Homecare Partners Limited

Right at Home (Sutton and Epsom)

Inspection report

Renaissance House
32 Upper High Street
Epsom
Surrey
KT17 4QJ

Tel: 02086424829
Website: www.rightathomesutton.com

Date of inspection visit:
05 September 2017
08 September 2017

Date of publication:
11 October 2017

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 the 5 and 8 September 2017 and was announced. We gave 48 hours' notice of the inspection to ensure that staff would be available in the office, as this is our methodology for inspecting domiciliary care agencies.

Right at Home (Sutton and Epsom) is registered to provide personal care to people in their own homes for older and younger people, some of who had dementia, sensory impairment, physical disabilities and learning disabilities. At the time of our inspection the service was providing personal care to 37 people.

A registered manager was in post. 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.

People told us that they felt safe with staff who attended to their needs. Staff had a good understanding of the different types of abuse and the procedures to be followed if they had witnessed or suspected abuse had taken place. Staff were provided with the contact details for the local authority safeguarding team. Robust recruitment processes were followed to help ensure that only suitable people were employed at the agency. The provider had completed one safeguarding concern that staff had raised through provider's whistle-blowing procedures which was safely resolved.

People were supported by enough staff to ensure their needs were met. There was a system in place to protect people from potential risks and staff had a good understanding of how to manage identified risks. Person centred care plans were in place for people and included information about how people preferred to be supported.

People were safe because accidents and incidents were recorded and monitored by the registered manager. These were discussed with staff to help minimise the risk of a repeated event. If an emergency occurred at the office or there were adverse weather conditions, people's care would not be interrupted as there were procedures in place and were known by staff. There was an on-call system for assistance outside of normal working hours and staff would be able to access records to ensure people's assessed needs would continue to be met.

People were support by staff who received training, supervisions and annual appraisals that helped them to meet people's needs. They also received spot checks by management whilst they were working with people to ensure they supported the person effectively. New staff commencing their duties undertook induction training to help prepare them for their role.

Staff were up to date with current guidance to support people to make decisions. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a

clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

People's nutritional needs were met by staff who would cook meals for those who required this type of support. Each meal provided was recorded in care records. Identified concerns in relation to eating and drinking were monitored through the use of food and fluid charts. Staff alerted people's relatives where concerns had been identified and Healthcare professionals were involved as and when required.

People were supported by staff to remain as independent as they were able. People were encouraged to complete daily tasks such as washing and dressing. People told us that staff showed kindness and their privacy and dignity were respected by staff who attended to them.

People were protected because a complaints procedure was available for any concerns they had. All people had been provided with a copy of this document. Complaints received by the provider had been investigated and resolved within timescales set in the policy.

Staff informed that they felt supported by the registered manager and they had an open door policy and were approachable. Staff meetings took place and staff received regular contact from their line manager and the registered manager.

Quality assurance systems were in place that enabled the provider and registered manager to monitor the quality of service being delivered and the running of the agency. People, relatives and associated professionals were provided with an annual questionnaire that enabled them to express their views about how the service was run. Comments in the surveys were positive about the care provided to people. Staff felt they received good support from the registered manager.

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 service was safe.

Risks to people had been identified and written guidance about how to manage risks was being followed by staff.

There were safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Robust recruitment processes were followed.

There were enough staff deployed to meet the needs of people currently using the service.

Accidents and incidents were recorded and monitored by staff to help minimise the risk of repeated events.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

Staff had an understanding of the Mental Capacity Act (MCA) and their responsibilities in respect of this.

People were supported with their health and dietary needs. When a risk had been identified in relation to a person's nutrition and hydration appropriate tools were used to monitor the risk posed.

.

Is the service caring?

Good

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to remain independent and make their own decisions.

Is the service responsive?

Good

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were in place for each person.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks were completed to help ensure the care provided was of good quality. There was a system in place to ascertain the views of people about the care and support they received from the agency.

There was a registered manager in post to manage the activity for personal care.

Staff felt supported by the registered manager who had an open door policy.

Right at Home (Sutton and Epsom)

Detailed findings

Background to this inspection

e 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 5 and 8 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that staff would be available to assist us during the inspection.

The inspection team consisted of one inspector and an expert by experience who undertook telephone surveys with people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

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 PIR before the inspection to check if there were any specific areas we needed to focus on.

During our inspection we had discussions with the managing director, registered manager, five members of staff, five people who used the service and two relatives. We looked at the care records for three people. We looked at three staff recruitment files, supervision records and training records. We looked at audits undertaken by the provider and a selection of policies and procedures.

This was the first inspection of this service registered in 2015.

Good

Is the service safe?

Our findings

People were protected against the risk of abuse. People told us that they felt very safe with staff who supported them. One person told us, "Yes I feel safe with staff. They are caring and considerate and have my welfare at heart." Another person told us, "Yes I do feel safe. They're always with me and if I fall, they help me." A third person told us, "Yes I feel safe. They've have never been untoward about my care and they're respectful." Relatives were confident that their family members were safe when being supported by staff from the agency. One relative told us, "I know from the way that [my family member] behaves that they are safe with staff." Another relative told us, "My [family member] is safe. They had a fall recently and staff handled it very well."

People benefited from a service where staff understood their safeguarding responsibilities. The provider told us in their PIR that staff were provided with training in safeguarding people and policies and procedures were in place. We found this to be the case. Staff told us that they had received this training and that it was updated every year. Training records provided to us confirmed this. Staff were knowledgeable about the processes to follow to report suspected or actual abuse. One member of staff told us, "I would report all my concerns to the manager. If I did not think that appropriate action had been taken I would report it to the CQC, police and the local safeguarding team." Another member of staff told us, "I did the training and it included whistle-blowing. I would have no hesitation in reporting bad practice to the manager." Staff were aware of the different types of abuse and the signs to look for.

When people had accidents or incidents these were recorded and monitored by the registered manager. Records showed that the provider had addressed four accidents during the last twelve months. Staff knew the procedures for reporting accidents and incidents. Staff told us they reported all incidents and accidents to the registered manager and these would be discussed during supervisions. The registered manager told us they looked at the accident and incident records to try to identify any trends and learn lessons from them and cascaded the findings to staff.

People were kept safe because assessments of the potential risks of injury to them had been completed. For example, one person was at risk of dehydration. The risk assessment provided guidance to staff if the action to take to minimise the risk. This was for staff to regularly prompt the person to drink fluids and to record the amount of fluid taken on a fluid chart to monitor the intake. Up to date records of these were included in the person's care plans. Other risk assessments included the environment the person lived in, moving and handling, skin integrity and falls. Staff were aware of the risks to people and were able to inform how they minimised the risk. For example, one member of staff told us that one person uses a walking frame and were at risk of falls in their own home. To help minimise this they had to ensure that the floor areas were kept clear of any clutter so the person had a clear walk way.

People were cared for by a sufficient number of staff. The registered manager told us that staffing levels were determined by the number of people using the service and their needs. Staff told us that there were sufficient staff to attend to the needs of people and they never felt rushed when attending to people. Staff told us they were allowed 15 minutes travel time in-between visits, and if they were running late they would

telephone the office so they could inform the person. Staff we spoke to told us that they had never missed a call. Staff had an' app' on their mobile telephones that lets the office know the time they arrived at a person's home and the time they left. This was monitored by the office staff and it immediately alerted care managers if a member of staff had failed to arrive at person's home. One person told us, "Staff telephones the office if they are running late and they usually ring me." People told us that they had never missed any calls and staff are usually punctual. A relative told us, "When staff had been running late the office staff telephoned [family member] to let them know."

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. The provider had obtained appropriate records as required to check prospective staff were of good character. These included a full employment history with explanations for any gaps in employment, two written references, proof of the person's identification, and a check with the Disclosure and Barring Service (DBS).

People received their medicines when required as there were medication administration systems in place. Not all people required support with taking their medicines. One person told us, "I have a blister pack from the chemist and they help to take it out. It is important that I have my medicines on time." Another person told us, "Yes I get my medicines on time. There's a dossette box and MAR chart which is signed." One relative told us, "[Family member] has their medicines first thing in the morning from a blister pack. They [staff] monitor, prompt and make sure they have taken it." Staff told us they had received training in relation to administering medicines and records provided to us confirmed this. Staff were aware of the signs to look for if a person had any adverse reactions to their medicines and were able to give a description of these. One member of staff told us, "I would contact the office and the person's GP immediately if I noticed any adverse reactions."

Interruption to people's care would be minimised in the event of an emergency. The provider had a contingency plan in place for the event of an emergency. This provided information in relation to an event that led to the closure of the office such as flood or fire. This document included emergency contact telephone numbers for the provider and the emergency services. Staff told us they were aware of this document and knew who to contact in the case of an emergency. The registered manager told us that all the business information was stored on a computer which staff could access on their home computers using a password. All staff had mobile telephones therefore the business could carry on operating if the office became unusable. This was confirmed during discussions with staff.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. People stated that they thought that staff had received training to carry out their roles. One person told us, "Yes, they are trained enough for the tasks that I ask them to do."

People were supported by trained staff that had sufficient knowledge and skills to enable them to provide effective care for people. Staff told us that training at the service was very good. They stated that refresher training was provided as and when they needed it. One member of staff told us, "The training is really good. We do all the mandatory training. We have also had training in dementia." Training records provided to us confirmed that staff had received the required training and that staff had commenced undertaking the Care Certificate training. Staff were able to explain what they had learnt from their training and how to put it into every day practice. For example, one member of staff told that they must have two people whenever they used a hoist and they must always talk to the person throughout the process to reassure them.

New staff were supported to complete an induction programme before working on their own. The provider told us in their PIR that all staff completed a thorough induction programme that included all the required mandatory training. They shadowed an experienced carer and were observed and signed off as competent before working independently. We found this to be the case. A member of staff told us that the induction training was good and it helped them to commence their role in a confident manner. One member of staff told us, "My induction was very good and covered all the mandatory training." Records of completed inductions were included in the staff files.

People were supported by staff who had supervisions (one to one meeting) with their line manager. The registered manager told us that supervisions for new staff was an initial two week face to face and six weekly spot checks where a member of the management team visits staff at a person's home to observe and provide feedback on the person's practice . Thereafter supervisions were twice a year one to one, group supervisions and quarterly spot checks. Records of these were maintained in the office. Staff also had an annual appraisal that provided them to discuss their performance over the last twelve months and to identify and support any training needs. . Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We have regular supervisions, spot checks and group supervisions. I can also have regular contact with the manager by telephone." Another member of staff told us, "During supervisions we discuss the people we work with, any training needs and any ideas we have about our work." Staff told us that the supervision arrangements were good for them and it provided them with the opportunity to discuss their work and their progress.

People's rights were upheld in line with current guidelines in relation to the Mental Capacity Act (2005) (MCA). Where important decisions needed to be made mental capacity assessments were completed to see if people could make the decision for themselves. 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 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 had MCA assessments undertaken and these were maintained in their care records. When a person lacked capacity to make a specific decision the registered manager had submitted an application to the Court of Protection. For example, one person required the use of bedrails to keep them safe at night.

The registered manager told us that staff had received training in relation to the MCA, this was confirmed in training records and by staff we spoke to. Staff had an understanding about the MCA. One member of staff told us, "We assume that people have capacity until it has been proved that they do not." Staff told us they always gained consent from people before they undertook tasks with them. One staff member told us, "I always ask if they would like a shower or a wash, it is their choice." This was confirmed during discussions with people. One person told us, "Yes, staff do ask for my permission, it would be poor if they did not." Another person told us, "They [staff] always asked for their permission before they helped me."

People's nutritional needs were being met. Not all people required food to be prepared or cooked by staff. People who had support with their meals were satisfied with the way their meals were cooked. One person told us, "I have a specific dietary need so I plan the meals myself and discuss it with the carers. They can all cook." Daily records of meals provided to people were recorded in the daily communication logs. When there was an identified issue in relation to people's nutrition and hydration, food and fluid charts were used to monitor their intake. Family members and healthcare professionals were involved with this with the consent of people.

People had access to health and social care professionals. Information in relation to people's healthcare needs were recorded in care plans and included the contact details of the GP and other healthcare professionals who supported the person. The registered manager told us that the responsibility for healthcare needs were with people's families, but staff were available to liaise with and support people to access healthcare appointments if needed. This was confirmed during discussions with people and staff. Records showed that staff and the registered manager supported people with the GP, district nurses, speech and language therapists and occupational therapists when required.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "Yes, staff are caring," A relative told us, "They [staff] are very good and caring and they always stay for the correct amount of time."

People received care and support from staff who had got to know them. Staff were knowledgeable about the needs of people they visited. They were able to describe what was written in a person's care plan, the person's past history and how they attended to people's needs. Staff told us they regularly read people's care plans to ensure they had up to date knowledge of their needs. They told us they got to know people's likes and dislikes through reading the care plans and talking with people. One person told us, "Staff know what my tastes, interests and considerations are. I regard them as friends." One person required emergency treatment and their family member could not be contacted to alert them. A member of staff was aware that a person did not like going to hospital on their own. Despite this being the member of staff's last call of the evening, they decided to accompany the person to hospital to comfort them. The member of staff stayed with the person, offering reassurance until the family member arrived at 2:00am.

The provider had become aware that two people, both of who had dementia, knew each other from many years ago. With the permission of the both people and their families the provider arranged for a coffee morning at the main office where they both met again. From then on they have been close companions for each other.

People's privacy and dignity was respected by staff. Staff understood the importance of respecting people's dignity and privacy. One person told us, "Yes, staff respects my privacy. They shut the bathroom door for my dignity but I prefer them to be around because it makes me feel safer. If I need reassurance they [staff] are always available. "Staff told us they gave people privacy at all times. For example, one member of staff told us, "One person I look after uses a commode and they liked to use it in their bathroom. I take the person to the bathroom and leave them until they had finished so they could have privacy." Another member of staff told us, "I attend to people's personal care needs in the privacy of their bedrooms or bathrooms with the doors closed, especially if there is another member of the family in the house at the time." Another member of staff told us, "I always talk and involve people when I attend to their needs so they are aware of what is happening." All staff told us they covered exposed parts of the body to maintain people's dignity at all times. People told us that staff respected them.

People were supported to express their views and to be involved in making decisions about their care and support. The provider told us in their PIR that they always asked the person what their normal routine would be, and how they would like their carers to support them. We found this to be the case. People told us, "I am involved in making decisions about my care all the time." Staff told us they listened to what people had to say and if they wanted to change how their care was provided they [staff] would report it to the office. One member of staff told us, "People always come first; they can make changes to their care plans at any time."

People's independence was promoted and respected by staff. Staff told us that they encouraged the people to do as much as they were able to for themselves. One member of staff told us, "We encourage them to

wash parts of their body and dress themselves." One person told us, "Maintaining my independence is important to me and it is written into my care plan. Staff encouraged me to keep independent."

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed the daily routines specific to each person. One person told us, "I wrote my care plan and it changes on review." A relative told us, "Yes I have been involved in [family member] care plan. If you ask for something to be changed it is done."

People had pre-assessments to ensure that staff supported them in the way they liked. The provider told us in their PIR that that care plan reviews held least six-monthly, and as and when a person's needs changed. We found this to be the case. Person centred care plans had been produced for people. They included information in relation to the person's background, next of kin and GP contacts, allergies, medicines, personal care needs, likes, dislikes and past histories. They also include the days and times of visits and the service required at these times. The information was clear and gave clear guidance to staff about people's care needs. For example, there was personalised information about how people wanted to be supported in the evening.

Staff confirmed that care plans were reviewed at least twice a year and they were updated as and when people's needs changed. Staff told us that they discussed peoples' care plans with them during their visits and if people requested anything to be changed or added to the care plan then staff would report this to the office. Staff told us that the care managers reviewed and updated the care plans with people and their families.

A care manager for the service told us, "I visit people when they first apply to use the service. We listen to the person, and their family members if present, to what it is they require and how they would like to be helped. We undertake the pre-admission assessments and produce a care plan with the person. We [care managers] are responsible for reviewing care plans with people and making changes as and when they arise."

Staff were responsive to the needs of people. One person told us that when they were experiencing difficulties with their health staff had telephoned an ambulance to attend to them. On another occasion, a person became unwell one evening losing consciousness. The member of staff immediately called an ambulance to come to them.

People were protected because complaints and concerns were taken seriously. People knew how to raise concerns and make complaints. One person told us, "When I have been dissatisfied, I told staff and they changed it." Another person told us, "I'd talk to the carer first and then the Care Manager." A relative told us, "When I talked about the timekeeping, the manager jumped on it." Staff told us that they would listen to all complaints and then report them to the registered manager.

The provider told us in their PIR that compliments and complaints are recorded and managed in line with their complaints policy, and we found this to be the case. A complaints procedure was available to people and their relatives that included the timescales for the provider to fully investigate the complaint. It also provided the details of the independent ombudsman should they not be satisfied with the outcome of the

investigation of their complaint. Records maintained showed that two complaints had been received, investigated and resolved to complainants satisfaction within the timescale set in the complaints policy.

The provider had also received compliments about the service provided. Comments include, "I wish to extend both my heartfelt thanks to Right at Home and in particular to the carers. The standard of care and compassion has been exemplary," and "I really appreciate the support your company has provided to [family member] over the past few years. Your carers are fantastic," and "We made a good decision when we chose Right at Home."

Good

Is the service well-led?

Our findings

People could contact the office about their support needs. One person told us, "Overall I am very satisfied with the service I receive from staff and the office." Another person told us, "I have never met them (management), but I've met the care manager; I've met her plenty of times." One person told us, "There's contact only when necessary." Another person told us, "I get told things sometimes." A relative told us, "Yes, by and large the communication is good. I've had to speak to (name of an office staff member) about the rotas. Sometimes there's a change and I've not been informed, however, I wouldn't jump now, they're extremely good." Another relative told us, "My sister calls every morning and talks to the carers." This information was feedback to the registered manager who told us they had only been at the service for a short time and had produced a plan of how he was going to visit each individual person.

Audits undertaken had identified shortfalls and action had been taken. The provider had undertaken a survey to ascertain the views of people, their relatives and stakeholders about the service provided. The results of this had been received on the 31 August 2017. The registered manager had produced an action plan of how issues that had been raised in the survey were to be resolved. For example, one person had stated, "It would be nice if you could let the customers know when someone new is starting and shadowing a member of staff." The action plan informed that all introductions had been undertaken, however, this would now be the responsibility of senior staff to ensure that people were made fully aware when new staff would be working alongside their current carer as part of their induction programme. However, feedback from the survey was mainly positive about the service provided. For example, people were very satisfied that the service understood their care needs, provided a service that they wanted, being friendly, polite and listening to people.

Effective quality assurance systems were in place to monitor the quality of the service being delivered and the running of the service. The provider told us in their PIR that quality assurance checks were undertaken to monitor the standard of service provided to people; we found this to be the case. Records of audits were maintained at the office and included spot checks, records of supervisions, MAR records and daily notes. Daily notes written by staff were clear and included information that related to how the assessed needs of the person had been attended to each visit. The spot checks included observations of care provided by staff, if staff had respected people's privacy, promoted their dignity and recorded the foods provided to people. Other quality assurance processes included telephone contact, emails and face to face meetings with staff that helped to ensure good communication between the registered manager, office and staff at the service. Actions had been developed for any identified issues. For example, it had been noted during the audit of the MAR sheets that staff had not been signing when medicines were administered, they had instead recorded this in the daily communication records. The provider had employed a medicines officer to take overall responsibility for medicine practices at the service. This included followed up meetings with individual staff and regular checks on their competencies. The provider had arranged for all staff to undertake further medicines training and any future errors with the MAR sheets would result in disciplinary action being taken. Although the MARs had missed signatures, all people had received their medicines as prescribed by the GP.

The service promoted a positive culture. Staff told us the registered manager had an open door policy, was

approachable and they could talk to him at any time. Staff told us they felt supported by the registered manager through supervisions and telephone calls from the office. Staff told us that the communication between the management and the office was very good. One member of staff told us, "The communication is really good; they call me every two days to ask how I am." Another member of staff told us, "The communication with the care managers is very good."

The provider had a set of values that included 'Helping people every day to continue living happily and independently in their own homes.' Staff were aware of this and able to describe how they supported people in line with these values.

Regular staff team meetings took place that enabled staff to put forward suggestions about how the service was run. Records of these meetings were maintained at the office. Staff meetings were held every month. Topics discussed included the objectives of the service, themes of incidents and accidents, team building exercises and items staff wanted to discuss. Staff told us that the meetings were an opportunity for them to discuss any ideas, issues and training needs. Staff were also provided with a monthly newsletter that included information updates about the service, training, people and introductions to new staff.

As part of the on-going improvements the provider had created a Dementia training programme with a Dementia Specialist. The programme is called Dementia DELAY and is a specialised Dementia programme that will train and educate staff to provide a specialist Dementia Care Service to people living at home with dementia. This training was planned to be delivered to staff who had an interest in this field. In addition, the course would be offered to local people and business' to help raise awareness and educate the local community on dementia, with the overall goal of making their community dementia friendly.

The provider also had a record of what is called 'Magic Moments.' This is where the managing director and staff had gone over and above their call of duty to make a difference to people. For example, the provider had become part of a local club that provided walks and coffee mornings with staff for people who lived on their own and/or had dementia. Another person who was unable to leave their home was a practising Christian. The managing director would often visit the person to read the bible with them. These actions helped to alleviate isolation for people who felt lonely.

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the services. We found that when relevant, notifications had been sent to us appropriately. People's records were stored securely in the office. The office was within a building that was alarmed and all electronic information was password protected.