

Homecare North Somerset Ltd

Right at Home North Somerset

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

About the service

Right at Home North Somerset is a domiciliary care agency providing personal care to people in their own homes. The service operates within North Somerset including Weston-Super-Mare, Worle, Portishead and Clevedon. At the time of our inspection there were 69 people using the service.

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

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.

People were supported by staff who were kind, caring and treated them with dignity and respect. Care plans were person centred with guidance to direct staff about people's wishes and preferences. People's individuality and independence was promoted.

Staff were supported by an induction, regular training and supervision. Staff were valued. There was a positive staff culture and effective team work.

People were supported to engage and access the community and regular activities. The service facilitated people to develop and maintain relationships and interests.

The service was well led and managed. There were effective systems and staffing structures to keep people safe, monitor people's care and oversee the quality of the service. There was an open and honest culture, where feedback was encouraged, listened to and acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21 January 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our well-Led findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our well-Led findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Right at Home North Somerset

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector, an assistant inspector and an Expert 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

This inspection was announced. We gave a short notice period of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 15 March 2022 and ended on 22 March 2022. We visited the location's office on 15 and 17 March 2022.

What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five staff members which included the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included nine people's care and medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

We spoke to four staff members. We spoke with eight people who use the service and nine relatives. We received feedback from one health and social care professional.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were supported safely. One person told us, "Yes I do feel safe, they [staff] are very lovely." A relative said, "We have had excellent care. [Name of person] feels very safe."
- Individual risks to people were identified in areas such falls, medicines, community activities, COVID-19 and health conditions. The service reviewed their approach to positive risk taking in response to a request from one person to have contact with a dog after theirs passed away. This enabled the person wishes to be fulfilled.
- Risks assessments gave information and guided staff how to support the person safely. A staff member said, "The tasks are very clear. It is easy to navigate the care plans and risk assessments."
- People's home environment and equipment was assessed and monitored. For example, one care plan said, "Bedroom is large and spacious with ample room to move hoists."

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The registered manager had well organised systems to monitor safeguarding concerns and report these as required to the local authority and the Care Quality Commission (CQC).
- Staff told us and records confirmed safeguarding training had been completed. Staff were confident in identifying safeguarding concerns and the procedures to report these. One staff member described a safeguarding concern they had managed and said, "I made sure the person was safe and reported it straight away."
- Assistance was always available for staff through the office and an out of hours on-call system. Staff commented, "Anything I'm not sure about I can just ring the office," "Staff are just a phone call away if I need any help" and "All our procedures are available. I can find everything. It is absolutely clear."

Staffing and recruitment

- People's care calls were always fulfilled. One person said, "There haven't been missed visits, they've been late or delayed but the office has told me." A relative said, "They have never not turned up."
- People and relatives gave mixed feedback around consistency of staff, preferred times of calls, and changes in planned staffing. One relative said, "I have to explain each time as there are so many different carers." However, another relative said, "We have regular carers." One person said, "It all depends, one week I see the same people the next week it's all different [staff]." Another person said, "They do keep sending different people to what's on the programme and they sometimes send people earlier than I want them." A relative commented, "There is a problem sometimes, which is out of control of the agency, such as staff sickness or staff leaving at short notice. They send someone else out and sort it out. They keep me informed."

- The service sent out planned schedules to ensure people knew which staff to expect. The registered manager had been proactive in sending a letter to people explaining the reasons behind changes in staffing at short notice, why changes occurred and what the service was doing to minimise this and inform people. One person said, "Thanks you for the rota information letter." A staff member said, "I am not rushed, and have time with people. The rotas are well planned and the logistics well thought out."
- The service operated safe recruitment processes to ensure staff employed were suitable for the role. This included confirmations on previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Staff commented it had been an efficient process.

Using medicines safely

- Medicines were managed and administered safely. Medicine administration records (MAR) were completed and automatic alerts ensured actions were taken when required. One person told us in relation to their topical creams, "I'm happy with how that's done."
- Staff completed training in medicine administration. Competency assessments were undertaken to observe staff practice. Staff we spoke with were clear how to report a medicine error.
- Regular audits were completed to ensure medicines were being given as prescribed and areas for improvements identified. For example, consistency in the use of MAR codes.

Preventing and controlling infection

- People were protected as policies and procedures outlined how risks from infection would be managed. Staff completed regular COVID-19 testing in line with current guidance.
- Staff had received training in infection prevention and control (IPC) along with COVID-19. We were assured that the provider was using personal protective equipment (PPE) effectively and safely. One person said, "They put their aprons on all the time, gloves and a mask." A relative said, "The carer always wears a mask and correct PPE."
- Staff we spoke with were knowledgeable about IPC procedures. Updates and guidance had been communicated to staff throughout the COVID-19 pandemic.

Learning lessons when things go wrong

- Staff knew how to report any accidents, incidents or near misses. Actions taken to prevent reoccurrence were documented. Regular reviews monitored for patterns and trends.
- The service took positive learning from areas such as incidents, safeguarding and complaints and made changes to processes as a result. For example, by introducing a follow up system for concerns raised to ensure resolutions were effective.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction and completed the Care Certificate if required when they commenced employment. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours in health and social care roles. One staff member said, "I felt fully prepared. I completed shadow shifts and there was plenty of support."
- Staff received mandatory training relevant to their role. Staff told us about additional training they had received to provide specific support for people. For example, in stoma and catheter care. A staff member said, "Training was fantastic." Comments from people when asked if staff were well trained included, "Some," and "Yes." A relative said, "[Staff] seem to be [competent]. They know what they are doing."
- Staff told us they were well supported and encouraged to develop their skills and knowledge. Records reviewed demonstrated staff received supervision, performance management and facilitation to access further qualification in health and social care. One staff member said, "I am well supported." Another staff member commented that supervisions were, "Useful."

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

- People were supported with their nutrition and hydration needs as directed in their care plan. One care plan said, "I will require a lunch prepared for me and I will choose what I would like to eat." A relative said, "They give [Name of person] breakfast and will heat up what I leave for lunch."
- People's likes and dislikes were documented. For example, a care plan said, "I like very weak tea with milk and no sugar." Another care plan said, "For lunch I am happy with soup, cheese, biscuits along with a coffee or a lime and soda I like to eat my meals at the table."

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 with their healthcare. One person said, "Yes they know my [healthcare] problems and they help me when I'm at my worst." A relative said, "They will dress [Name of persons] arm for me and give the eye drops. [Staff] will update me."
- Staff we spoke with were clear on the procedures and actions to take if people were unwell or had an accident. For example, contacting emergency services or the persons GP.
- The service worked in partnership with other health professionals. A relative had thanked a staff member, "For quick actions in recognising a urinary tract infection (UTI) and reporting it." A relative told us, "When the physio gave us exercises for [Name of person] to do. They were receptive to helping."

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

- Staff understood and could explain how they implemented the principles of the Mental Capacity Act (MCA) 2005. For example, a staff member explained how one person liked a specific routine for their care. This was in their care plan but always checked to ensure this is what they wanted that day. One person said, "They ask me what I want to wear."
- People's choice and preferences were respected. One person said consent was always obtained, "Staff do [ask consent], they say would you like your hair brushed." A relative said, "They [staff] explain what they are doing."
- People's protected characteristics under the Equality Act 2010 were identified. This included people's needs in relation to their culture, religion and sexuality. Care plans showed if people had a preferred gender of carer and these preferences were met. One care plan said, "Please be aware I do not want a male carer for my personal needs but would not mind if it was a visit where it was companionship or household chores." The service had created cards for one person who English was not their first language, to ensure they could choose and direct their care.

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 MCA 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 capacity had been considered and assessed in relation to specific decisions.
- Documentary evidence had been reviewed and verified where other people had the legal right to make particular decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 told us they were well treated and supported. One person said, "[Staff] are very careful and kind." Another person said, "The staff are kind, they're very nice, my carer is lovely." A relative said, "Best thing about them [staff] is they are kind and caring. [Name of person] likes to sing and they will sing with them."
- The service had received numerous compliments. One compliment said, "I am so happy to have you visiting and know you are there support." Another said, "Thank-you so much for all those at Right at Home North Somerset who provided such wonderful care. We also appreciate all the support from the office always doing their best to help with any matter we may have. You have all provided a wonderful professional service showing care and empathy."
- The service had treated people well by recognising birthdays, important celebrations and organising events which had individual meaning for people. Such as, a pamper session, afternoon tea and personalised live music.

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

- People were involved in planning their care. One person said, "I made a list of the things I wanted them to do. [Staff] all know what I want them to do." A relative said, "I have a care plan upstairs they came out to do it."
- Care plans were reviewed regularly and if people's support needs changed. People were consulted about their care and support. When people gave feedback or requests about particular staff these were acted on by the provider. One person said, "The staff are very kind on the whole. I have rung them up and said I don't want certain staff coming and they listen."
- People were enabled to express their views and choices. A relative said, "As much as is possible making choices and showing [Name of person] options so they can indicate with facial expressions."

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain independent. One person said, "I try to do as much as I can. Staff support me to be independent, they don't push to help." A relative said, "The carer is very empathetic and does what they can to encourage any independence that is possible."
- The service took actions to enable independence and reduce barriers. For example, one person could not access outdoor areas. The service facilitated a ramp being installed to the property. Another person was supported to obtain a wheelchair promptly as they were on a long waiting list. This meant they could enjoy social and community activities.
- People and relatives told us privacy and dignity was upheld. A relative said, "[Staff] stand back and let him

wash what he can and give him space and privacy."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their needs were met and their preferences upheld. A relative said, "The agency has been a huge weight lifted from my shoulders, we couldn't be more happy."
- Care plans were person centred. Details were clear about how people preferred their care and support delivered. Staff told us care plans were easy to follow. One staff member said, "The electronic system is good. Anything that is missed, it will tell you that you haven't completed it."
- Staff gave examples of how they worked to enable people's choices to be met. A health and social care professional said, "I worked very closely with a carer. The carer was very sensitive to [people's] needs, they supported and explored ways to help."
- Staff initiated actions to resolve observed issues, which had a positive impact on people. For example, a fiddle cushion was made for someone who otherwise dislodged their stoma bag and a bench in memory of a loved one was upcycled so it could be used again.

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

- The service had taken a proactive approach in supporting people to develop relationships and be involved in activities. A dedicated role to activity provision had been created. A monthly activity group had been established which offered, bingo, arts and crafts and themed events, for example. People had made new friends which had extended outside the group. A staff member said, "The feedback has been good."
- Staff could access tools to facilitate activities and engage with people on their visits. Such as, quizzes, videos, facts and exercises. Support was also offered in utilising technology and accessing the local community.
- Care plans described people's social networks and interests. For example, one care plan described where someone was bored, their family dynamics and the sports they were passionate about. Another care plan said, "Enjoys embroidery and singing."

Improving care quality in response to complaints or concerns

- People had access to the complaint's procedure. One person said, "I have got the book with everything in it."
- People and relatives were happy to raise concerns if needed. Comments from people included, "If the need came I would [raise a complaint]," "I've got no concerns as yet. I've been happy with them" and "Yes, you ring the office and raise concerns."
- The registered manager investigated both formal complaints and informal concerns to ensure actions were taken and improvements were made.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People and relatives told us information was accessible to them. Documents such as the complaints procedure and safeguarding policy were produced in user-friendly formats such as easy read. This ensured information was explained straightforwardly, using pictures to demonstrate.

End of life care and support

- The service supported people with end of life care. Care plans were completed when required. Further details would enable staff to support people with their personalised wishes and preferences at the end of their life.
- Staff received training in end of life care. A staff member described how they adapted communication methods to facilitate choices to a person. Staff told us they had been well supported by the provider.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers ensured a range of systems effectively monitored, reviewed and improved the quality of the service. This included areas such as complaints, care plans, medicines and safeguarding. Identified actions were monitored for progress and completion.
- The service had a strategic plan with long and short term aims. Senior staff had regular meetings to review the service and ensure improvement. Case studies documented where the service had a positive impact on people's health and well-being in line with the service's values.
- The staffing structure enabled senior staff to have defined roles and accountability. The registered manager was involved in projects and initiatives to progress changes both internally and in the wider health and social care sector, with the aim of improving care outcomes for people.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC to monitor services we regulate.

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

- The service was organised, led and managed well. Relatives said, "I have found the agency to be very reliable" and "They seem very much on the ball. I like the fact the manager will come out and do care if needed and knows what is going on."
- People, relatives and staff said the registered manager and nominated individual were friendly and approachable. One person said, "I've met [the nominated individual] when I go to those monthly activities clubs. [Staff] are all nice. I can talk privately to them or openly." A relative said, "I've spoken to the manager they are very approachable in the office."
- The service aimed for high standards of care and had been recognised through winning national awards such as 'employer of the year' and 'regional registered manager.'

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

- The registered manager and nominated individual understood their responsibilities of the duty of candour. The service was open and honest with people when things had gone wrong. The registered manager said, "It is important to embed this in the culture for staff." A staff member said, "The organisation is upfront and honest."

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

- People, relatives, staff and professionals were encouraged to give feedback about the service verbally and through questionnaires. A relative said, "They have phoned up to see how we are doing." One person said, "I have filled in a feedback form." Results in 2021 were positive, with 100% of people saying their carers make a positive difference to their lives. Actions were taken as a result of comments made.
- Staff were appreciated and valued in their role and contributions. Staff told us they had been recognised with gifts and awards. One staff member said, "I feel valued. It is the best company I have worked for. They are friendly, they value you, they thank you. I feel appreciated."

Continuous learning and improving care; Working in partnership with others

- The service was reflective and looked to continually improve. Feedback was listened to. A relative said when asked if feedback was listened to, "Yes they do actually." The relative explained how staffing changes had resulted from the feedback they had given.
- People and staff said they were kept informed. A regular newsletter was sent to people with activities and information. Staff were kept up to date with regular meetings, daily meetings and weekly bulletins.
- The service worked in partnership with others. A social care professional said, "The [registered] manager kept me up to date with regular reviews and possible safeguarding issues. A lot of joint working meant we were able to meet the needs of the client."