support provided by the service.
- Comments included, "[The management team] are approachable and contactable, they do their best to resolve any issues. I feel positive about the company overall", "It seems a very good company and the office staff will listen and comply with any requests we make. We know the manager and feel comfortable speaking to them. I would happily recommend to others", "We are very happy with standards overall and in fact, very pleased with the care. Everyone has been extremely obliging and they communicate well keeping me regularly informed, We particularly like the app and feel that the company deserves its outstanding rating", "Everyone is really approachable and helpful and we are very happy with the service overall" and "[The management team] and all the office staff are extremely approachable and helpful...[excellent] care is crucial and the consistency in staff particularly so. They do a terrific job and we would not know what to do without them."
- There was overwhelming feedback from staff that the service's leaders were approachable, knowledgeable, supportive and competent.
- Staff told us, "Our manager is also amazing. I think she is always prepared to listen to any concerns we might have and offers her support and guidance. She is very good and what I mainly appreciate, she is doing in such a way which is fair and always keeps confidentiality", "From the day my training started I really felt so comfortable. I felt the team was so approachable...I knew that if I had any questions, doubts or queries I could go straight to them. The office team were friendly and not like any other employer I've had before; they really cared about you", "I feel as if I have been supported, praised and thanked for all my hard work continuously with rewards" and "The in-office staff are extremely accommodating and hospitable. They listen to your concerns about clients and ensure you are heard. You feel like an appreciated employee and that's all you can ask for."
- There were regular meetings and communications with staff. There was an employee of the month scheme, and regular rewards for staff who demonstrated excellent examples of supporting people. Staffing information showed this had significantly decreased staff turnover and increased retention. This was further apparent during the pressures upon the service during high demands caused by the pandemic. The service was able to recruit staff from other backgrounds, as they had lost their employment due to lockdowns. This increased workforce diversity and extended the range of skills available to people who received support.

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

- People and relatives repeatedly commented they were treated as the central part of the service. They felt they were treated as partners in care, and not viewed as people who required everyday support with their lives.
- Comments included, "I would say the professionalism and competence of the carers is excellent. It's very, very good in comparison to the other two agencies we have tried in the past", "They are always capable, cheerful and they have got a schedule on file, it's all on record. They are highly efficient", "I think the fact that they try to always be punctual. They clean up behind themselves. I've not had any problems; I can't fault them in that way", "The way they look after [the person], and giving him exercise. It's nice to know there is somebody else there" and "They treat him as a friend, rather than a client, while keeping boundaries."
- Regular surveys of people's care were conducted to gather feedback and look for strengths and areas for

improvement. Questions were simplified and open-ended, so people could provide meaningful feedback. The 2021 survey demonstrated repeatedly positive impacts on people's lives from the care provided by the service.

- People wrote the service was excellent because, "[They] employ people [staff] who have integrity, who are honest and trustworthy, who understand that they have a great responsibility (despite the relative low pay) and genuinely care about the vulnerable people they help", "Good service, flexible with hours when needed", "Always on time, always helpful and always smiling", They have taken the time to get to know [the person]" and "[They] work hard to understand client needs and are prepared to accept mistakes happen and rectify them."
- Regular surveys of staff were also completed. Results from the 2021 feedback showed a positive workplace culture and staff who were proud and happy to work for the service.
- Extensive action plans were in place to cover areas indicated for improvement by people and staff responses to the surveys.

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

- Candour and accountability were at the heart of the service. Leaders readily acknowledged any shortcomings or failings, and took prompt action if this was evident.
- The service reported all necessary matters, such as notifiable incidents, to us and the local authority. They provided supporting documentation which explained the issue, steps taken to remedy the matter and how the service's staff would prevent recurrence of similar incidents.
- Any service that delivers care can have a 'closed culture'. We define a closed culture as a poor culture that can lead to harm, including human rights breaches such as abuse. In these services, people are more likely to be at risk of deliberate or unintentional harm. The service was open, honest and transparent in all aspects, from support provided to people through to leaders. People were protected from a closed culture by the staff and open organisational approach.
- The management team knew their obligations if a notifiable safety incident occurred. They told us how they would successfully manage such an incident, and how they would ensure the person would be supported appropriately. There were no notifiable safety incidents since our last inspection. This indicated people were kept safe and protected from harm.