HWH Homecare Limited

Right at Home North Cheshire and Leigh

Inspection report

Lowton Business Park
Newton Road, Lowton
Warrington
Cheshire
WA3 2AP

Tel: 01942677273

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

We carried out an announced inspection of Right at Home North Cheshire and Leigh on 23, 24 and 25 May 2018. The service was newly registered in April 2017 and this was the first time it had been inspected.

Right at Home North Cheshire and Leigh is a domiciliary care agency which operates as a franchise of Right at Home UK. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older adults and people living with dementia. Not everyone using Right at Home North Cheshire and Leigh receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 13 people were receiving a regulated activity.

At the time of the inspection there was a registered manger in post. A registered manager is a person who has registered with the Care Quality Commission (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. At the time of inspection, the registered manager was on leave. In their absence the service was being run by the deputy manager and nominated individual, who was also the franchisee.

Right at Home North Cheshire and Leigh ensured people were at the heart of their care and support. People received a high standard of person centred care by staff; referred to as caregivers within the service, who were reported to be exceptionally kind, caring and considerate. People and relatives we spoke with, were extremely positive about the relationships they had formed with both caregivers and the service as a whole.

We saw caregivers had gone above and beyond and worked in their own time, or gone out of their way for the benefit of people using the service, to ensure their needs had been met or to provide them with unexpected treats and surprises. The service had also ensured a person's holidays could continue following the death of their main carer, by ensuring the holiday accommodation was assessed and fitted with matching aids and adaptations, as well as supporting the trip, to aid consistency.

People, their relatives and the caregivers we spoke with, told us the service was extremely well-led and managed. Excellent communication was central to the service's ethos and this was evidenced in the number of meetings, reviews and checks which had been completed.

People told us they felt safe as a result of the care and support they received. The service had comprehensive safeguarding policies and procedures in place. Caregivers had all received training in safeguarding vulnerable adults, which was regularly refreshed and were able to demonstrate a good understanding of how to report both safeguarding and whistleblowing concerns. Caregivers were confident any concerns raised would be actioned by management or the franchisee.

Caregivers clearly knew the people they supported including their likes, dislikes and interests and the service ensured a small and consistent team worked with each person, with the person involved in this decision-making process.

The service strove to ensure the number of caregiver hours available exceeded the amount of care hours they needed to provide, to ensure people received a punctual and consistent service. Caregivers rosters were planned four weeks in advance and sent to caregivers two weeks in advance, to ensure any issues could be addressed in a timely manner. The service was also mindful of caregivers' work life balance and the importance of forward planning, to enable them to organise their lives outside of work.

To ensure high quality care and consistency continued to be delivered, the service completed regular monitoring, spot checks and formal audits of service provision. The management team also worked alongside caregivers, to provide support and complete additional observations of practice.

Caregivers received high levels of support to enable them to provide outstanding care. In depth induction training was provided upon commencing employment, which included completion of the care certificate. Ongoing refresher training, regular supervision, team meetings and appraisals were also provided. Caregivers were seen as an integral part of the service and very much involved in feedback and decision making.

All staff at the service were further supported by access to confidential counselling support, which they could contact at any time to discuss both work related and personal matters.

The service was keen to ensure they were an active part of the local community and involved people in this process. This was achieved through fund raising events and partnership working with other health and social care providers. Links had been formed with a local care home, to the benefit of both organisations.

We saw medicines were managed safely and effectively, with detailed guidance in place for caregivers to ensure they knew what medicines people took and why. People we spoke with were complimentary about the support they received to ensure medicines were taken when required and as prescribed. We saw the service carried out audits of medicine administration record (MAR) charts each month to ensure medicines had been administered and documentation completed correctly. All caregivers administering medicines had received training and had their competency assessed.

We saw robust recruitment procedures were in place to ensure caregivers working for the service met the required standards. This involved all caregivers having a Disclosure and Baring Service (DBS) check, at least two references and full work history documented. DBS checks are used to help employers determine whether applicants are suitable to work with vulnerable people.

People and their relatives we spoke with were overwhelmingly positive about the service received and confirmed they would not hesitate to recommend the service to others. People and their relatives voiced that the service they received was the greatest example of a care provider they had ever experienced. Whilst no one had any concerns to raise, everybody felt confident if they had any issues they would be investigated fully and the service would be open and transparent when reporting their findings.

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.

The service had systems and procedures in place to protect people from harm and keep them safe. The service had robust recruitment procedures in place, to prevent unsuitable people from working with vulnerable people and caregivers had received training in safeguarding and knew how to raise concerns.

Staffing levels were sufficient to meet people's needs, with effective monitoring in place to ensure call times had been adhered to.

The service had safe medicines management procedures in place. People told us they received their medicines safely and when necessary.

Is the service effective?

Good

The service was effective.

Caregivers were complimentary about the training provided, reporting more than enough was provided to help them carry out their roles successfully. They were also provided with regular support and supervision.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

Care plans demonstrated that people had been involved in discussions around their care. People had consented to their care or decisions had been made in their best interest by their next of kin or legal representative.

Is the service caring?

Outstanding

The service was extremely caring.

Without exception, people and their relatives spoke positively about the care received, praised the caregivers and spoke highly about the relationships they had developed with them.

People benefitted from a strong person-centred culture. Caregivers were extremely knowledgeable about the importance of promoting people's independence and providing choice, which was evidenced in people's care records.

Caregivers went above and beyond, exceeding their responsibilities, and carried out tasks in their own time for the benefit of people using the service.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

The service was extremely responsive to people's changing needs with numerous examples noted where the service had exceeded expectation to ensure people's needs had been met.

Caregivers involved people, their relatives and/or representative fully in their care and support, which ensured they felt listened to, valued and empowered.

Care plans were extremely person-centred and individualised with information about people's life history, likes, dislikes, how they wished to be supported and the goals they wanted to achieve through their care and support.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

The service worked in partnership with others, to provide a high quality and innovative service and ensure they were involved in both the local and wider community.

Both the people using the service and caregivers working there felt the service was exceptionally well-led and managed and caregivers reported feeling supported in their roles and confident in being listened to if they raised issues or concerns.

Audits and monitoring tools were in place and used regularly to assess the quality of the service, with action points generated and details of progress clearly documented.

Right at Home North Cheshire and Leigh

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.

The inspection took place on 23, 24 and 25 May 2018 and was announced. We gave the service 48 hours' notice, as they are a small service and we wanted to ensure senior staff would be available to support the inspection process as well as allowing time to arrange for us to speak to people using the service and caregivers.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection the service completed a Provider Information Return (PIR), which 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 also reviewed all the information we held about the service including statutory notifications and safeguarding referrals and contacted external professionals from the local authority.

As part of the inspection we spoke to the nominated individual, who was also the franchisee, the deputy manager, care-coordinator and four care caregivers. We also spoke in person with three people who used the service and four relatives.

We looked at five care files and five staff personnel files. We also reviewed other records held by the service including Medication Administration Record (MAR) charts, recruitment and training information, policies and procedures and audit documentation.

Good

Is the service safe?

Our findings

Each of the people we spoke with told us they felt safe as a result of the care and support provided by Right at Home North Cheshire and Leigh. Comments included, "Yes definitely, no concerns at all", and "I do yes, very safe." Relatives also spoke positively about the safe care provided to their loved ones, one stated, "Absolutely no issues with this, Mum is very safe."

We looked at the services safeguarding systems and procedures. The service had a dedicated file, which contained contact details, policy and procedures and reporting guidance for the three local authorities in which the people they supported resided, this ensured caregivers could report concerns quickly and correctly. The file contained a log onto which all safeguarding referrals had been recorded. The log detailed what had occurred, the action taken and any outcomes. All referrals were accompanied by supporting information such as incident forms and correspondence. This meant it was possible to track what had occurred from an alert being raised, through to its resolution. Caregivers we spoke with confirmed safeguarding training had been provided and knew the procedure for reporting any concerns. One stated, "Log it and report to [manager's name], who would alert the local authority."

We looked at how accidents and incidents were managed. The service had an incident file in place containing an incident log sheet onto which had been documented details of any accidents and incidents, along with outcomes and date the matter was closed. There was also a section for lessons learned, which helped the service take steps to reduce the possibility of similar incidents occurring in the future.

We checked to see if safe recruitment procedures were followed. Caregivers' personnel files each contained a recruitment and file checklist, which had been used to monitor all necessary documentation was present and the required recruitment checks had been completed. Enhanced Disclosure and Baring Service (DBS) checks had been carried out for all caregivers. The DBS check helps prevent unsuitable people from working with vulnerable groups of people and is a requirement when working in a care setting. Each caregiver also had at least two references on file as well as a full work history, completed application forms and interview documentation. The service prided themselves on a value based recruitment model, which involves recruiting staff whose values and behaviours match those of the service. We saw psychometric testing had been completed with prospective caregivers as part of the recruitment process. The testing identified key personality traits and was used to help steer the interview process and questions asked.

Both the people we spoke with and their relatives told us they had no concerns about staffing levels. Caregivers were reported to be punctual and no one had experienced a missed visit. Comments included, "They are always on time, unless something has happened with the person before. But they always let me know if they are going to be late", "They arrive on the dot, no concerns at all" and "They are brilliant, always turn up on time." The service used an online system to schedule calls and generate caregiver rotas. We saw they planned calls four weeks in advance and provided caregivers with their rotas two weeks in advance, this ensured resources were in place and any required changes could be made timely to prevent late or missed visits.

The electronic system was also used to monitor calls, with an alert being triggered should a caregiver fail to log in upon arrival at a person's home. When out of hours, an email alert was sent to the on-call phone. The system also provided details of how often caregivers had supported each person using the service. This helped ensure consistency and that familiar caregivers were allocated wherever possible.

In all the care plans viewed, we saw a range of personalised risk assessments covering areas such as the environment, falls prevention, manual handling, choking and the use of equipment including bed rails, hoists and mobility aids. We saw wherever equipment was in use, detailed guidelines on its usage had been provided, which in some instances included pictures or diagrams. Safety documentation was also present, to ensure the equipment had been checked by professionals and was in good working order. This ensured both the person and caregiver using the equipment remained safe.

We looked at infection control practices within the service. People and their relatives told us caregivers consistently wore personal protective equipment (PPE) as and when required. We noted some positive examples of infection control within daily practice. In response to being informed a person had contracted a contagious bacterial infection, the service compiled a risk assessment, provided fact sheets to the caregivers on the specific infection, including the principles of effective hand hygiene and emailed the whole team to inform them of the barrier nursing process. Barrier nursing and a thorough cleaning regime had been carried out and the infection had cleared within two weeks. At this point the service had contacted infection control for advice on the process to follow moving forwards to prevent a re-occurrence. As a result, caregivers had once again disinfected and deep cleaned areas of the person's home.

We looked at the systems in place to ensure safe and effective medicines management. Each care plan we viewed contained detailed information of any medicines prescribed, including the name, why the person took it and any side effects. As part of the initial assessment process, medicines management assessments had been completed wherever there had been concerns around the person's ability to safely manage their own medicines. The assessment covered the person's ability to order and collect medicines, read labels, safely store, administer and record their medicines, along with what could be done to address or mitigate risks. We saw support had been provided in areas in which the person had difficulty.

The service used their own medicine administration record (MAR) charts, which had all been typed to ensure they were easy to read and understand. A separate MAR chart was used to record 'as required' (PRN) medicines such as paracetamol. Where people had been prescribed topical medicines, such as lotions and creams, body maps and colour coding had been used to clearly indicate which cream to use and where to apply it.

We saw caregivers who were authorised to give out medicines had completed training in this area and had their competency assessed, through spot checks and observation of practice. We looked at a selection of MAR charts and found these had been completed correctly with all signatures present. We saw the service completed monthly checks of all MAR charts to ensure consistency.

Good

Is the service effective?

Our findings

The people and relatives we spoke with told us caregivers were well trained. Comments included, "To my knowledge yes, they're well trained. They don't make any silly mistakes" and "Without a doubt, they are all excellent".

The caregivers we spoke with were complimentary about training provided. One told us, "Training is really good. Induction was spread out over a few days and covered everything." Another stated, "Training is very informative, taught me everything I needed to know to feel confident doing the job." Alongside planned refresher training, to ensure knowledge remained up to date, caregivers also told us they were encouraged and supported to access additional training. One told us, "You can walk in at any time and ask to do something and they will find a course for you."

We saw induction training was spread over three days and covered a range of areas including moving and handling, safeguarding, equality and diversity and person-centred care. We saw evidence the Care Certificate had been integrated into the induction training process. The Care Certificate was officially launched in March 2015 and is the new minimum standards that should be covered as part of induction training of new care workers. The service had also utilised external speakers as part of their training programme. For example, a dementia lecturer had provided a talk to new caregivers to support them in understanding what it's like for people living with dementia. All caregivers had also completed a learning styles self-assessment, to determine the most effective method for them to listen, process, understand and remember the information provided. People's learning styles, such as verbal or visual, had been taken into consideration during training sessions.

We saw a robust system was used for monitoring and supporting new caregivers, with scheduled reviews and monitoring completed during the first twelve months of employment. This included time shadowing experienced caregivers, observations of practice, office and 'field' based supervision and an annual appraisal. Spot checks and observations had also been carried out every three months, to ensure standards of practice had been maintained and knowledge retained. Ongoing supervision was provided on a quarterly basis, which included the co-ordinators and managers. Completion of quarterly supervision, spot checks and observations had been successfully monitored via a matrix.

People and their relatives told us they had been involved in discussing their care and making decisions about the type of support they would like. Comments included, "Yes, I was. They sat down with me and went through everything. Any new caregivers are brought round and introduced to us first, so we know who they are, I like that", Yes, absolutely involved, and on a level I had not experienced with other care companies before, and we have used a few."

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.

We checked whether the service was working within the principles of the MCA. We found the service had an appropriate MCA policy and associated procedures in place and caregivers had all received training in this area. We saw people or their legal representative, such as a Lasting Power of Attorney (LPA), had provided written consent to the care provided. Where people lacked capacity and had no-one to legally act on their behalf, we saw any decisions had been made by way of a best interest meeting.

Caregivers we spoke with were knowledgeable about the importance of gaining consent before providing care on each and every visit. People and their relatives confirmed this was done. One told us, "Yes, they always ask, no trouble with this. I have never felt embarrassed as they are so good with me."

We saw evidence within the five care plans we looked at that people's nutritional and hydration requirements had been addressed with detailed information relating to people's needs, the support they required and any specific dietary requirements. These had been captured by way of nutritional and hydration assessments and nutritional care plans. Specific risks had been clearly identified along with how these had been addressed. For example, one person tended to hold food in their mouth, so guidance indicated that caregivers needed to be aware and encourage regular swallowing between mouthfuls, another person preferred their food to be mashed, although liked some foods whole, this was also clearly explained.

People we spoke with told us they got enough to eat and drink, and what they had was their choice. One stated, "It's totally my choice what I have to eat and drink, they just make it for me. I get more than enough, I'm very happy." A relative told us, "Very happy with their support in this area. Mum's appetite isn't what it used to be but they do their best to encourage her and leave me good information about the amounts she has eaten."

Care files also contained information to ensure people's skin integrity was monitored and maintained. We saw body maps had been used to indicate any areas at risk of developing pressure sores, with instructions for these to be checked on every visit. We saw caregivers worked in partnership with district nurses for people who had an active pressure area, applying medicines as prescribed and assisting with positional changes.

Outstanding ☆

Is the service caring?

Our findings

People were supported by caregivers who were exceptionally kind, caring and considerate. People we spoke with and their relatives were extremely positive about the care and support received by their caregivers. Comments included, "She's a belter, a cracker, absolutely brilliant", "Nothing bad to say, the best carers we have ever had" and "The caregivers are friendly, caring, respectful, thoughtful, everything I could ever want. They are all excellent."

People and their relatives had also submitted many positive comments and statements both to the service directly and to care service review sites on the internet. These included, 'I had a lovely warm glow when I was at Mum's last Friday. The caregiver and mum were in the lounge together and I could hear them both laughing out loud. It's a good while since I heard mum laugh like that' and 'Been so understanding of my dad's situation and provided support to both of us from day one. Treat dad with care and compassion, always give him a choice of what he wants to do. They definitely tailor the service to each client'.

Caregivers clearly knew the people they supported and took pride in developing positive and trusting relationships. The service had an ethos of creating and documenting 'magic moments', were caregivers detailed anything that had happened during care which either they or the person valued and enjoyed. Examples viewed demonstrated the positive working relationships which had developed and how over time, people could be encouraged and supported to re-engage in activities they had not participated in for some time.

One caregiver knew a person they supported used to enjoy playing bowls, but had not done so for a long time. They persuaded the person to take a walk in the local park, where they knew people were playing bowls. The caregiver spoke to someone who was playing, who invited the person to join them. The person was reportedly 'beaming from ear to ear' on the walk back home. This had reignited their passion for bowls. Another person had not left the house for over a year due to a loss in confidence. A caregiver spent time developing their relationship and building trust before starting to suggest going out for a coffee. The person eventually agreed to go for a 'drive thorough' coffee. However, upon arrival at the coffee shop, agreed to try sitting inside. The person and the carer sat and had lunch and a coffee together. The person was extremely happy to have accomplished leaving the house and spending time socialising. The caregiver's delight at being able to facilitate this was clear in their recording of the outing. Weekly outings had been scheduled, but due to ill health the person had been unable to attend and sadly passed away a short time later.

We saw evidence of where caregivers had gone the extra mile and beyond normal care provision, working or carrying out tasks in their own time for the benefit of people they supported. One person had spoken to their caregiver about their love of roast dinners which they did not get to have very often. The caregiver recalled this conversation whilst on a family outing to a carvery and purchased a roast dinner to take away, which they dropped off at the person's house on their way home. The person was reportedly overjoyed at the kind gesture. Another caregiver surprised a person on a significant birthday, by taking them a bouquet of flowers. In another example, we saw a person had rang the office distressed as a friend who was supposed to be taking them to an important appointment could no longer do so. The person was driven to and from the

appointment by senior staff members, which was outside of their scheduled care hours and the gesture did not incur any charge. Without this intervention by staff, this person would have missed an essential medical appointment, which could have been detrimental to their health. They were extremely thankful to the service for 'going the extra mile'.

The management had also provided a caring service which exceeded expectations. We saw a hospice had rung the service to inform that a person residing at the hospice wished to return home to be surrounded by things and people that they loved and would they be able to support this. The deputy manager cancelled their personal plans in order to complete an immediate assessment, working until late to ensure the person could return home as soon as possible. Caregivers agreed to work additional shifts, so the care package could be put into place quickly and the persons wishes to return home were met. This ensured the person could spend their last days at home, being supported by family, friends and a consistent staff team.

Caregivers we spoke with displayed a clear understanding of how to ensure people's privacy and dignity was maintained. Caregivers commented on the importance of respecting peoples wishes, ensuring doors and curtains were closed when providing personal care and involving people in what they were doing. People we spoke with confirmed they felt treated with dignity and respect by the caregivers that supported them. Comments included, "Oh yes, all the time" and "Very much so, they always explain what they are doing, I always feel comfortable with them." A relative told us, "Totally, both mum and me are always treated with dignity and respect. One thing I like is it's not just about mum, the family are important too and its evident with this company they understand that. It's also clear mum is not just another call to them, they genuinely care for her."

The service was aware of the importance of promoting people's independence. The caregivers we spoke with explained the different ways they tried to achieve this and were they had been successful. One stated, "I also try to get them involved, ask them to do things they are able to do and encourage to try more. It's also about working alongside people, such as making meals together, so they feel included." Another said, "People can get frustrated not being able to do things they used to, so important we reassure them. One lady has been supported to mobilise and can now take herself to the toilet, which she is pleased about."

Specific training had been carried out with caregivers around how they could add value and improve people's lives, focussing on positive outcomes. A key element to this was ensuring people maintained current skills whilst being encouraged to learn or re-learn others. Examples we saw included a person who had been supported to take a more active role in their personal hygiene and had also learned to hold their own cup, which they had not been able to do previously. One person we spoke with told us, "They are wonderful, they let me do the things I can and as I get stronger I am able to do more, which they encourage me to do."

We saw consideration had been made in respect of people's personal, religious and cultural wishes and beliefs, with thought given to protected characteristics such as age and disability. These had been clearly considered during the assessment process and where necessary, incorporated into people's care plans. Within the current group of people receiving a regulated activity, there were limited examples we could consider; however, we saw people's specific dietary requirements had been met, with agreed menus set up of foods they wished and were able to eat. We also saw people who identified as Lesbian, Gay, Bisexual or Transgender (LGBT) had been appropriately supported.

We saw caregivers also benefitted from the caring nature of the service. All caregivers had access to a counselling service, which could be used for both work related or personal matters, which was available 24 hours a day, 365 days a year. The service was strictly confidential and free of charge for all staff members,

regardless of their role. The counselling service had been resourced initially, as the service had recognised supporting people when approaching the end of their life can have an emotional strain on caregivers and wanted to provide a forum where they could explore their feelings when needed in a protected and supported way. We received feedback from staff this service had been of benefit to them.

Outstanding ☆

Is the service responsive?

Our findings

People using the service and their relatives told us the service was extremely responsive. Care was personalised and people and their relatives had been actively involved in the planning process, which had often been completed within a day of receiving a referral. One person told us, "The assessment was very thorough, they came out the same day to do this, which was impressive. They understood straight away what I needed."

A key feature from talking to people and their relatives and reviewing documentation within the office, was how responsive and flexible the service had been in meeting people's changing needs. One person told us, "Whatever I request they do. I have not come across anything they won't do for me." A relative stated, "They are very accessible, I can email or phone and arrange an extra visit or cancel a call really easily, never any trouble or fuss."

We saw numerous examples when the service had responded positively to a change in circumstances or gone the 'extra mile', to ensure a person's needs had been met. For example, one person's main carer had suddenly passed away. In liaison with the family, the service increased the care package within 24 hours of this occurring, with an emergency rota used until a designated caregiver team could be set up. This was of significant comfort to the person and their family at a distressing time and gave reassurance to the family that their relatives care needs were instantly being met to maintain their safety.

This person used to take vacations with their main carer to visit other family members. However, following their main carers death, their family had been unsure whether the person's holidays could continue. This was due to both the person's support needs and concerns that a change in their routine and environment could be unsettling and of detriment to the person's health, if their needs were not met. The service with the family's agreement, travelled to the proposed holiday destination and completed an assessment of the relative's home and supported them to replicate the equipment and adaptations in place at the person's home. This meant the person had the exact equipment in place that they were already familiar with and reduced their families concerns regarding the holiday. The service facilitated the holiday and the person's caregiver accompanied them on the visit to provide continuity to the person and reassurance to the family. The holiday was of great success and further visits were facilitated to see the person's family. The service had also started to expand this to other holiday destinations to enable the person greater freedoms and to expand the places they could visit.

In another instance, we saw the deputy manager had left their home late one night when not on duty, to support a person who used the service and their partner at a time of crisis. The service had been commissioned to provide one call per day to assist a person with personal care. All other care was provided by their partner. Due to a change in circumstance, the person had required the use of lifting equipment (hoist) to assist with all manoeuvres, such as getting out of bed and moving into a chair. Upon commencing the care package, the service provided training to the person and their partner in the use of the hoist. The partner contacted the service late one night in distress as they could not remember how to operate the hoist and were in the process of using it. The deputy manager had attended the person's address to provide

reassurance and support to the partner, guiding them step by step through the procedure. The person's partner was also provided further opportunity to work alongside caregivers using the hoist to allow them to develop confidence and competency.

Each person received care which was personalised and met their individual needs and wishes. Caregivers had received training in person centred practice and were able to explain its importance. One stated, "Each person has a unique care plan. We follow what they want from us, what you do for one person is not necessarily the same as another." The service's ethos of introducing caregivers to people before providing care was an extension of this practice. The service felt it was important people were comfortable with their caregivers and had a right to choose who supported them.

Each care file contained detailed guidance on how the person wanted to be supported from the caregivers arriving to leaving, which ensured caregivers had all the information required to deliver a personalised service. A daily outcome had been generated for each visit, to provide a goal focussed approach to the care provided. Caregivers documented the positive outcomes from a visit in the communication logs at each property. We noted one person had expressed anxiety about caregivers writing about them following a visit. Considering this, caregivers now completed the communication log via email after they had left the property, sending this to the office for collation.

A profile of each person was generated which provided caregivers with information on what was important to them, what people appreciated about them along with the daily and overall goals they wanted to achieve through their care and support. When speaking to caregivers, it was clear they knew each person they supported and could talk about people's like history, likes and dislikes.

The service completed regular reviews, especially during the initial stages of a care package commencing. We noted a formal review was held after one week and then one month and then quarterly before being reviewed annually. This was more frequent and increased if any changes had occurred. This ensured people had the opportunity to discuss their care, make sure they were satisfied and make any changes they felt were needed. People were highly complementary about the communication with the service. One told us, "I love the contact I have with them. It's very personable. I know them very well as they do me." Another stated, "The communication is excellent, I have lots of opportunity to discuss things."

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Our reviews of care files, demonstrated the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with caregivers and relatives, where those needs related to a disability, impairment or sensory loss.

Care files contained detailed and personalised guidance and information in relation to people's communication needs. For example, following a stroke one person now suffered from aphasia, which is an impairment of language, affecting the production or comprehension of speech. Their care plan clearly detailed the condition and how it affected them, along with how caregivers should provide support. A communication assessment had been completed with each person, which rated their ability to communicate as well as considering any issues with sight and hearing. Where issues had been identified an action plan and specific guidance had been drawn up.

People we spoke with and their relatives told us they had never had reason to complain, however due to the excellent communication with the service, would feel comfortable raising concerns should any arise. The service had a designated complaints file, which included a log for detailing any received, along with action

taken and outcomes. We saw since May 2017, when the service had first been operational, all complaints received had been responded to timely in writing and resolved to people's satisfaction.

We saw the service arranged a range of events and had strong links with the local community. The care-coordinator organised a fundraising event called 'time for a cuppa' in aid of two charities. Everyone who used the service was invited along with their relatives and the local community. We noted caregivers had provided transportation in their own time to two people who wanted to attend but had no way of getting to the office. The service had also recently held an Easter raffle to raise money for a local hospice. From speaking to people and caregivers, it was apparent support was provided to engage in a range of social and leisure activities, should this be what people wanted to do.

The service was not providing end of life care at the time of our inspection, although caregivers had previously supported people at this time in their life. For example, the service had been quick to respond to a person's wish to return home from the local hospice, working with other healthcare professionals to ensure this person's wishes and needs had been met. The service had an end of life champion, who had completed local authority and hospice training and would cascade this to the rest of the team. The service also had arranged for a nurse from Clatterbridge Hospital to discuss the emotional aspect of end of life on people, their families and caregivers.

Outstanding ☆

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. However, they were on leave and so did not take part in the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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, their relatives and caregivers told us the service was extraordinarily well run and managed. There was a clear management structure in place, starting with the nominated individual, who was a constant presence in the office, through to the registered manager and deputy manager. Everyone we spoke with referred to these people by name, and spoke positively about their involvement. We noted over the Christmas period the management team, along with the care co-ordinator had completed a number of care visits, so that caregivers could spend more time with their families.

We saw lots of positive examples of partnership working, which evidenced the links that had been formed with other healthcare services and the wider community. The service worked with a local social housing provider, who was trying to get people living in their properties back into work. The service had agreed to interview people who completed the schemes return to work course, with the aim of providing them with employment. To date one person had completed the course and been employed by the service, this person was reportedly thriving within their role. The franchisee told us they hoped to recruit more staff through this process in the future. The service also had links with a local care home, who provided the use of their mobility and moving and handling equipment, which ensured caregivers received practical training in how to safely operate this. In return the service provided training to the care home's staff. We also noted that relatives and families were actively encouraged to attend all training sessions provided by the service.

We saw the service had introduced the 'Herbert Protocol' for three people they supported living with dementia. This is a national scheme being introduced by Police forces and other agencies which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing. Carers, family members and friend's complete a from in advance, which covers all vital details, such as medication required, mobile numbers, places previously located, a photograph etc. In the event the person going missing, the form can be easily sent or handed to the police to reduce the time taken in gathering this information.

We saw the nominated individual had received an award for their efforts in setting up and running the service, achieving the New Woman Franchisee of the Year award run by a well-known banking corporation and the service had been recognised as being one of the top 20 recommended care providers in the North West based on website reviews.

Each person or relative we spoke with commented on the service being by far the best they had used. One person told us, "I have never known anything better. I can't think of anything they have not been able to deal with. I would recommend them without hesitation" Another said, "I feel so fortunate to have them. It's like

one big extended family, I can't say any more than that." A relative stated, "I am very satisfied with the service and have not got a bad word to say about them. Doesn't matter what you ask of them, they will do it. They definitely go above and beyond."

The service regularly sought people's feedback, through conversations and telephone calls. In one instance we saw a communication book had been introduced, so caregivers and the family could ensure any pertinent information was passed on quickly and effectively. One person told us, "Oh yes, they ask me if things are okay quite a bit over the phone. There's no comparison to the level of care and support we receive from them and been using carers for over 10 years." Annual quality assurance questionnaires had been distributed prior to the inspection, however the submission date was not until the end of May 2018. We saw these consisted of 17 questions with tick boxes to indicate people's response to the question asked e.g. disagree, agree, strongly agree. Spaces had also been provided for people to make note of any suggestions and improvements.

Caregivers told us they felt both valued and supported by the service as a whole and the management team / nominated individual. Comments included, "They go above and beyond, they are all very supportive. I really enjoy my job and feel content and happy here", "You can bring anything up, even if out of hours and they are prepared and happy to listen, everyone is friendly and supportive, it's a great team" and "Very much supported, you couldn't ask for better bosses."

Caregivers were very much involved in the organisation, rather than just the provision of care. An example of this was information had been circulated to caregivers which provided them with details of audit outcomes along with improvements which had been noted. The communication also thanked caregivers for their efforts, but did so in a person-centred way by referring to caregivers by name and listing a specific example of observed good practice or positive feedback which had been received.

We saw caregivers had received one off rewards as a token of appreciation for their hard work. For example, a pamper day had been arranged after Christmas to thank the caregivers for their efforts over the festive period. Cash bonuses had also been awarded to caregivers who had completed all scheduled shifts. We noted caregivers had also been purchased Easter eggs and given flowers as a note of thanks.

The service had a staff ambassador, who was also a caregiver. They provided caregivers with the opportunity to raise issues, queries or concerns indirectly through them, should they not wish to go directly to management. The ambassador was also responsible for distributing and collating the annual caregiver survey. This ensured the franchisee and managers were removed from this process, to ensure greater confidentiality, honesty and openness.

We reviewed the latest caregiver survey results, carried out in April and May 2018, which underlined the high regard in which caregivers held the service and the outstanding support they received to carry out their roles. All caregivers who had responded, strongly agreed with the following statements; I feel motivated to go the extra mile, I am proud to work for Right at Home, my franchise owner shows appreciation for my hard work, I have the opportunity to contribute to decisions that affect me and I would recommend it as an appreciative place to work.

Regular meetings had been held both with caregivers and office based staff, which further evidenced the culture of openness, information sharing and continuous development. Meetings had been used to provide additional training and support, for example at one meeting an equality and diversity quiz and discussion had been completed, followed by a review of compliments received to the office to celebrate and share success. We saw caregivers had felt comfortable in raising any issues or concerns. On one occasion

caregivers had raised a concern about attending calls to people with behaviours which challenged one after another, rather than these being shared out, to ensure the most effective support. As a result, the rosters had been amended to ensure this did not occur in the future.

Office meetings supported the services' auditing and quality monitoring processes. These had been held monthly and covered operational issues, documentation, training issues or needs, on-call procedure and any trends which had been identified over the previous month. Quarterly reviews had also been held between the proprietor, nominated individual, directors and registered manager which looked at service provision as a whole and any issues which needed to be addressed. Areas covered included, medication, communication sheets, complaints and a review of the key performance indicators (KPI's) in training, supervision, appraisals, client reviews and surveys.

Internal monitoring had supplemented both of these meetings, by ensuring the management and nominated individual had oversight of how the service was operating. Real time monitoring software in place provided the opportunity to log when caregiver both arrived and left a person's home, if they had arrived late or not at all. It alerted to conflicts in scheduling and helped ensure enough travel time had been allocated between calls.

We saw a quality and compliance audit had been completed monthly which reviewed client files, quality monitoring systems, caregiver files, training and office management. Action points and outcomes had been clearly recorded. In one instance we saw audits of MAR charts had highlighted an increase in missed signatures. An immediate action plan had been drawn up and implemented, an email had been circulated to all caregivers reminding them of the importance and legal requirements relating to documentation. MAR chart completion was closely monitored over the next four weeks, including regular spot checks. Any caregiver who had not completed documentation correctly had been spoken with directly and refresher training provided. By the time of the next MAR audit, no missed signatures had occurred and this improvement had been sustained.

We noted either the registered or deputy manager had attended regular forums held with managers from other Right at Home franchises. The forums provided the opportunity to discuss and share ideas and look at best practice. Feedback from the meetings had been shared with caregivers.

The service's policies and procedures were stored electronically and had been provided and updated at brand level, this ensured the most up to date information was always available. We noted many of the policies in place had been compiled in partnership with the Social Care Institute for Excellence (SCIE).