

# Country Caregivers Limited

## Right at Home - Mid Hampshire

### 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

This inspection took place on 23 and 26 September 2016 and was announced. The provider was given 48 hours' because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Right at Home (Mid Hampshire) provides personal care and support to people in their own homes. At the time of this inspection they were providing a service to 37 people with a variety of care needs, including people living with physical frailty or memory loss. Some people were receiving live in care services from the provider. The provider is managed from an office based in Eastleigh.

There was 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 received some excellent feedback about the provider, without exception people, their relatives and health professionals told us they were extremely happy with the care and support provided by Right at Home.

People, relatives, staff and professionals told us the provider was extremely well led with a clear, supportive management structure in place. The registered manager and managing director were actively involved in the day to day running of the service, fostering an 'above and beyond' approach, which was reflected by the motivation and dedication of their staff to the people they support.

Staff were passionate about their roles and were highly motivated to develop their skills and knowledge through training, supervision and peer support to enrich their working practice. Staff demonstrated a clear understanding of the provider's values and this translated into delivering safe, effective and person centred care to people using the service.

The provider worked in partnership with other organisations to provide positive outcomes for people. Strong working relationships with professional organisations within people's circle of support were fostered, helping to ensure that people's needs were met and changes in their health were pro-actively identified and sensitively managed.

The provider had strong links to the community. They were actively involved in charity and advocacy groups which provided training and support for families, staff and meaningful day activities for people using the service. Staff were empowered to seek out and encourage opportunities for people to participate in their community. This helped to stimulate people's interests and helped to avoid social isolation.

The provider had a strong vision and was skilled in providing excellent end of life care. Staff promoted

people's dignity, choice and independence when caring for them. Care was provided in collaboration with people and their families to ensure that people were treated with kindness, compassion and their wishes respected.

Staff had extensive knowledge of people they worked with and their life histories. They supported people to maintain relationships that were important to them by using care flexibly to fit into their routines and timetables. Care was arranged to fit into the needs of the people, not the convenience of the provider.

The provider had a strong desire to learn and improve. Incidents were analysed to identify underlying causes which led to improvements being made. Quality Assurance systems were used to assess the quality of the service being provided and to identify areas for development. The provider was honest and transparent when things went wrong, management took responsibility for ensuring that people and their families were involved and informed about issues, problems and plans going forward.

Personalised care reflected people's preferences and wishes. People were involved in their care planning and the registered manager had an open door policy to help ensure that people felt listened to and their opinion valued. People told us that they were confident in making a complaint and that issues raised had been resolved appropriately.

Staff knew how to meet people's needs; they were suitably trained and supported in their work. Staff followed legislation designed to protect people's rights and freedoms and were secure in their ability to identify and report concerns.

Risks relating to people were managed safely. The provider sought to identify and implement ways to reduce risks whilst taking into account people's wishes. The provider had a clear vision to promote people's dignity, choice and independence when caring for them.

People were supported to maintain their health and wellbeing. They received appropriate support around their nutrition, hydration and medicines. People were supported to health appointments when required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The provider was safe.

Staff were confident and knowledgeable about identifying any safeguarding concerns for people they supported.

Risks relating to people were managed safely. Measures to reduce risk were put in place and staff were knowledgeable about putting guidance into practice.

Medicines were managed safely. Systems and guidance about administration was effective meaning people received the right amount of medication as prescribed

There were suitable numbers of staff employed who had the right skills and knowledge to support people.

### Is the service effective?

Good ●

The provider was effective.

Staff followed legislation designed to protect people's rights and freedoms.

Staff knew how to meet people's care needs; they were suitably trained and supported in their work.

People's changing needs were monitored and they were supported to access healthcare services when required.

People received support with their dietary needs in line with their choice and health requirements.

### Is the service caring?

Good ●

The provider was caring

People felt staff treated them with kindness and compassion

The provider had a clear vision to promote people's dignity, choice and independence when caring for them

An 'above and beyond' dedication to people's wellbeing was championed through all levels of the organisation

The provider was had a strong vision and was skilled in providing excellent end of life care

The provider worked in partnership with people, valuing and acting upon their views and feedback

### **Is the service responsive?**

**Good** ●

The provider was responsive.

People were involved in their care planning and the service sought feedback from people and relatives in order to make improvements to the service.

People received personalised care and support. Staff demonstrated a good awareness of people's individual needs and responded effectively when their needs changed.

People were encouraged to maintain relationships with important people in their life and access the community to avoid social isolation.

There was a complaints policy in place and people knew how to raise concerns.

### **Is the service well-led?**

**Good** ●

The service was well led.

People, relatives, staff and professionals told us the provider was well led with a clear, supportive management structure in place.

The provider worked in partnership with other organisations to provide positive outcomes for people and had strong links to the community.

Quality assurance systems were in place to monitor the quality of service and make improvements.

Incidents were analysed to identify causes with measures put in place to reduce the risk and likelihood of reoccurrence.

# Right at Home - Mid Hampshire

## **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 23 and 26 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection, we asked the provider to complete 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 reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke with 22 people who used the service or their relatives by telephone and visited two people in their homes. We spoke to the registered manager, the managing director and six staff members. Following the inspection, we spoke with two health care professionals who had regular contact with the service, to obtain their views about the care provided. We looked at care records for five people. We also reviewed records about how the service was managed, including staff training and recruitment records.

## Is the service safe?

### Our findings

People felt safe receiving care from Right at Home. They told us, "No complaints, very good, excellent care", and, "I'm extremely happy with the care, all aspects, staff, management, communication, everything". Another person told us, "I can rely on them, to be punctual and to do what they say they are going to do". All of the people and their relatives we spoke to were very positive about the care received; telling us that the provider was safe, reliable and they had trust in them to look after them or their loved ones.

Assessments were undertaken to identify any risks to people who received a service and the care workers who supported them. These included risks around people's health and wellbeing in areas of; medicines, moving and handling, nutrition and hydration. These were assessed with measures to safely manage and reduce risk documented in people's care plans. Where people had specialist equipment such as hoists, the provider had clearly documented when the equipment was last serviced, date of the next review and who was responsible for the reassessment. This meant that equipment used was safe for people and the staff. For example, one person was at risk of falls but wanted to remain as independent as possible when mobilising around the home. A risk assessment detailed a step by step guide for staff to prompt and monitor the person during transfers. This helped the person to mobilise as independently as possible whilst putting measures place to reduce the risk of them falling.

Environmental risk assessments took place in people's homes. These were to identify potential risks and to put measures in place to provide safe care settings for people and staff. The provider assessed risks around fire, trip hazards, accessibility and specialist equipment in order to identify any areas which were not safe. For example one person was supported to have the fire brigade conduct a home safety check after staff raised concerns. This resulted in new fire detection equipment being installed and potentially hazardous items being replaced. The service had a business continuity plan in place which detailed contingencies in the event of emergencies such as outbreak of infectious disease, transport failure or loss of computer systems. The plan identified people most at risk and actions required to help ensure they were safe in an emergency situation.

Staff had the knowledge to respond appropriately to people's concerns in order to keep them in a safe environment. The registered manager and all staff had received training in safeguarding. This helped them identify the actions they needed to take if they had concerns about people or concerns had been raised to them. One member of staff told us, "If it was a real concern then I would immediately call it through to the office". Staff told us about different types of abuse and how they may notice signs that people are at risk. One staff member said, "You look for changes; signs things are not right, maybe they might be agitated or off their food". The registered manager showed us records of incidents where they had taken appropriate action and contacted relevant local authority safeguarding bodies after potential safeguarding concerns had been raised.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. People told us that staff had sufficient time to carry out their tasks and were prompt at arriving at agreed times. One person told us, "I give them [provider] 11 out of

10 for timekeeping". Another person said, "Absolutely amazing, if they say they will come at 0730, then they arrive at 0730". The registered manager told us that the rota management system was linked to a mapping service which calculated accurate travel times between care calls. This helped ensure that people, who needed specific calls times for example, medicines, would receive a visit at the required time. An 'out of hours' service was available to support staff at the evenings and weekends. Manned by the registered manager and senior staff, this meant they were able to offer help and advice to staff and provide assistance with care calls in an emergency.

Recruitment processes were followed to ensure that suitable staff were employed to work with people. Recruitment files included: an application form with work history, references, right to work documentation, had attended a competency based interview and also had a Disclosure and Barring Service (DBS) check before starting work. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

There were safe medicine administration systems in place and people received their medicines when required. The provider had assessed people to identify their capacity to manage their medicines independently. Where they required support, the provider had agreed with people the appropriate level of support needed to manage their medicines safely. Some people required 'when required' (PRN) medicines. Clear guidance was in place to support staff to offer or identify when these medicines were required for people. Staff told us they would call the office if new medicines arrived so people's care plans reflected the most current medicines.

Staff were confident in reporting and seeking medical advice if they noticed any errors or missed medicines during administration. This would help ensure that people receive timely medical intervention if they had not received medicines as prescribed. The registered manager audited people's Medicine administration records (MAR) monthly. This helped to identify any missing entries, errors or trends and enabled the registered manager to take the appropriate action to support staff to help ensure errors do not reoccur.

## Is the service effective?

### Our findings

People told us that staff were well trained and extremely knowledgeable in their roles. One person told us, "She [staff member] is wonderful, she helps me along very nicely", and, "The carers are fantastic". A relative told us, "There is a very high standard of care; the staff are very well trained".

Staff received effective training specific to the needs of the people using the service. They were knowledgeable about the people they worked with and how to effectively support their health and wellbeing. New staff received training that was in line with the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. Staff had received additional training in end of life care and a number of staff were following further qualifications in health and social care. The registered manager told us they included practical elements to the training to give people first-hand experience of caring. An example of this is that the managing director acting as a model for new trainees to shave during training. This would help to give people a real life experience of shaving a person before supporting people to do this in their roles. One staff member told us, "The training is amazing, it told me everything I need to know". The managing director was also the dementia champion. Within this role they were involved in providing training and support to staff around empathetic and effective care to people living with dementia.

New staff were supported to complete an induction programme before working on their own. This consisted of working alongside more experienced staff before lone working to familiarise themselves with people. One person told us, "New ones [staff] will come along with the manager or other girls first". Staff had the opportunity to read people's care plans before their first visit which helped them familiarise themselves with their needs before meeting people. The registered manager or senior carers observed new staff during their first few weeks of working to check whether they were competent and offer support or additional training if required. One staff member said, "It's nice to know there is always somebody ready to give you the help and advice you need".

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff were knowledgeable about effective ways to support people and spoke in depth about people's medical conditions such as dementia. All the staff we spoke to were confident and understood the importance in treating people as individuals. One staff member who supported a person living with dementia told us, "[Person] can be forgetful. I take a patient approach, ask again, give [person] time and always tell the truth". Another member of staff told us, "I try to let people take the lead, stimulate their interest by going back to familiar days using photographs or stories and I am very patient".

Staff received regular supervision and their performance was monitored and assessed. Supervision involved office based meetings and observation whilst working with people. Supervisions focussed on a review of staff's performance and also identified any issues with people, training needs, future targets and staff wellbeing. The company ethos was also discussed within these supervisions. This helped to ensure the wellbeing and effectiveness of staff who were working in the community. Staff had access to an application on their mobile phones where the provider's policies and procedures could be accessed. Staff told us this

was useful if they were not sure about what to do in a certain situation as it acted as guidance.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not able to make certain decisions, such as the decision to take their medicines. Where necessary, the provider consulted the person's power attorney for their health to make decisions in people's best interests. An appointed power of attorney is somebody with legal authority to make decisions on your behalf, if either you're unable to in the future or you no longer wish to make decisions for yourself. These actions were in line with the requirements of the Mental Capacity Act (MCA) 2008.

Staff sought consent from people using a range of communication strategies before providing support by checking they were ready and willing to receive it. Staff told us they referred back to guidance in people's care plans around how people make and communicate choices. One member of staff told us, "Sometimes it depends on the time or specific decision". Another member of staff who worked with a person who did not communicate verbally told us, "I have pictures I show them and look for body language and smiles that let me know they are ready [to receive personal care]".

People were supported at mealtimes to access food and drink of their choice. Staff told us they were aware of people's individual dietary requirements and that people's needs and preferences were recorded in their care plans. One relative commented, "[Staff are] very skilled in nutrition". Where people had medical conditions such as diabetes, staff were able to follow appropriate guidelines to meet people's needs. People required varying degrees of support with their meals. Staff were clear how to encourage people who were reluctant to eat and when to report concerns. One staff member told us, "[Persons] dementia can affect their appetite so it's important we keep an eye on it". One relative told us, "Staff are careful to give [my relative] choice about their meals and it really encourages [my relative] to eat". People confirmed that before they left their visit staff ensured people were comfortable and had access to food and drink. One person told us, "They always make sure I have cups and mugs handy so I can get drinks myself".

People's needs were monitored to help ensure changes in their health were responded to promptly. Staff were pro-active in raising issues with appropriate healthcare professionals if they saw people's needs changing. People were supported to access healthcare services. For example, staff supported people to access healthcare appointments, quite often being flexible and responding to help ensure people were seen quickly by health professionals. People's care records detailed that staff had supported them to access district nurses, occupational therapists and other healthcare professionals as required.

## Is the service caring?

### Our findings

People told us that they were always treated with kindness and compassion by staff that knew them well and cared for their wellbeing. One person told us, "Very very good, very kind, we have a very good relationship", and "Absolutely first class company, there is nothing that they won't do for you". Other people told us, "I couldn't ask for better care", and, "Right at Home are wonderful, we have the right people and it's fantastic".

There was a strong emphasis on developing positive and caring relationships with people. The registered manager was very motivated to make a difference to people's lives and this was mirrored by staffs attitudes and behaviours. One member of staff told us, "[There is a] Shared company ethos that is everybody works together as a team with the goal of providing the best possible care". People told us they received a visit before their care started to assess their needs and were shown profiles of carers who would be visiting. One relative told us they were able to interview a carer before they started to check their suitability due to the complex needs of their family member. The registered manager told us that staff teams are kept to low numbers to provide consistency for people but they were careful to ensure that enough staff knew each person in the event of staff holiday or sickness. One person told us, "We never have anybody we don't know". The provider managed periods of change in staff sensitively. The registered manager told us continuity was very important for people. They wrote to inform people when staff were leaving to prepare them for changes in their staff team. The registered manager said, "People can become very attached to staff and we want to make sure it [staff leaving] is as stress free as possible".

Staff were exceptionally knowledgeable about the people they supported. Staff told us they were given information about people before they visited them. One member of staff told us, "I learn information about people's interests before meeting them so I can talk about the things they like". Staff were able to refer to detailed care plans about people's personal histories, using them to reminisce with people about the past and engage in activities that people found meaningful. One person had a reminiscence book in their home with old photos from their life history. Staff told us they went through it with them if they were confused as it helped to give it them comfort. Another person was supported to attend a civic celebration event in a town where they were a prominent figure in the local council. At the event the person met with old colleagues and members of the public they knew from their time in post. The person said, "They kindly agreed to take me, it was an excellent day". The persons relative told us, "I'm incredibly proud of [my relative] and it's nice that [my relative] was able to go back to attend this event, the staff have been excellent".

Staff understood the importance of promoting people's independence. One person told us, "They are kind; they encourage me to do things independently". Staff told us that they worked to enable people do things by themselves so they did not have to rely on help from staff. One member of staff told us they gave, "encouragement around showering and feedings as you don't want to take people's independence away". Another person was supported to adapt their microwave by putting big stickers with instructions for use on it. This acted as a reminder for the person and helped enable them to use the microwave to prepare meals independently.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. Staff spoke passionately about helping to ensure the wellbeing of the people they supported. One staff member told us that initially a person was reluctant to receive support but, "Through perseverance and small steps, I gradually started seeing some results". There was a willingness to go 'above and beyond' to ensure that people were safe and comfortable. Staff told us they would regularly stay with people to provide comfort until doctors came if they were in pain and step in at short notice when required. Staff were motivated to find activities to engage people in the community or find ways to give people comfort or happiness in their everyday lives. The managing director told us how they offered a free key safe fitting service, as some people were reluctant to commission services to trades people they did not know. The provider also made links with a local church that organised Christmas day lunch for people in the community. Staff supported people to attend who were not with family at Christmas meaning they were not on their own on Christmas day.

People and their relatives consistently told us they were supported to express their views and were involved when decisions needed to be made. One relative told us, "[Staff] make sure [my family] is asked what he likes to do". The registered manager had an 'open door policy' in which people and their relatives felt comfortable communicating their views via visits or phone calls. One relative told us, "I have called at all funny times of the day and there is always someone available to discuss issues".

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, sexual orientation and religious beliefs. This information was clearly recorded in their care plans and people told us their wishes were respected. People were given a choice about whether they were supported by a male or female member of staff. People and their relatives told us that they were able to make choices about their staff team and the provider respected their wishes. One relative told us that they were not happy with a member of staff. They told the provider and told us, "They pulled out all the stops and managed to get a new carer that afternoon".

The provider had a strong vision about promoting people's dignity, choice, respect and privacy. This was particularly highlighted when supporting people with end of life care. The registered manager said, "It's a truly humbling experience to look after someone at the end of their life that you will never forget". People and their relatives were given support when making decisions about their preferences for end of life care. There were many examples of letters of thanks and testimonials from relatives who had received end of life care from the provider. One relative wrote, "They have been extremely skilled and responsive providing peace of mind and comfort right to the end of their [family member] life". Another relative wrote that, "Excellent care, love, humour, tenderness and dignity", were provided to their family member. All staff we spoke to shared these values. They told us, "Every person is different, you must treat them individually", and "Treat people the way you would like to be treated". A health professional with experience working with the service told us, "I always found the staff to be courteous and respectful".

The provider worked in partnership with people, relatives and other professional bodies to follow people's wishes and uphold their dignity. One person receiving end of life care told us, "All good staff they send, very kind". Another relative told us, "Right at Home understand that this is a team effort with everyone involved in [my relatives] care, that's why it works". The service worked in partnership with local hospices and other professionals to help ensure that advanced decisions or wishes were documented in care plans. A health professional told us "Right at Home were keen to liaise with me regarding ways to keep the situation safe without compromising the patient's wishes". The provider supported people to access advocacy services. Advocacy services work in partnership with people to ensure they can access their rights and the services they need. The managing director was involved in local and national initiatives which had links to organisations offering advocacy support. This first-hand knowledge was used to support people to access

advocacy support services when they needed them. This helped to ensure staff and other services were aware of how to act appropriately to meet people's requests and follow their wishes.

Training was provided for staff in end of life care. This training covered areas such as the emotional experience of end of life and ensuring a person's body is treated with respect in line with their wishes after they have passed away. Staff told us they would care for somebody who had passed away sensitively, asking consent to care and talking to them whilst supporting to wash and dress. Staff told us they were conscious that care still needed to be given in a private setting. Another staff member told us about how they stayed with the family after a person had passed away to care for their body and give comfort to relatives until the doctor arrived.

Staff were supported in order to ensure consistent care teams were provided. The registered manager told us that they regularly went out to support staff providing end of life care, "Carers are asked if they are comfortable and if they are happy to carry on [supporting a person with end of life care], as it can be an emotional experience for everybody". Staff were supported to have time off work to attend people's funerals to enable them the opportunity to say goodbye to the people they supported.

## Is the service responsive?

### Our findings

People or their relatives were involved in developing their care, support and treatment plans. People told us that a senior staff member provider came out to make assessments to agree a care plan prior to care starting. People were asked about their life histories, care needs and preferences for how the care is delivered. They told us that the office team came out to visit them in the first week of receiving the service, and they receive regular phone calls and visits from senior staff to check they are happy with the service. One person told us, "They [senior staff] always phone or pop round to see how I'm doing".

People's needs were reviewed regularly and as required and where necessary the health and social care professionals were involved. For example, people were supported to have continence assessments completed and occupational therapists visit to assess the safety of their home environment. From this professional input care plans were updated and staff were kept informed of changes through team meetings or phone calls. People told us the provider was flexible in accommodating requests and making changes at short notice. They told us the provider would often be able to make changes to people's schedules at short notice, enabling them to attend medical appointments or social events with support. The registered manager also held reviews with people and their relatives every six months in order to formally reassess their care plans and get feedback on the service provided.

Care plans were detailed about people's health, wellbeing and life history. They included information for staff to monitor people's wellbeing and meet their needs. People's preferences of how they receive care were followed with details of how staff can help them to maintain their independence. Staff told us that they supported people to be as independent as possible by encouraging them to do as much as they can for themselves. Care plans gave information about how people would like to be supported when bathing or showering including practical steps for staff to follow to ensure preferred routines were followed.

People were encouraged and supported to develop and maintain relationships with what mattered to them. Important individuals in people's lives were identified in care plans and staff were knowledgeable about the ways in which they wanted to be supported to maintain contact. One person was supported to regularly contact a relative living abroad during their support. As they were unable to independently use the computer, they required staff to help maintain this relationship. Another person was regularly supported to visit a friend who they were not able to get to without support.

People were supported to access the community to avoid social isolation. The provider gave staff the emphasis to look for ways to find meaningful activities for people. Through links to local Alzheimer's Society and dementia groups, people were supported to attend social events, groups and classes that were relevant to their interest. Some people were supported to access the community to maintain their routines by going shopping or going out to lunch. The provider understood the importance of this regular access to the community. Management or senior staff would support people to follow their regular routines if no other staff were available to ensure that they did not miss their activities.

People told us that when they had concerns or made complaints, the provider would quickly respond. Each

person had a guide from the provider about how to make a complaint. One person told us, "When I wasn't happy, the managing director came out to see me, and I didn't expect that". Another person told us, "They [provider] will listen to you if you are not happy". Complaints were appropriately investigated and the provider listened to issues when they were raised in order to find solutions and improve the service. One complaint about the number of staff provided resulted in a smaller staff team as requested. Another person complained about not attending a local club. The provider arranged for support to take them and changed their timetable to accommodate this. The managing director dealt with all complaints and would go out to visit people to hear concerns and write to them once investigations had been concluded.

## Is the service well-led?

### Our findings

The managing director and registered manager promoted a clear vision of the provider's values. People, relatives, staff and professionals constantly told us they were excellent role models who were responsive to feedback, promoted a positive, caring culture and led their team by example. One person told us, "The managing director is a credit to them all, he inspires his staff". Another person said, "The manager is excellent, very approachable". A relative told us, "The best thing is the atmosphere [the management] injects into their staff, it has such a positive impact on how [their family member's] day is". One relative told us, "[Provider] are wonderful, very person focussed". Another relative said, "[Staff] are smart, incredibly helpful and always put [my family member] first, that comes from the management".

There was a clear management structure in place which included: managing director, registered manager, and senior staff. The managing director was very involved with the service, carrying out all the interviews of care workers and taking a role in the day to day running of the service. They told us, "I want to make sure that we employ only the very best staff". Staff knew their roles and were highly motivated to provide individualised and empathic care to people. One staff member told us, "I can come away from work knowing I have done a good job and made a difference to people".

The provider had made very strong links to the community. The managing director was part of a local dementia action group which helped raise awareness and support families of people living with dementia through local community events. Leading from this group staff told us they had supported people to events such as singing groups aimed at people living with dementia and increased their social network. The managing director told us that they were offering free dementia awareness training to relatives of people living with dementia. As this training would be part of the induction, new staff would benefit from first hand experiences from people who have cared for people living with dementia when later caring for them in the job roles. Staff were involved with community participation through fundraising events for charities, volunteering schemes and local initiatives and support groups which the provider was involved in organising.

The provider worked in partnership with other organisations to provide positive outcomes for people. Professionals who worked with the service told us that the provider had consistently worked pro-actively with them to respond to people's needs and to help people keep safe in their own homes. An example of this was when the provider worked in partnership with the person's personal alarm service provider, agreeing to act as point of contact with the service for the person. The service provided a telephone assistance service which was activated when they pulled an alarm cord. The provider agreed to respond and send a carer to provide reassurance or support when the person pulled their alarm cord and required care in a non-medical emergency situation. This helped give the person reassurance and meant that they were able to access support if needed at short notice, whilst remaining independent in their home.

There was a positive and sustained culture at Right at Home that was open, inclusive and empowering. The registered manager was aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of their registration. This allows CQC to

monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation. The provider had a duty of candour policy in place. Staff told us that the office was open and supportive and there was a culture of teamwork where issues were discussed honestly and the service took a collective responsibility when things went wrong. One member of staff told us, "I feel part of a great team and know if I have concerns, I can speak up about them". Staff were confident in raising concerns to the registered manager and were knowledgeable about the provider's whistleblowing policy and appropriate bodies to contact if they had further concerns. One member of staff told us, "If I have ever had concerns I will put it through to the office, they will support you and know the best thing to do it's like an extended family".

Incidents were used as an opportunity to learn and improve the service. Incidents were analysed by the registered manager, who took appropriate steps to identify triggers or root causes, putting measures in place to reduce likelihood of reoccurrence. Some incidents related to people's health and wellbeing and the registered manager had contacted relevant professional or medical bodies to get additional resources, advice or training. In all cases, the provider had acted quickly to identify any issues to ensure that the problems did not escalate into being unsafe or unmanageable for staff or people.

Staff felt valued and that their opinion mattered. One staff member told us, "It's a pleasure that they are interested in how I work and ask my opinion". Another told us, "You are not only treated as part of the team, you are treated like family by very welcoming managers and staff". Staff were encouraged to come into the office to give updates on people's health and wellbeing to ensure that guidance available was the most relevant to enable effective care to be provided. Staff had a clear understanding of the values of the provider. One staff member told us, "It's about providing the best help and care for people, giving them choices, upholding dignity and displaying compassion", another member of staff said, "it's about providing high quality care, treating people as individuals and helping people stay at home with their loved ones".

Team meetings were regularly held where staff were asked for feedback and ideas to improve the service, updates around policies and procedures introduced, improvement plan actions discussed and health updates for people appropriately shared. As part of these meetings the team ethos was also discussed so staff were secure in the provider's values and behaviours. From the team meetings actions were identified to improve the service further. For example actions around changing the out of hours service and infection control checks were evidenced from a recent meeting. The provider had a social media page which staff could access. This forum allowed the provider to share updates from meetings or events and local and national news associated with the care sector. This helped to ensure that staff who did not attend the team meetings were kept informed of changes.

Staff were supported to have their rights and wellbeing protected. Staff had access to a free counselling service paid for by the provider. One staff member told us, "It's not just for issues at work; it's there if you need someone". The service provided confidential advice and support for staff for work or life issues. Staff told us that the provider was flexible in accommodating their needs. One staff member told us, "I'm a huge promoter of this company; it has a fantastic work/life balance". Other staff told us about recognition programmes such as carer of the month, which was rewarded for being an outstanding ambassador for the company's values. The provider also organised appreciation days for their staff and families. The most recent one being a summer garden party hosted by the managing director. A staff member told us, "As a team we are recognised for our achievements and praised on a regular basis". The managing director believed strongly that the wellbeing of staff directly benefitted the people using the service. They told us, "If clients deserve dignity, respect, the right to be listened to, then the same treatment is deserved by those who look after them. The direct impact on clients: we retain happy, well-trained staff, so clients form good strong relationships and look forward to their care visits".

There was a strong emphasis to improve and grow the service without compromising quality of care. The managing director told us about a telephone monitoring system which will shortly be introduced. This will help to the provider monitor and ensure people receive their care and medicines at the correct times. The provider had also started offering programmes for senior staff which will enable them to assess and train their peers in specific aspects of care work such as moving and handling. This would help to raise the overall skills and knowledge of the team and provide an additional layer of support for care staff.

The registered manager was committed to their role and kept updated with latest guidance and legislation through a combination of local providers groups, updates from professional bodies and internal support and training from the provider. Both the registered manager and managing director participated in training to introduce themselves to new staff and went to visit people in their homes for reviews. They also told us they regularly worked with people and alongside staff, which helped to ensure they had first-hand knowledge of the people's needs and staffs skills. One staff member told us, "Our team is always pulling out all the stops to support and care for our clients".

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. People and families told us that the provider was consistently excellent at communicating with them and acting upon their feedback. The provider sent out questionnaires to people, families and staff to gain their feedback about their experience of the service. In the last survey people overwhelmingly fed back positively and about the safety, compatibility and competence of staff and overall satisfaction with the service. The managing director visited people who were not completely satisfied with service received. One person was refunded an entire weeks' worth of care after not being satisfied with an aspect of the service provided. The managing director told us, "We aim to provide the best service possible and like to put it right if people are not happy". The provider also completed formal quality audits of the service which were linked to whether the service was; safe, effective, caring, responsive and well led. From these audits, action plans were put in place to make further improvements in line with areas highlighted.