

Rightway Care Ltd

Rightway Care Ltd

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

Rightway Care Ltd is a domiciliary care agency. It provides personal care to older people living in their own homes. It also supports some adults who are living with dementia. At the time of our inspection the service was providing care to two people.

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 who used the service were protected from the risk of harm. Where there were risks to people's safety and wellbeing, these had been assessed and the provider had done all that was reasonably practicable to lessen those risks.

People's care and risk management plans set out the care tasks they required help with and these contained personalised information about people and their preferences for how they liked to be supported.

People received their medicines in a safe way and there were systems in place to help safeguard them from abuse.

People's needs were assessed and planned for. Their health was monitored and they had access to other healthcare services. People were supported with their meals if this was part of their care plan and this was according to their needs and preferences.

There were enough staff to support people and staff arrived on time at people's homes. Staff received induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

There were systems for dealing with complaints, accidents and incidents. The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

The provider was transparent and there was clear communication within the team, so they learnt from mistakes and made improvements when things went wrong.

There were systems in place to monitor the quality of the service and recognise when improvements were required.

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

Rating at last inspection and update

This service was registered with us on 24 August 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

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 effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rightway Care Ltd

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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started and ended on 11 August 2022. We visited the location's office on 11 August 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included the care plans for both people using the service and their medicines records. We looked at all the staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with the registered manager and the compliance officer.

People who used the service could not give us feedback. However, we received feedback by email from one relative. We also received feedback from two care workers. We continued to seek clarification from the provider to validate evidence found.

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 protected from the risk of avoidable harm. The provider had identified and assessed risks to people's health and safety such as risks of falls and skin deterioration. These were clear and included details of the person's background, medical conditions, risks identified and action plans. There were guidelines for staff to follow to help ensure they knew how to meet people's needs and reduce the risk of harm.
- There were risk assessments and management plans in relation to people's home environment, such as ensuring the home was left secure after each visit to keep them safe.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One relative confirmed their family member was safe with the care workers who supported them. They told us, "We have no concerns... we are very happy with Rightway Care."
- There was a safeguarding policy and procedures in place and staff were aware of these. Staff completed training on safeguarding adults and knew how to recognise and respond to safeguarding concerns. The provider had systems in place for noting and responding to safeguarding concerns. There had not been any safeguarding concerns since the service had registered.
- Documents we viewed and feedback from relatives confirmed people received their visits on time and sometimes staff stayed longer than the allocated time. One relative stated, "The main carer goes out of [their] way to help, is very good at communicating and has a lovely relationship with [family member]."

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity, such as Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff underwent training and were assessed as part of an induction, before they were able to work independently.
- There were only two people using the service so the provider was able to allocate the same regular care workers to support them. This enabled people to get to know and trust the care workers who supported them and build a good rapport with them.

Using medicines safely

- People received their medicines safely and as prescribed. There was a policy and procedure for the safe

administration of medicines and staff were aware of these. Staff received regular medicines training and refreshers and had their competency assessed.

- Only one person required support with their medicines and we saw they received these safely and as prescribed. The registered manager carried out regular audits of the person's medicines and the medicines administration record (MAR) charts and we saw no errors had been identified.
- We viewed the MAR chart for the person who required support with their medicines and found these were recorded appropriately and staff had signed when they had supported people.

Preventing and controlling infection

- There was an infection control policy and procedures and staff received training in this. Staff were provided with suitable personal protective equipment such as aprons, masks and gloves, and were able to obtain these when they required.
- The staff received adequate training in infection control including relevant information about COVID-19.

Learning lessons when things go wrong

- The provider had a procedure for the management of accidents and incidents. However, there had not been any in the past year.
- Lessons were learned when things went wrong. The registered manager told us they learned and improved their systems daily using feedback from people who used the service and staff. They also liaised with colleagues and external professionals who provided advice.

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.

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

- People's needs were assessed before they started using the service, to help ensure these could be met. These assessments were used to write people's care plans.
- We saw assessments were detailed and contained the necessary information about the person, such as their healthcare needs, living arrangements, communication needs and mobility. They also included how the person wanted their care needs to be met.
- People's choices in all areas were considered and recorded, for example, their communication needs and particular routines they might have.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and regularly supervised. Relatives thought the staff were well trained and had the necessary skills to meet their family members' needs.
- New staff received an induction which included an introduction to the service and its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, such as moving and handling and personal care. When assessed as competent, new staff could support people unsupervised.
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff also received training specific to the needs of people who used the service, such as dementia care and end of life care. We saw evidence staff training was up to date and regularly refreshed.

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

- People's nutritional needs were recorded and met. People were mostly supported by their relatives with food and drinks of their choice. Where this was part of their care plans, care workers warmed up already prepared meals and prepared drinks and snacks.
- People's care plans contained details of their food likes and dislikes, and where necessary, the care workers supported them with preparing food. For example, one person requested, "Around 19.30, I like to drink hot chocolate and have one cheeky biscuit."

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

- People's healthcare needs were recorded and met. The registered manager expected all staff to be vigilant during visits and report any concerns they may have about people's health conditions. We saw evidence care workers communicated well with the office and reported any concerns promptly.
- Care plans contained details of people's health conditions, what impact these had on the person and how to support people. The registered manager liaised with the relevant healthcare professionals to meet people's needs, such as the GP and district nurses.

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 were consulted about their care, and their choices were respected. People's consent was obtained before they were supported with all aspects of their lives. They were consulted in a range of areas such as calling the GP or an ambulance if required, the use of personal data and confidential information, to administer first aid and to enter the person's property to carry out care duties. This was recorded and signed by the person or their advocate and witnessed by a staff member.
- Where people lacked the capacity to make certain decisions, they had their capacity assessed, and decisions were made in their best interests. We saw, where possible, people had signed their records to show they had been consulted and agreed with the content of these.

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

- Relatives told us people were treated with kindness and respect by the care workers who supported them. One relative stated, "The care staff are kind and caring and are very respectful."
- People's religious and cultural needs were recorded and met. The care workers were not required to take people to places of worship as family members were able to do this.
- Staff received training in equality and diversity and demonstrated a good understanding of this. The provider had an equality and diversity policy in place which included details about how to support people who are Lesbian, gay, bisexual or transgender (LGBT+). At the time of our inspection, they were not supported anyone from this community.

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

- People were consulted and involved in decisions about their care.
- People were encouraged to express their views via quality questionnaires and telephone monitoring. Documents we viewed indicated people were happy with the service.

Respecting and promoting people's privacy, dignity and independence

- People's choices and wishes were recorded in their care plans and respected. People and relatives told us the care workers knew their individual needs and met these. One relative stated, "They have adapted to changing needs. Follow up is also very good. I don't think there is anything that needs improvement."
- Care plans were recorded in a person-centred and respectful manner, and we saw the provider had ensured the care workers knew people's needs well, to be able to meet these. For example, they had noticed a person's mobility seemed to decrease when they were assisted to walk to the bathroom for personal care, so it was important for care workers to know this so they could reassure the person and support them appropriately.
- The registered manager was aware of the importance for people to remain as independent as possible. One person who had always been a homemaker was supported to carry out small tasks at home and contribute to the housework to enable them to feel useful.
- The registered manager had also provided relatives with information about dementia to help them understand how to enable the person to remain as independent as possible for their own wellbeing. This had helped them accept the person's condition better and meet their needs.
- People's needs in relation to personal care and hygiene were recorded clearly and respectfully in their care plans. For example, "[Person] does not like to be wet. A robe to be handed to [them] after shower."

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.

End of life care and support

- The provider had an end of life policy and staff received training in end of life care. However, there were no details about people's end of life wishes in their care plans. We discussed this with the registered manager who told us they would address this without delay. They confirmed after the inspection they were in the process of recording people's wishes in this area.
- At the time of our inspection, nobody was received end of life care.

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

- People's needs were recorded and met in line with their needs and preferences. Relatives we contacted were happy with the care they received. One relative told us, "We appreciate that this is a very new firm, with a small number of clients and so we are lucky to benefit from that... they are flexible and do things right."
- The registered manager demonstrated they paid attention to details that had an impact on people's wellbeing. For example, they knew and shared that a person required for the top of their mouthwash to be slightly loose so they could open this themselves. They also ensured they enabled people to do as much for themselves as they could, and people appreciated this.
- People's care plans were comprehensive and person-centred and were developed during the pre-admission assessment and over time. They included information about the person's living conditions, relationships, specific routines, religious and cultural preferences and social activities.
- The staff had access to up to date care plans and risk assessments to inform them on how to support people.
- Care plans were divided in sections which covered every area of the person's needs, such as mobility, communication, personal care and communication. Each area stated the current situation regarding the person's needs, what assistance was required, and any equipment needed.
- Care plans detailed how each person required to be supported at each visit.

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's communication needs were recorded and met. Both people using the service were able to speak

and understand English. The staff supporting them were able to communicate well with them.

- Care plans detailed the person's communication methods and if they had any impairment. For example, one person had a hearing impairment and required hearing aids. Their care plan specified, "Please be mindful of this when communicating with [person]. Speak in a moderate high tone and slowly."
- The care plan for a person living with dementia contained information about how to communicate effectively with a person living with this condition. This contained strategies and techniques for staff to use to help ensure they achieved a good level of communication with the person.

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 care plans contained information about the social activities they enjoyed such as gardening and cooking.
- People who used the service did not require support with social activities and had relatives who provided this support.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and people who used the service and their relatives were given information about this. A relative told us they had no complaint and said, "I don't think there is anything that needs improvement."
- The registered manager confirmed they had not received any complaints since they had registered.

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.

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

- There was a positive culture where meeting the needs of people was paramount. Relatives told us their family members were happy and spoke positively about the staff and management. They told us the registered manager was approachable and they knew them well. One relative stated, "The manager is very easy to deal with; communication is excellent and [they are] always polite."
- Staff told us they enjoyed their work, felt supported by the management and could contact them at any time. Their comments included, "My manager helped me settle in my role and welcomed me", "Very good management, always there to help when needed" and "I am extremely well supported in my role."

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 understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. They demonstrated they knew they had a legal requirement to notify the CQC and did so as necessary. They told us, "The duty of candour is a crucial part of our organisation, to ensure everyone is always informed of their care. We are all humans and can make mistake therefore saying sorry and apologising is always the right thing to do. It is very important to acknowledge that something could have gone better."

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

- The provider had robust monitoring systems in place which included audits about recruitment, care plans, health and safety and medicines.
- The registered manager and senior staff undertook regular spot checks of the care workers, so they could help ensure people received the support they needed. Checks included punctuality, personal appearance, respect for service user, ability to carry out care, knowledge and skills. They also checked if the care worker was wearing PPE appropriately and if the person was satisfied.

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

- People's views of the service were sought regularly and these were recorded. We saw people were happy with the service they received and the care workers who supported them. In addition, the registered

manager visited people regularly to check if they were happy and had a good relationship with them.

- We saw evidence of a recent questionnaire which showed people were happy with the service. People were asked a range of questions in relation to the care they received, if they felt respected, well cared for, if they were consulted in relation to their care plan and if their care needs were met. Comments included, "Best! No improvements needed."
- There were regular staff meetings where a range of subjects were discussed, such as risk assessments and care plans, new referrals or any important information. The staff had the opportunity to discuss any concerns and share communication.

Continuous learning and improving care

- The registered manager led a good team who always strived to improve people's lives by making changes as necessary to meet their needs. They told us they only aimed to recruit caring and honest staff and this was their priority.
- The registered manager had worked in the care sector for several years, having worked their way up. They told us they did not want to grow the service too fast and put the quality of the care as a priority.
- The registered manager had completed a level five diploma in health and social care. They told us they ensured they kept up their knowledge and skills by undertaking relevant training whenever they could.
- The registered manager kept a record of any compliments they received to demonstrate people were well cared for. One compliment stated, "Thank you for taking good care of [family member]. It's comforting to know you and [Care worker] are with [them] morning and evening. It's improved [their] quality of life greatly."

Working in partnership with others

- The registered manager kept abreast of developments within the social care sector. They told us, "I ensure I am up to date and keep up with my knowledge. I signed up to SCIE (social care of institute for Excellence) and NICE (National Institute for Health); I also regularly attend webinars Skills for Care hold as well as listening to CQC webinars. It is essential to source feedback from service users and care workers to determine what can be better to lead an organisation."