

Nullarbor Limited

Right at Home South Trafford

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

This was an announced inspection that took place on the 5 April 2016. The registered manager was not available on this date so we returned on the 25 April to speak with them. This was the first inspection after the service registered with the Care Quality Commission in June 2014.

Right at Home South Trafford is registered to provide personal care to people in their own homes. At the time of the inspection the service was providing personal care support and companionship support for people living in Trafford. Two properties had live in support where a member of care staff stays at the person who used the service's home 24 hours per day. We inspected the provision of personal care that the service provided.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We also spoke with the Nominated Individual who was the owner of the service. A Nominated Individual is a person employed as a director, manager or secretary of an organisation with responsibility for supervising the management of the regulated activity.

During this inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because handwritten entries made by staff on the Medicine Administration Records did not contain the full prescribing directions to help ensure people received their medicines as prescribed. Guidance was not in place for staff where 'as required' medicines had been prescribed. Relatives of people who used the service told us that they received their medicines as prescribed. You can see what action we have told the provider to take at the back of the full version of the report.

Records of staff recruitment showed that a process was in place to recruit suitable staff. We found one instance where the provider had not recorded the reasons for a brief gap in employment history eight years ago for a member of staff. The registered manager told us they asked about this at interview and they would record this in future. Current staff files needed to be reviewed to ensure that this information is recorded where required.

People received consistent support from a small team of care staff. Person centred assessments and care plans were in place. Systems were in place to assess and manage any risks identified.

People who used the service told us that they felt safe with staff from Right at Home South Trafford. Staff had received training in safeguarding adults and knew the correct action to take to protect people from the risk of abuse. All staff said that the registered manager would listen to any concerns they raised.

People and relatives told us that staff attended the support visits on time and visits were not missed. Staff

were introduced to the people who used the service before they supported them by the registered manager, nominated individual or senior care worker.

The provider was working within the principles of the Mental Capacity Act.

Everyone who used the service spoke positively about the kindness and caring nature of the staff. Staff received an induction when they joined the service. They also had regular supervision and access to essential training to help ensure that they could carry out their duties effectively. Staff were aware of people's nutritional needs.

People who used the service, and family members, were complimentary about the standard of care at Right at home South Trafford. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People who used the service and their relatives were aware of the service's complaints procedure. They said that the registered manager and nominated individual were approachable. Staff felt supported by the manager and told us that they would listen to concerns raised. Surveys were conducted to establish the views of people who used the service, their relatives and staff.

Quality audits were carried out by the registered manager. An audit had also been completed by the Right at Home central office. Any issues identified had been actioned.

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 not always safe.

People told us they received their medicines as prescribed. However the Medicines Administration Record (MAR) had handwritten entries that did not contain the administration directions for the medicines. Guidance was not in place for 'as required' medicines.

Records of staff recruitment showed that a process was in place to recruit suitable staff. We found one instance where the provider had not recorded the reasons for a brief gap in employment history.

People who used the service and their relatives told us they felt safe with the staff that supported them. Staff had received training in safeguarding adults and knew the correct action to take to report any concerns.

Requires Improvement 

Is the service effective?

The service was effective.

Staff had received an induction and the training and supervision they required to carry out their roles effectively.

The service was working within the Mental Capacity Act.

Good 

Is the service caring?

The service was caring.

People who used the service and their relatives said the staff were very kind and caring.

Staff we spoke with showed that they knew the people who used the service well and understood the principles of person centred care.

Good 

Is the service responsive?

The service was responsive.

Good 

People's needs were assessed before they started using Right at Home South Trafford and were written in a person centred way with the involvement of people and their relatives.

Staff were always introduced to the people they would be supporting before they started to support them.

A complaints procedure was in place. People told us that issues were dealt with informally by the service, without the need for a formal complaint to be made.

Is the service well-led?

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

People who used the service, relatives and staff told us that the registered manager and nominated individual were approachable and would act on any concerns that they raised. Staff said they enjoyed working in the service.

Quality assurance systems were in place to gather information about the service from a variety of sources.

Good ●

Right at Home South Trafford

Detailed findings

Background to this inspection

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

This inspection took place on the 5 and 25 April 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available to provide us with the required information. The registered manager was not available on the 5 April; we returned to the service on the 25 April to speak with them. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, safeguarding notifications and complaints. No concerns had been raised. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection. We sent questionnaires to people who used the service, family members and members of staff. We received two questionnaires back from people who used the service, one from a relative of a person who used the service and one from a member of staff.

We contacted the local Healthwatch organisation to obtain their views about the provider. No concerns were raised about the service provided by Right at Home South Trafford.

With their permission we visited and spoke with one person who used the service, two relatives of people supported by the service, four members of staff, the registered manager and the nominated individual.

We looked at the care records for five people and the medication records for two people who used the service. We also looked at a range of records relating to how the service was managed including four staff

personnel records, training records and policies and procedures.

Is the service safe?

Our findings

All the people who returned questionnaires and the person we spoke with said they felt very safe supported by Right at Home South Trafford staff. One commented, "I feel very confident in the care I get." All the relatives we spoke with told us they thought their relative was safe supported by Right at Home South Trafford. One said, "I have the utmost confidence in the care and help my [relative] receives."

The training records we reviewed showed staff had received training in safeguarding vulnerable adults. This was confirmed by staff we spoke with. Staff were clearly able to explain the correct action they would take if they witnessed or suspected any abuse taking place. They were confident any issues they raised would be dealt with by the registered manager. This should help ensure that the people who used the service were protected from abuse.

We looked at four staff personnel files. The files included an application form, two references including one from the most recent employer, proof of identity documents including a photograph and a criminal records check from the Disclosure and Barring Service (DBS). The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant. We noted that the employment history on one application form had a short gap when the applicant had not been working eight years ago. The registered manager and nominated individual confirmed they had asked about this period during the interview; however there was no record kept in the personnel files. The registered manager informed us they will ask about any gaps in employment as part of the set interview questions and record this information for future applicants. Current staff files need to be reviewed to ensure that this information is recorded where required. This meant that records of staff recruitment showed that a process was in place to recruit suitable staff.

We discussed staffing with the nominated individual. Staffing levels varied depending on the needs of the people who were being supported. People received support from the same support worker, or a small team of support workers. We were told the service did not use agency staff. Any cover required when staff were off sick or on annual leave was organised within the staff team. If required the registered manager or nominated individual would complete the support visits. This was confirmed by the staff we spoke with. An on call system was in place if staff needed advice or support outside of office hours.

People who used the service told us the staff attended at the agreed visit times. They also said support visits were not missed by the service. One person said, "Staff arrive on time and always stay for the full visit time." The nominated individual told us the staff had time on their rota to travel between their appointments. We saw this was the case on the rotas and this was also confirmed by the staff we spoke with.

We saw the care files included information about the risks the people who used the service may experience. This included guidance for staff and any control measures in place to manage the risks. We saw an environmental risk assessment was completed for each property the staff visited. Where appropriate a manual handling risk assessment was completed. We saw that the risk assessments were regularly reviewed and updated when people's needs changed.

We looked at the way medicines were managed in the service. People's relatives we spoke with told us their relative received their medicines as prescribed. We saw an up to date medicines policy was in place. The care records we reviewed contained information for staff about who was responsible for administering medication, with some people self-medicating or other agencies administering any prescribed medicines. The records we saw gave guidance on how people liked their medicines to be administered. We saw for two people the GP had provided authorisation for tablets to be crushed. However we did not see any information about any 'as required' medication (such as pain relief) people had been prescribed. Information about how people would inform staff if they needed an 'as required' medicine was not recorded. This may mean staff would not know when people needed an 'as required' medication. The registered manager told us the service only supported two people with 'as required' medicines. One person was able to verbally ask for any 'as required' medicine they needed. The registered manager assured us that the protocols would be written for all people prescribed 'as required' medicines.

We saw the service printed their own medicines administration record (MAR) sheets. The MAR sheets we reviewed had been fully completed. On one MAR we saw a short course anti-biotic had been prescribed in addition to the person's regular medicines. There was no space on the MAR sheet for this to be written in so staff had hand written at the bottom of the MAR sheet. We saw not all hand written entries contained the full administration instructions as per the medicine label on the box or bottle. The information had been not been signed by the staff who had written it. On our return visit to speak with the registered manager we were advised that there were now blank MAR sheets in each person's file for staff to use if people were prescribed a short course medicine.

The completed MAR sheets were returned to the office each month and were reviewed by the registered manager. The training records showed all staff had received training in the administration of medicines. The staff we spoke with all clearly explained their role in administering medicines and recording what had been administered.

The handwritten MAR not including the full prescribing directions and the lack of guidance for staff to safely administer 'as required' medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told staff used personal protective equipment such as gloves and aprons and these were available for staff to collect from the service's office. We saw from the training records that staff had received training in infection control.

We discussed with the registered manager how fire safety is included as part of the staff induction, so they would know what to do in the event of fire in a client's home during a visit. We saw that live-in care was provided to two people in their own homes. We advised the registered manager that a more detailed evacuation procedure for both of these clients was needed, and the registered manager assured us that these would be in place by the end of April 2016.

We saw that incident and accident forms were completed when required and reviewed by the registered manager and nominated individual. We saw one incident had been logged on an email rather than the official incident report form. The issue had been fully documented and followed up by the registered manager.

The service had a business continuity plan in place in case of any emergency. This included all computer records being stored remotely. The service would continue if the central office was not operational due to events such as a utility failure as the staff supported people in their own homes.

Is the service effective?

Our findings

People received effective care and support from the staff at Right at Home South Trafford. All the people we spoke with, and their relatives, said the staff knew them well and had the skills to support them effectively. The registered manager, staff and people who used the service told us staff were introduced to people who used the service before they started to support them. People who used the service and family members told us, "They (the staff) are so helpful in every way; for me it works perfectly", "Staff have the knowledge to support [relative] and the standard of care is excellent."

From the training records we saw staff received mandatory training in manual handling, safeguarding vulnerable adults, medicines administration, food hygiene and first aid. We saw that the majority of training was up to date. We saw staff had to complete a questionnaire to check their knowledge at the end of the training courses. Any training due had been identified and planned to take place. Staff we spoke with told us their training was up to date.

New staff completed an induction when they joined the service, which included the mandatory training prior to commencing the role. New staff then shadowed an experienced member of staff before being assessed as competent in the role by the senior care worker or registered manager. New staff who had not worked in care before have to complete the Care Certificate. The Care Certificate is a nationally recognised set of induction standards for people working in care. This meant that people were supported by staff with the skills and knowledge to meet their individual needs.

Staff received supervisions with the registered manager every three months. Supervisions were used to discuss any issues around people's care needs, health and safety, any concerns the staff may have and feedback from the registered manager. Annual spot checks were also carried out by the senior carer or registered manager. Spot checks were an assessment of the staff member on duty and checked whether they arrived on time, used personal protective equipment (PPE), followed the correct procedure when administering medicines and communicated with the person they were supporting. General observations were carried out of the staff member performing their role and a knowledge check was carried out. Staff confirmed they had had spot checks completed and they were not told when the registered manager would be undertaking the spot check.

We were told staff regularly visited the service's office, taking their timesheets in each week. All staff said the registered manager and nominated individual would discuss their work with them and they could raise any concerns or issues during these visits. This should help ensure that staff had the skills they needed and understood the expectations of the service.

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. We checked whether the service was working within the principles of the MCA. People who used the service self-funded their own support and they and their family chose the agency they wanted to provide them with support. The registered manager and nominated individual were aware of their responsibilities with regard to the MCA. Some staff had knowledge of the MCA and all staff we spoke with could explain how they supported people to make day to day choices about their care and support. The registered manager had identified the need for formal training. Therefore, all staff were being trained in mental capacity and this would be completed in May 2016.

We saw clear guidelines for staff supporting people to eat. This included a choking risk assessment, indicators for staff to look for to show the person had swallowed the food and action staff needed to take if they were unable to swallow fully.

Where the service provided live in support the staff made people their meals; the family bought the food and planned the meals for their relative.

People told us they or their families arranged medical appointments. They said the service was flexible with their support times and would re-arrange their regular support if they had to go to an appointment.

We were told other health professionals involved in people's care were arranged by the person themselves via their GP. Staff in the live in services supported people when medical professionals visited them at home and recorded the details of the appointment in the daily notes. They would inform the registered manager of any changes so that the care plans could be updated.

This meant that people's health and nutritional needs were being met by the service.

Is the service caring?

Our findings

People who used the service and family members were very complimentary about the standard of care and the staff at Right at Home South Trafford. They said, "Staff are so helpful in every way; they are very obliging and willing", "The staff are really fantastic and competent" and "They seem to instinctively know my needs; they're more like friends."

All the staff we spoke with knew the needs of the people they supported. For example, one described the tasks they completed during their shift and how they would sit and talk to people as part of their role.

Information was provided in the care records to guide staff on how to promote personal choice and support people who used the service to be independent. For example, we saw one person had been assessed as continuing to self-medicate. Another told us, "When the time comes that I need more support I will ask for more." Staff were able to clearly describe how they prompted people to make choices about what they wanted to eat, drink or wear. This meant that people were supported to maintain their independence and the service worked in a person centred way.

We were told people who used the service were matched with staff based on their preferences and common interests. One staff told us, "I'm happy here; I am matched with clients so that our personalities match."

Staff we spoke with clearly explained how they maintained people's privacy and dignity when they were supporting them with personal care tasks. One staff said, "I explain what I am doing so that [Name] knows what is going to happen." People who used the service and family members confirmed staff respected their dignity when providing support. One relative said, "The care workers are first class; they are responsive and caring to the needs of [relative]." This meant that people's privacy and dignity were respected.

We saw people kept their care records at their own homes. This meant that they could check what was written in the files. A file was also kept securely at the service's office, along with other records relating to the running of the service, for example staff records. This protected the confidentiality of both the people who used the service and the staff.

Is the service responsive?

Our findings

The service was responsive.

One person said, "I explained what support I needed and they have met it exactly." Family members told us they were involved in planning the person's care and were kept up to date by the service about their relative. One told us, "We are always contacted if there is an issue with [relative name]"

The registered manager or nominated individual completed the initial assessments for people joining the service. The assessments were completed with the involvement of the person who used the service and their family. The assessments included details of people's personal history, how they communicate, health needs, eating, drinking and medication.

The care records described the person's support needs, desired outcomes from the support and the specific tasks to be carried by the care staff. We saw the care plans for the live in services detailed the key tasks of personal care and meal preparation. However they did not contain information about the tasks the staff should complete between these key times. The staff we spoke with clearly described what they did, which included household tasks, talking with the person, watching television and listening to music together.

Care records were regularly reviewed and staff members told us they would inform the registered manager immediately if they noticed any changes or if any aspect of the care records required changing.

Staff told us they were always introduced to people they would be supporting before they undertook their first visit. For people who were new to the service the introduction was with the registered manager or nominated individual who had completed the initial assessment. Staff said they were also given time to read people's care plans before supporting them for the first time. This was confirmed by a person who used the service. We saw detailed daily notes were made by each staff member. For the live in services a handover was carried out when the shifts changed.

This ensured staff knew people's needs before they began using the service.

We saw each person who used the service was given a 'Guide to Services' document. This contained details of the organisation's complaints policy. We saw a complaint made 18 months ago had been fully investigated and the provider's response had been communicated to the complainant. People and relatives we spoke with said they had no reason to make a complaint. If they had any issues they would contact the registered manager or nominated individual and the issue would be dealt with.

The service had joined an on-line network to gather feedback from people who used the service and their relatives. They had received eleven compliments. One relative had commented, "There is excellent liaison between the management and our family so that any problems are quickly sorted out through discussion and good communication." This showed the provider had an effective policy and procedure in place to manage and resolve any issues or complaints.

The registered manager told us they made telephone calls to people every two or three months to ask if they were happy with the service and if any changes to the support provided was required. We saw records of phone calls made in one person's file.

Is the service well-led?

Our findings

The service had a registered manager in place. They had been registered with the CQC since July 2015. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had a positive culture that was person-centred, open and inclusive. The people who used the service, their relatives and staff all told us the registered manager and the nominated individual were very approachable and they were comfortable raising any concerns they had with them. One relative told us, "They put people first, listen to their needs and match what they are looking for with their staff." Comments from the staff survey we saw included "The managers are helpful, easy to talk to and understanding" and "I know someone is at the end of the phone if I need advice or help."

Staff told us they felt supported by the registered manager. Regular staff meetings were held every three months; however minutes of these meetings were not kept. The agenda for the meetings showed that changes to the service, values and training were due to be discussed. Management meetings were held monthly. Items discussed included staff recruitment, training, complaints and compliments. Actions were identified and target dates set.

We checked our records before the inspection and saw accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to confirm that appropriate action had been taken by the service to ensure people were kept safe.

We looked at the quality assurance systems in place to monitor the service. We saw Right at Home central office had completed a compliance and quality audit in October 2015. Actions had been identified and we saw evidence these had been completed by the service.

The registered manager and the senior carer completed monthly audits for MAR sheets and daily notes to ensure they were fully completed. Any issues noted were discussed with the individual staff concerned. Telephone calls to people who used the service were also made to ask them about the service they received. These calls were recorded and any issues identified actioned by the registered manager.

The service conducted an annual customer satisfaction survey which asked people and their relatives about the quality of care provided by the service and if they would recommend the service to others. We saw the results of the survey completed in July 2015; these were positive. The registered manager had analysed the survey results and feedback and made a recommendation on how to improve the service further.

An annual staff survey had also been completed in September 2015. All the completed surveys had been positive. This demonstrated the provider gathered information about the quality of their service from a variety of sources and acted on the information to improve the service provided to people.

The registered manager told us the service would soon be introducing a 'people planner' computer system. This would enable rotas to be compiled more easily; staff would log in and out of their support visits and would be able to look up any changes in people's care plans remotely. The system would hold the preferences of people who used the service and details of staff interests so staff could be matched to people who used the service.

We were also told a new 'affinity training' system was being introduced. This would provide e-learning courses for staff to access and inform the registered manager when staff training courses needed to be refreshed.

We asked the registered manager what they considered to be their key achievement since becoming the manager of the service. They told us it was achieving an award from the on line company that gathered feedback about the service as being one of the top 10 recommended home care agencies in north west England. They also said the difference their support provided at one of the live in services had made, with the person vocalising and smiling more than before the support started. They identified the key challenge as being the recruitment of suitable staff and had an on going process of staff recruitment in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Guidance for 'as required' and variable dose medicines were not in place. Full prescribing instructions were not recorded on the MAR sheet. Regulation 12 (2) (g)