

Care for Independence Ltd

Right at Home High Wycombe and District

Inspection report

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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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Right at Home is a domiciliary care agency that was providing personal care to 26 people at the time of the inspection.

The service was exceptional in placing people at the heart of the service and its values. It had a strong person centred and local community based ethos. Staff and the service's management told us how important the services' shared values were to them, and how they were passionate about providing outstanding person-centred care to people when they needed it. Many people being supported told us they thought of their carers as being like family members, and told us they were highly compassionate, caring and flexible.

People's needs and wishes were met by staff who knew them well. We saw and were told of many examples of staff going 'above and beyond' to help and support people they cared for. The service carefully matched people to carers which in turn contributed to creating a 'personal touch' and a strong, visible person centred approach. People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service. The staff and management team recognised and worked with people to reduce social isolation, they were particularly sensitive to times when people needed caring and compassionate support.

The service was extremely well led and the management team's vision and values put people at the centre of the service. We saw these values had been integrated into the selection and training of staff and continued through day to day care ensuring people received a safe, caring and responsive service. There was a clear management structure in place that supported the registered manager in their role. Each staff members roles and responsibilities were clearly defined which helped to ensure that the service ran efficiently. Managers were encouraged to develop their leadership skills and those of others.

Staff were safely recruited and well trained. Staff were aware of how to report any concerns about neglect or abuse and were confident they would be addressed. They felt they were listened to, and were part of an organisation that cared for them and their wellbeing, as well as the people they were supporting.

People were supported safely, and risks regarding their care were assessed and met. Where this was a part of their care, people's medicines were administered safely and in accordance with the prescribing instructions. People and their relatives told us they were treated with great respect for their dignity and privacy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well led

Details are in our Well Led findings below.

Outstanding ☆

Right at Home High Wycombe and District

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced and took place on 22 March 2019.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send

us by law.

We spoke with five people and seven relatives. We looked at records, which included six people's care and medicines records. We checked recruitment, training and supervision records for five staff. We looked at a range of records about how the service was managed. We spoke with six staff members, one professional, the provider and the registered manager.

Is the service safe?

Our findings

Safe – We looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they were safe. One person said, "You know that the staff are looking out for you"
- People were cared for by staff that knew how to raise and report safeguarding concerns.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition and medication.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Using medicines safely:

- People received their medicines safely and as prescribed. One person said, "Its important that I have my medicine at a certain time. (Staff) make sure this happens".
- The register manager ensured people's medicine records were completed accurately.
- The register manager ensured people's medicine were administered by trained and competent staff.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on occurrences where a lesson could be learnt and the team used this as an opportunity to improve the experience for people.

Staffing levels:

- People were supported by consistent, reliable, punctual staff and praised the continuity of care received. One person said, "They are so reliable and punctual, you can always rely on the them to come when they say they are coming".
- There was enough staff to support people's needs.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Preventing and controlling infection:

- People told us staff washed their hands and used disposable gloves and aprons where required.
- Staff were trained in infection control and had access to protective personal equipment such as gloves.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best practice.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

Ensuring consent to care and treatment in line with law and guidance:

- People's rights to make their own decisions were respected. One person said, "They always respect my choices and decisions".
- People were supported by staff that knew the principles of The Mental Capacity Act 2005. One staff member said, "We always assume capacity until it is proven otherwise".
- Where people had a legal representative to make decisions on their behalf this was detailed in their care plans. Decisions were made in people's best interests and where necessary people were referred to appropriate bodies for decisions to be made.

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

- People's needs were assessed prior to them using the service to ensure needs could be met.
- The assessment included people's preferences and details about their health and their level of independence in relation to their activities of daily living.
- Assessments took into account current guidance and gave people and their relatives the opportunity to have input into individual care plans. People's communication needs were identified in line with Accessible Information Standards.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to live healthier lives, records of referrals and any guidance were held in people's care plans. This included GPs, District nurses and occupational therapists.

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

- People were supported with eating and drinking. Care plans gave detailed guidance on people's needs, including their preferences and special dietary needs.
- People were supported by staff to choose what meals and drinks they would like. One person told us, "They will prepare anything I like".

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies to provide effective care to people. One carer described how they regularly spoke with a healthcare professional to share information to ensure they provided the best care for a person. One person told us, "If you need a nurse, then they get you a nurse".

Staff support: induction, training, skills and experience:

- People were supported by well trained staff. All staff completed an induction programme when they first started work. Staff told us that they had the necessary training to support people effectively. One member of staff told us, "The induction and training has been second to none, I have learnt so much and feel equipped to do my job well".
- Staff told us that they felt well supported. They also told us, and records confirmed, that they received regular supervision and appraisals where they could discuss their concerns, their career goals and give ideas for improvements.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Treating people with kindness, compassion and respect, ensuring people are well treated and supported; equality and diversity:

- Right at Home High Wycombe and District is an extraordinary service which is designed to carefully match staff to the people they support, which in turn contributes to creating a 'personal touch' and a strong, visible person-centred approach. The high emphasis to promote a person-centred care is at the very heart of what the service does. For example, the preferences, likes and dislikes of both staff and people who use the service were carefully matched, to ensure people and staff shared a 'common ground' which in turn promoted free flowing conversations which were both meaningful and stimulating. One person told us, "They are like family to us. We have so much in common".
- People repeatedly told us they saw staff as being friends or like family members, and we were told about many instances where the service had gone above and beyond to treat people with high quality compassion and support, during difficult times. We were told and saw evidence of how the service had supported a person following a bereavement and change in their personal circumstances, which meant they had to vacate their own home for a full day on a number of separate occasions. Unfortunately, the person had nowhere to go and was worried about the option of spending time in a care home. Therefore, the managing director adapted their own home and invited the person to stay at their home with them and their family for those days. We saw photographs of this person enjoying time with the director and their family. Once the person's circumstances changed the provider and registered manager supported this person to settle back to their own home, where the person continued living independently. One relative described how the care was embedded across all levels. They described to us a sensitive time during the loss of a loved one. This demonstrates a strong caring culture at all levels. From the director to care staff, everyone we spoke with put the needs of the people they supported at the centre of everything they did.
- There was evidence the staff often went 'the extra mile' to meet people's needs. For example, one member of staff was matched to a person who had similar needs surrounding their hearing. The person had reported to the staff member that their new hearing aid wasn't working well. The staff member went out of their way, travelling a great distance, in their own time to get the person's hearing aid fixed. This meant that the person could hear well again and enjoy a favourite pastime which was listening to the radio. We spoke with this person's relative and they told us, "The impact this had on dad was huge, he was too old to know what to do and we were too far away to sort anything out. When I found out what (staff) had done, I could only describe it as going above and beyond, it was a truly fantastic thing to do, he wouldn't have been able to do anything or communicate. Its life changing to lose your hearing, to have [staff] do this was unbelievable, the attitude and caring nature of staff and the management is exemplary. The other thing is I can speak to them about anything with confidence that it will be resolved. My mum doesn't receive care but since dad passed away [provider] still goes to visit her regularly with a cake, you cannot fault this service".

- Without exception, people were extremely complimentary about the support they received from staff. Feedback from people reflected how people could form meaningful and caring relationships with staff. For example, one person told us, "I honestly can't believe how lucky I am to have (staff) who I get on with and share so many things in common with. Nothing is ever too much". A relative told us, "The care provided is invaluable, I can't praise them enough".
- The service respected people's diversity. Staff were open to people of all faiths and belief systems, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. One person specifically told us this service had been respectful towards them and ensured they were not discriminated against and that staff used appropriate language when supporting them.

Respecting and promoting people's privacy, dignity and independence:

- The service recognised and worked with people to maintain their independence, they were particularly sensitive to times when people's needs changed and approached this in a caring and compassionate manner. For example, we saw evidence of how important it was for one person to maintain their independence in making a hot drink. However, the person's medical condition deteriorated this resulted in healthcare professionals voicing concerns that the person may have to consider residential care. To avoid going into residential care, where the person felt they would be become less independent, the service sourced equipment and specialist advice from the fire service. This meant the person could stay in their own home.
- People's personal files were kept secure with only designated staff having access which ensured confidentiality. Staff used individual logins to access electronic records.
- People told us their privacy was respected. One person told us "Everything is done in private". People's care plans highlighted people's capabilities and needs.
- The service was extremely caring towards people's independence and staff worked flexibly to ensure people lived as full a life as possible. Two relatives described how the service had gone the extra mile to ensure a person could attend a family wedding. We spoke with this person who described the positive impact that this had on their wellbeing, they told us, "It made me feel absolutely wonderful to see my granddaughter getting married. I was a bit worried that I wouldn't of been able to get there. But they supported me all day at it was marvellous. It made me feel so proud, it was amazing. They are a first-class service".

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

- People's individual communication needs were assessed and considered. This ensured people had access to information in a form that met their assessed needs.
- The service had identified innovative and creative ways for the person to stay in touch with loved ones and friends. We saw an example of where a member of staff spent time with one person at the end of their care visit to teach the person how to use their electronic tablet. As a result, the person kept in regular contact with their family abroad and could give them updates on their wellbeing and information about their care. The staff member has since left the service to go travelling, the person now enjoys regular updates on the countries that the staff member has visited that they receive on their tablet.
- Where required, information was provided to people in a format that was accessible to them, for example, one person was profoundly deaf. This person's care records stipulated their preferred style of communication. This meant that the person had access to and could express their views on important information about their care needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- Care plans detailed people's support needs and how people wanted their needs to be met. People received support from staff that understood their needs and preferences.
- People and relatives were involved in their care and support and contributed to their own care plans. One relative told us, "We are very much involved in everything, they are really good at keeping us updated with any changes". Another relative said, "They are genuinely interested in [person's] needs".
- People's care was reviewed appropriately if their needs changed. A relative told us, "They respond quickly and appropriately if there are any changes to [person's] condition."

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint. Relatives told us any concerns were dealt with immediately. One relative said, "If there is a problem then they resolve it immediately".

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service, however they had previously provided this care, in conjunction with community healthcare professionals in the past.
- Staff and the service's management talked passionately about this aspect of their role. They told us they understood how important it was to people and their families. We saw many compliments thanking the service for all their compassion and hard work in supporting people and their families through difficult times.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Everyone we spoke with described how people were very much at the heart of the service. One person told us, "They have really got to know me, it's very impressive. [Provider] always comes out to see you, she knows you and your therapeutic needs. She is never in a rush". Another person said, "The service is very well managed. I have popped in before without an appointment and they are always so welcoming, they sit you down ask you how you are and always make a cup of Tea. They are kind, considerate and truly a five-star service". Without exception staff were enthusiastic and passionate about providing a high quality and personalised service to people, and people and staff told us they would very much recommend the service to others needing care.
- The registered manager and provider had a visible daily presence in the service and led very much by example. They told us, "Visibility is in important in building relationships with staff and clients so they receive the best quality care, I also get to know what's going on and can offer advice and support there and then" and "It absolutely reinforces relationships". The provider described to us how one of the organisation's priorities was the importance of treating staff well, with good pay and conditions. Staff told us they felt more valued, because the service paid them for travelling time as well as time spent supporting people outside of their allotted care visit.
- Staff regularly told us how positive they felt to be working with an organisation that shared their personal values about what outstanding personalised care should look like. Staff were highly motivated, and proud of working for the organisation. Staff told us, "It's a truly amazing place to work, they match you with the client, so you have a common group straight away, this is fundamental to our person-centred approach, values and ethos. They are always asking me if I need further support or training. The management team here are top notch".
- The registered provider was clear about the role of the Duty of Candour in improving the sharing of information and development of high quality services.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Organisational arrangements, quality audits and assessments of risk were detailed and thorough, and reflected people's views and experiences through a series of questionnaires. Relatives told us, "Whether it is informal or formal, we are always being asked how things are" and "There are lots of opportunities to feedback on how things are going".
- Opportunities for learning and making improvements were taken at every review or audit, and the office

told us they welcomed people's feedback at any time either positive or where there was room for improvement. People told us it was easy to contact the office and someone was always there at any time to sort out problems or make changes. Staff told us, "There is always, always someone on the end of the phone. If there is a problem it gets sorted out straight away".

- Plans for the further development of the service were well thought through and resourced, with good governance an integral part of their development strategy. This helped ensure service continuity, and that future developments would not compromise quality standards. For example, we saw evidence of how the provider had researched reasons as to why staff left their jobs within the industry and they took action to mitigate this and prevent good quality staff from leaving the service unnecessarily. They told us, "We looked at reasons as to why people leave care and worked hard to mitigate this within our own organisation. For example, travel time was added because it shows we value staff and it also really promotes the matching process, staff having to travel should not be a barrier to quality person centred care, we don't want people to be at a disadvantage because of where they live". We saw evidence of how the impact of the research had resulted in low staff turnover and that payment for travel time and how travel time was allocated within the staff rota had a positive impact on staff morale.
- There was a strong emphasis on continuous improvement. We saw how the service had recently adopted a new innovative way to how it recruited its staff which was aligned to national best practice. Following the departure of two staff members when the service had first started, the registered manager and provider decided to carry out a review of how they recruited new staff. They identified that they were not always recruiting, "The right kind of people" and that "For some, it was just a job". The registered manager told us, "Unfortunately what we do isn't just a job, because you need the right attitude and be able to enable and empower people, you can't do that and achieve effective outcomes if you think it's just a job. That is why we moved to values based approach to recruiting new staff, because you can teach the job but you can't teach values. You have to be able to grasp our values". We saw evidence of how the organisation's values were discussed regularly at team meetings".
- The service engaged with staff as part of their quality monitoring and assurance arrangements. The registered provider and registered manager encouraged a positive and open culture and embraced the input of staff. An online closed messaging group had been initiated to communicate with staff ideas such as preventing accidents, improving service, saving time, or increasing quality. We saw how this had been used to communicate people changes in relation to medication and nutritional needs. The provider also used the opportunity to praise and motivate staff, for example, one message read "Your smile is your logo, your personality is your business card and the way you make people feel when they are with you is your trademark. Happy Friday ladies! Have a great day and wonderful weekend". The staff response to this message was positive, one staff member had written "And that's why we love working for your company! For all those reasons".

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

- There were well established effective quality assurance systems in place which resulted in improvements to the service
- Accountability within the organisational structure and staff roles were well understood. Staff told us they felt listened to, and involved with the provider organisation. A staff member told us, "They truly do have an open-door policy".
- We did not find any unmet regulatory requirements. The service had sent us notifications about events which they were required to do by law.
- The registered provider ensured resources were available and working effectively to support high quality care and staff in their role. For example, the service was recruiting a care coordinator. This would allow for better communication across the staffing structure, which in turn would support continuity for people receiving high quality care.

- Risks that may impact on the running of the service were well thought out and included contingency plans.

Working in partnership with others

- The service was 'outward facing' with a strong community involvement. They were supportive of, and involved with innovative community projects and services to help reduce risks to people living within the community and develop better care options for people. For example, they were working alongside local authority initiatives in Buckinghamshire to reduce social isolation, and were aware of other initiatives such as police led systems for missing people. The registered manager had sought help from a local solicitor about communicating to people the importance of seeking power of attorney in protecting people's rights. One professional we spoke with told us "They are very willing to work collaboratively with families and professionals to ensure people receive good care. I have seen them work very effectively in difficult circumstances. I think they are a very, very good service".
- The service was involved in learning about initiatives in developing good care practice, and had links with the dementia alliance and other organisations supporting best practice initiatives.