

Hawksbill Homecare Limited

Right at Home - Camberley, Ascot and Woking

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 18 April 2016 and was announced.

Right At Home Care provides care and support to people in their own homes. The service provided personal care to 16 older people at the time of our inspection, some of whom were living with dementia.

The service is owned and operated by Mr Robert Thornton, who is the registered provider. Mr Thornton is referred to in this report as 'the provider'. There was a registered manager 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 and associated Regulations about how the service is run.

People felt safe when staff provided their care. They told us they could rely on their care workers. People said their care workers had never missed a visit and the agency contacted them to let them know if a care worker was running late. The provider had identified those people most at risk if their care was interrupted and had developed plans to prioritise the delivery of their care in the event of an emergency.

Staff received training in safeguarding and recognising the signs of abuse. They knew about their responsibilities if they suspected abuse and how to report their concerns. The registered manager had carried out risk assessments to ensure that people receiving care and the staff supporting them were kept safe. Where an incident or accident had occurred, there was a record of how the event had occurred and what action could be taken to prevent a recurrence. People were protected by the provider's recruitment procedures. The provider carried out pre-employment checks to ensure they employed suitable people to work at the agency.

People received their care from regular care workers who knew their needs well. New care workers were always introduced to people by the provider before they began to provide their care. The provider understood the importance people placed on having regular care workers and ensured people received a consistent service from familiar staff.

Staff had access to the training and support they needed to fulfil their roles. All staff attended an induction when they joined the agency and shadowed experienced colleagues until the provider was confident in their ability to provide people's care safely and effectively.

The agency worked co-operatively with people's families to ensure they received the treatment they needed. Relatives told us staff were observant of any changes in their family member's needs and said the provider contacted them if they had any concerns about people's health or welfare. People's nutritional needs were assessed and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required.

People were supported by kind and caring staff. People told us their care workers were polite, courteous and treated them and their property with respect. They said they had developed good relationships with their care workers and looked forward to their visits. Relatives told us that care workers were compassionate in their approach and sensitive to their family members' needs. They said staff knew how their family members preferred their care to be provided and genuinely cared about their welfare. The provider told us they only recruited staff with the attitude and approach to supporting people that reflected the agency's values, including providing high quality care that promoted independence, dignity and respect.

People received a service that was responsive to their individual needs. People's needs were assessed before they began to use the service and an individual care plan drawn up from the assessment. People were encouraged to be involved in the development of their care plans and the provider reviewed plans regularly to ensure they continued to reflect people's needs and preferences. Relatives told us their family member's care plans had been developed in a way which gave them as much choice and control over their care as possible.

The provider had established an effective quality monitoring system, which included spot checks on staff providing people's care. People's views about their care were also sought regularly through telephone calls and home visits. People said the provider had made them aware of the agency's complaints procedure but they had never needed to complain as they had regular opportunities to give their opinions about the care they received.

The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Care staff maintained daily records for each person, which provided information about the care they received. Daily records were audited regularly to ensure the quality of recording was appropriate.

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.

Staff were reliable and had never missed a visit.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency,

Staff attended training in safeguarding and knew about their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

Where the agency supported people with their medicines, this aspect of their care was managed safely.

Is the service effective?

Good ●

The service was effective.

People received their care from regular staff who understood their needs.

Care workers had access to the induction, training and support they needed.

The agency worked co-operatively with people's families to ensure they received the treatment they needed.

Is the service caring?

Good ●

The service was caring.

Care workers were kind and caring and had positive relationships with the people they supported.

Care workers understood people's needs and how they liked things to be done.

Care workers respected people's choices and provided their care in a way that promoted their independence.

Is the service responsive?

Good ●

The service was responsive to people's needs.

The provider assessed people's needs before they began to use the service to ensure the agency could provide the care they needed.

Care plans provided detailed guidance for staff about people's needs and the way they preferred things to be done.

People said care workers followed their care plans and were willing to do other tasks if needed.

Is the service well-led?

Good ●

The service was well-led.

People who used the service, their relatives and staff were encouraged to express their views and these were listened to.

The agency had established systems of quality monitoring which included seeking feedback about the service from people and their relatives.

Records relating to people's care were accurate, up to date and stored appropriately.

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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 was 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 18 April 2016. The provider was given 48 hours' notice of our visit because we wanted to ensure the Nominated Individual and the registered manager were available to support the inspection. Due to the small size of this service, one inspector undertook the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR 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.

During our inspection we visited the agency's premises and spoke with the registered provider, the registered manager and five care workers. We checked care records for four people, including their assessments, care plans and risk assessments. We checked four staff recruitment files and other records relating to the management of the service, including staff training and induction, the complaints log and quality monitoring checks.

We spoke with four people that used the service and two of their relatives by telephone to hear their views about the care and support provided. We received feedback about the service from three other relatives by email.

This was the first inspection of this service since its registration with CQC.

Is the service safe?

Our findings

People told us they could rely on their care workers and that their care workers had never missed a visit. They said their care workers almost always arrived on time and that they were kept informed if their care workers were running late. One person told us, "They are very rarely late and if they are delayed, we always get a call to let us know." Another person said, "Carers' arrivals and departures are very close to expected times. It hardly ever happens but if they are running late, I always get a telephone call from the office to let me know."

Relatives told us that care workers were always on time unless they had been delayed due to another person's needs at a previous call. They said the agency always contacted them or their family member to let them know if a care worker was running late. Care workers told us the provider made sure they had sufficient travelling time between their visits and that they did not have to rush people's care or cut short their visits. They said they always informed the agency's office if they were delayed on their way to a visit and that the message was passed on to the person receiving care. The provider had recently trialled an app-based system which enabled care workers to log in and out at people's homes with their smartphones. The provider told us this system had benefits for people who used the service and care workers and would be used permanently in the future. The provider advised that information stored on the system was regularly backed up and its security maintained by password protection.

People told us that care workers maintained the safety and security of people's homes when they entered and left the premises. They said the arrangements for ensuring security had been discussed with them by the provider. One person told us, "It was suggested we install a key safe to ensure the carers could get access. That has worked very well, it's a very good system." Care workers told us they were given information about how to maintain the security of each property they visited and to ensure people were safe when they left.

The provider carried out appropriate checks to ensure they employed only suitable staff. Prospective staff were required to submit an application form detailing qualifications, training and a full employment history along with the names of two referees and to attend a face-to-face interview. We found the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Care workers had received training in safeguarding and recognising the signs of abuse. This training was delivered in the induction for new staff and regular refresher training provided thereafter. Care workers told us the provider had reminded them of their responsibilities to report any concerns they had about abuse or people's safety. The provider had obtained the local multi-agency safeguarding procedures and staff had been given information about how to raise concerns outside the agency if necessary.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The provider had identified those people most at

risk, such as those living alone, and put plans in place to prioritise the delivery of their care in the event of an emergency. Staff always had access to management support as the provider and the registered manager provided out-of-hours cover on a rota basis.

Staff had carried out risk assessments to ensure that people receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Guidelines had been produced for staff about how to minimise any risks involved in the delivery of people's care. Where an incident or accident had occurred, there was a clear record of how the event had occurred and what action had been taken to be taken to prevent a recurrence.

Some people's care involved support with medicines administration. The provider told us there were three levels of support people could receive with their medicines, according to their needs. The provider said care workers received training in providing each level of support. Staff responsible for administering medicines had been trained in this area and their competency had been assessed. People told us their care workers supported them to take their medicines safely. There were protocols in place for the administration of 'as required' (PRN) medicines. People whose care involved the administration of medicines had a medicines administration record and the agency's care assessor audited these records regularly to ensure that people were receiving their medicines safely.

Is the service effective?

Our findings

People received their care from regular staff who understood their needs. People told us that they were always told which care worker was visiting them and that they knew their care workers well. One person said, "I have two regular carers, it's always one or the other. I know them both very well." People told us their care workers always stayed for the correct length of time and carried out all the tasks in their care plan. One person said, "They always stay the right amount of time, often a bit more if I need them to." Another person told us, "They always follow the care plan and they record the care in a book."

Relatives said their family members received consistent care and support from staff who were familiar to them. They told us staff were competent and well trained. One relative said, "We're very happy with them. They are well trained." Relatives told us that if a new care worker visited, they were always introduced to their family member by the registered manager before they began to provide their care. One relative told us, "Mum wasn't sure about having care to start with but she quickly settled with the consistency of carers, that really helped." Another relative said, "At the beginning, [registered manager] arrived with four carers, to introduce them to Mum. She explained that these were the girls who would be caring for Mum, to cover all shifts and holidays. The most senior of these would come along with a less experienced person, for the first two weeks, to make sure the care plan was working and Mum's needs being fully met. (Registered manager) said she would also visit to gain an overview and to give Mum and I an opportunity to chat about any concerns or changes we had realised were needed."

The provider told us they aimed to 'match' care workers with the people they supported by gaining an understanding of people's background, interests, and hobbies at their initial assessment. The provider said this information was used to help the agency identify a care worker with similar interests.

Care workers confirmed that they were always introduced to people before they provided their care. They said the induction process included shadowing colleagues to understand how people preferred their care to be provided. The provider told us shadowing experienced colleagues formed an important part of the induction process for new staff. They said that this element of the induction enabled new staff to observe and learn how the provider expected people's care to be delivered. The provider told us a member of the management team always observed and assessed a new care worker before signing them off as competent to provide people's care. We saw evidence to confirm this in staff files.

Care workers told us they had access to all the training they needed to do their jobs. They said they could request additional training related to people's needs if they needed it and the provider would support this. Care workers had received training in areas including dignity and respect, safeguarding, moving and handling, first aid, fire safety, medicines administration, dementia, food hygiene and infection control. Refresher training in these areas was provided on a regular basis. Staff told us the registered manager discussed the training with them to ensure their understanding of the material and to enable them to ask questions. Staff said they had also received training in the use of any equipment involved in people's care, such as hoists or endoscopic tube (PEG) feeding.

Staff told us they had access to regular one-to-one supervision, which provided opportunities to discuss their performance and any training or development needs they had. The provider had introduced the Care Certificate for staff, a recognised set of standards that care workers should demonstrate in their practice. The provider said all training was externally verified and that care workers' Care Certificates could only be signed off by staff who had attended a City and Guilds Assessors course. The provider told us three care workers were working towards this qualification and that all care workers would be expected to achieve it in time.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff understood their responsibilities in relation to the MCA. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. Care workers understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. People were asked to record their consent to their care and we saw signed consent forms in people's care records. Relatives told us that they had been consulted about their family member's care plans before consent was recorded.

The agency worked co-operatively with people's families to ensure they received the care and treatment they needed. People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required.

The provider told us that staff had been told to raise their concerns with the office if they noticed a change in a person's needs or suspected they were unwell when they visited. Care workers provided examples of how they had liaised with families and healthcare professionals, such as district nurses, about people's care. Relatives confirmed that staff always observed any changes in their family member's needs and that the provider contacted them if they had any concerns about people's health or welfare. They said care workers had been quick to spot any deterioration in people's health because they knew them well. One relative told us, "The consistency of carers allowed them to notice quickly if Mum's health changed. I was always consulted and medical advice sought when needed."

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us the care workers who visited them were polite, courteous and treated them and their property with respect. People said they had developed good relationships with their care workers and looked forward to their visits. One person told us, "They've been brilliant, I'm really happy with them. I enjoy a laugh and a joke with them." Relatives also provided positive feedback about the quality of care workers supplied by the agency. They said that care workers were kind and caring in their approach and sensitive to their family members' needs. Relatives told us staff knew how their family members preferred their care to be provided and genuinely cared about their welfare. One relative told us, "As they have got to know each other, many occasions have occurred for shared humour. Mum has formed friendships with 'her girls' which has made personal care a much more comfortable experience for my Mum. Their tactfulness and discretion meant Mum's confidence was maintained."

The provider told us they aimed to employ only staff who were able to demonstrate high standards of care and compassion. The provider said these qualities were explored at interview and psychometric testing used to identify people who demonstrated these attributes. Relatives told us care workers treated their family members with respect, dignity and compassion. They said care workers had encouraged and supported their family members to live their lives as they chose. One relative told us, "I would have no hesitation in recommending Right At Home. Their attitudes go a long way to supporting Mum's well-being and confidence. I have never had a second's concern about the carers regarding their honesty or their care." Another relative said, "The carers always show respect for Mum and her possessions. They never forget they are working in Mum's home. Mum is consulted as to her wishes regarding her meals, her shopping for food and personal items, what she wants to wear. If a carer is present when I arrive, they always offer to make me a drink, enabling Mum to be the hostess she always used to be."

Relatives told us care workers supported their family members to be as independent as possible. One relative said, "They support him to remain independent where he can. They help him where he needs help but otherwise they just keep a close eye on him." Another relative told us, "They do promote his independence, that's one of the goals in his care plan." Care workers told us the provider had instilled in them the importance of supporting people to maintain their independence. One care worker said, "We encourage people to be independent, to do what they can for themselves." Another care worker told us, "We make sure they are in control."

The provider told us they had developed a partnership with a local hospice to ensure that staff had the skills they needed to provide care to people towards the end of their lives. The provider said the hospice had provided training for the agency's care workers in delivering end of life care.

People had access to information about their care and the provider had produced information about the service. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

The provider issued each person with a privacy statement when they began to use the service. The privacy

statement explained what information the agency held about each person, how this information would be used and who else would have access to it. The provider had a confidentiality statement, which set out how people's confidential and private information would be managed. Staff were briefed on the statement and the importance of managing confidential information appropriately during their induction.

Is the service responsive?

Our findings

The registered manager assessed people's needs before they began to use the service to ensure the agency could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. Assessments also recorded the outcomes people wanted to achieve from the service and the support they needed to do this.

Relatives told us the registered manager had taken time to ensure the assessment accurately reflected their family member's wishes about their care. One relative said, "They really took their time with the assessment. All conversation was addressed appropriately to Mum, rather than through me. Mum was much reassured through this. She was given time to formulate answers and to consider what she would like to say. [Registered manager] gained Mum's trust. Mum decided there and then that she wanted these people to care for her." Relatives also told us the registered manager had communicated with healthcare professionals to ensure the assessment recorded any healthcare needs. One relative said, "[Registered manager] liaised with hospital staff about the assessment and spoke to them about Mum's medication and care needs prior to her leaving the hospital."

Each person had an individual care plan drawn up from their assessment. People and their relatives told us they were encouraged to be involved in developing their care plans. Once the registered manager had drafted the care plan, it was shown to people to check the contents reflected their wishes and preferences. The care plans we checked were person-centred and individualised. They provided detailed guidance for staff about people's needs to enable them to provide care and support in the way the person preferred.

The registered manager told us care plans were reviewed a minimum of twice a year with the involvement of the person and their family, or more often if people's needs changed, for example following a fall. This was confirmed by the care plans we checked. We found that all aspects of people's plans were reviewed, including mobility, communication, nutrition/hydration, personal care and medicines. Care workers told us they were always updated about any changes to people's care plans.

Relatives told us that care workers had responded well as their family member's needs had changed. One relative said, "Mum started to forget which carer would be coming, so they took to advising her when leaving who the next carer would be and at what time. Although Mum often still forgot, she gained confidence just from being kept informed. This is just one example of the daily fine tuning made to Mum's care as her needs changed."

People told us their care workers always followed their care plans and were willing to do other tasks if needed. One person said, "They do follow the care plan but they are very flexible. If I ask them to do something extra, they are always happy to do it." Another person told us, "They always ask if there is anything else they can do. Anything I've asked of them, it's never been a problem." People also said the provider had responded well if they requested changes to their care at short notice. One person told us, "They always do their best to accommodate us if we make any changes." Another person said, "They were fantastic when I needed them at short notice over Christmas."

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. People who used the service and their relatives told us the provider had made them aware of the agency's complaints procedure. They said they had never needed to complain but were confident the provider would manage any complaints appropriately. One relative told us, "I have not complained, I have never needed to. I have always felt comfortable raising any queries there and then with the carers or speaking directly to [registered manager]." Another relative said, "I have never needed to complain but I have every confidence a complaint would be dealt with properly." There had been no complaints about the service since its registration.

Is the service well-led?

Our findings

There was an open culture in which people who used the service, their relatives and staff were able to express their views and these were listened to. People were supported to have their say about the care they received and said they were contacted regularly by the registered manager or the provider. One person told us, "I'm always in touch with the office and they always check I'm happy. [Registered manager] has visited quite a few times and [the provider] too. It was nice to get to know the faces of the people I speak to in the office. That was a personal touch and I appreciated it." Another person said, "They 'phone us up and visit us to check we're happy with everything. They have always made changes made if we've asked for them."

Relatives told us they were encouraged to contribute their views and said the provider and the registered manager had a commitment to providing high quality care. One relative said, "From my first telephone call to [the provider], it was clear that he wanted to provide a good service. He had a genuine understanding of the very elderly, struggling with health issues and a level of dementia. His warmth and genuine interest in Mum's personality, interests and care needs was very helpful." Another relative told us, "I can speak to [registered manager] or [provider] at any point. They are always very helpful and willing to take my views on board."

The provider told us they only recruited staff with the attitude and approach to supporting people that reflected the agency's values. These values included providing high quality, individualised care that promoted independence, dignity and respect. The provider said that instilling the values of the service in the staff who provided people's care was important. The provider told us, "We are clear about our values with staff right from the recruitment stage. We look for staff with the right attitude. We instil our values through our selection procedures, our induction and training. It's an important part of what we do." Comments made by people who used the service and their relatives confirmed that staff demonstrated these values in their work.

Care workers told us the provider and the registered manager were approachable and supportive. They said they could always contact the registered manager or the provider if they needed to for support or advice. Care workers told us they were encouraged to give their views about how the service could improve and their suggestions were considered. They said the provider had spoken to them about maintaining the values of the service, such as treating people with dignity and respect and promoting their independence.

The provider had developed links with other local organisations involved in the provision of care and support services. For example the provider worked with a local hospice regarding the provision of end of life care and with the local branch of the Alzheimer's society.

The provider had implemented effective quality monitoring systems to ensure people received good care. This included making spot checks on the care workers providing people's care. The provider or registered manager visited people's homes by arrangement to check their care workers arrived on time, dressed appropriately, carried proof of identity and maintained the security of the person's property. The provider or registered manager also checked that care workers provided people's care safely and in line with their care

plan, promoted people's independence and treated them with dignity and respect.

The quality monitoring system also included regular telephone calls and visits to check people were happy with their care package. People's views were sought on whether they were happy with their care workers, whether their care workers were suitably trained and whether their care workers treated them with dignity and respect. The visits were also used to check that people knew how to raise any concerns they had. The provider had previously used an independent company to distribute and collate satisfaction surveys. The provider advised this had generated useful feedback and that they planned to repeat this exercise annually in the future.

The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Care workers maintained daily records for each person, which provided information about the care they received and, where necessary, their food and fluid intake and the medicines they were given. Completed care and medicines records were checked and monitored by the agency's care assessor to ensure that the quality of recording was appropriate. The registered manager told us that if the care assessor identified any shortfalls in the standard of recording, they met with the care worker responsible to ensure improvements were made.