

Oakingham Care Limited

# Right at Home Reading and Wokingham District

## Inspection report

Twyford Business Units  
Station Road, Twyford  
Reading  
Berkshire  
RG10 9TU

Date of inspection visit:  
08 May 2019

Date of publication:  
23 August 2019

Tel: 01182070600

Website: [www.rightathomeuk.com/reading-wokingham](http://www.rightathomeuk.com/reading-wokingham)

## Ratings

Overall rating for this service	Good ●
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?	Good ●

# Summary of findings

## Overall summary

### About the service:

Right at Home Reading and Wokingham District is a home care service. At the time of the inspection the service was supporting seven people in their own homes.

### People's experience of using this service:

We received positive feedback about the service and the care people received. The service met the characteristics of Outstanding in caring and Good in safe, effective, responsive and well-led.

People received safe care. Medicines were managed safely and there were enough staff to support people and keep them safe.

People were supported by skilled staff with the right knowledge and training.

Staff were exceptionally caring. Staff provided extremely sensitive and individualised support to people. This helped them maintain their independence and stay in their own homes. People felt staff were highly sensitive to their needs and protected their dignity and privacy.

People's care and support met their needs and reflected their preferences. The provider upheld people's human rights.

Effective quality assurance processes were in place to monitor and improve the quality of the service. There was a positive, open and empowering culture.

### Rating at last inspection:

This was the first inspection of service since it was registered.

### Why we inspected:

This was a planned inspection of the service based on our published inspection time frames.

### Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated Good. We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 exceptionally responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Right at Home Reading and Wokingham 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 (the Act) 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 Act, 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:

The service is a domiciliary care agency. It provides personal care to adults living in their own homes with a range of needs.

Not everyone using the service received regulated activity. CQC only inspects the service being received by people provided with personal care, that is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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:

We gave the service 24 hours' notice of the inspection visit to ensure the registered manager and senior staff were available. We visited the office on 8 May 2019 to see the registered manager and office staff and to review care records, policies and procedures. We contacted people who use the service as well as care staff by telephone on 17 May 2019

What we did:

We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return (PIR). This information helps support our inspections.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications submitted to us by the provider.

During the inspection:

We spoke with the registered manager, the nominated individual and the quality and compliance manager. We reviewed care and support documents for three people. We also reviewed three staff recruitment files, records of concerns and complaints, electronic medicines administration records, caregiver feedback reports, records of staff meetings and the registered manager's quality assurance records. In addition, we reviewed the provider's compliments file and a number of case studies which detailed care and support people had received. We also reviewed a spreadsheet compiled by the provider, containing evidence examples for all of the key areas.

After the inspection we attempted to contact four members. We received responses from two members of staff. We also spoke with two people who used the service and one relative. We attempted to contact a health professional who had worked with staff from the service but received no response. We also reviewed additional evidence sent to us by the provider including policies and procedures, details of staff training in assessment, compliments and comments from staff, people and professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People had commented they felt safe when being cared for by staff. In the provider's most recent survey all respondents had stated staff were trustworthy and dependable.
- The provider's 'no strangers' policy ensured people were always personally introduced to the staff providing their care.
- The provider worked to support people to feel safe in their homes. Staff had recognised some people were anxious about 'trick or treaters' at Halloween so the senior team printed 'Take care who you scare' posters for people to place in their windows to discourage 'trick or treaters' from scaring them.
- The provider had an 'open door' approach for staff, who were supported and encouraged to contact the registered manager and senior team if they had any concerns about people's safety. A staff member had commented, 'My managers are very supportive of their caregivers. Any problems that may arise are sorted out as quickly as possible.'
- The registered manager understood their safeguarding responsibilities and had a safeguarding policy in place. This detailed actions for staff to take such as reporting concerns to the local authority safeguarding team and to CQC.

Assessing risk, safety monitoring and management

- Effective systems and processes were in place to assess and manage risks in the service.
- Staff used comprehensive assessments and strategies to help people stay safe without restricting their freedom. For example, for a person living with dementia who liked to go walking, staff had completed a risk assessment to support the person to do this safely. Staff ensured the person's tracking device was fully charged and placed in their bag. If the person was not at home, staff could locate them easily using the tracker.
- Risks to people were also managed using the provider's electronic system. This was monitored by the registered manager and senior team in 'real time'. If staff did not log in or out of a visit within 15 minutes of the arranged time, email and text alerts were sent to the senior team. This ensured people received consistent, timely support. This system also produced alerts if staff submitted accident or incident records, enabling the senior team to manage risks to people by responding immediately when safety alerts were sent.
- To manage risks and provide safe care, staff completed the provider's mandatory training in areas including moving and handling and lone working. This enabled staff to protect people and themselves.
- Where people needed equipment to help them move, the provider ensured staff were trained to use the equipment in people's homes, just before care commenced. This helped prepare staff to use the equipment

safely in people's own environments.

- The registered manager maintained regular contact with staff working alone using a mobile phone application, to maintain their safety. In addition, staff were issued with 'winter car kits' by the provider to help them stay safe in bad weather. These included de-icers, a travel mug for hot drinks and an ice scraper as well as a flu jab reminder.
- The provider had detailed policies in place for managing risks such as injuries to people and fires.

#### Staffing and recruitment

- Sufficient numbers of staff were allocated to support people.
- The provider consistently scheduled regular visits from the same staff to enable people to develop trusting relationships with them. The nominated individual told us this meant people were more likely to confide in staff, and staff were better able to recognise changes in health, mood or behaviour. This enabled staff to address issues such as health problems early, to ensure people received the appropriate support.
- People were supported by staff who had undergone a thorough recruitment process. The provider carried out robust checks to ensure staff employed were suitable to support people. This included two references, police checks and psychometric testing to assess potential staff's suitability for the role.

#### Using medicines safely

- Safe, effective processes were in place for managing people's medicines.
- People were supported to take their medicines by staff whose competency had been regularly assessed.
- Electronic medicines administration records (e-MARs) were used by staff. To complete the e-MARs staff used prompts on their mobile phones. This helped ensure staff administered medicines correctly. The provider told us this meant the risk of errors were reduced as staff could not 'log out' of calls until all tasks were completed.
- The e-MARs and visit log could be viewed by the registered manager in 'real time'. They also audited records daily. This meant 'near misses' or inappropriate practice could be identified and addressed. We reviewed e-MARs for three people. All were completed correctly and there were no unexplained gaps or errors.
- People's e-MARs contained accurate lists of their prescribed medicines. They could be updated immediately in response to changes in people's needs. For example, staff members received secure communications from the senior team if people's GPs made changes to their prescribed medicines.

#### Preventing and controlling infection

- The provider had an infection control policy in place which contained specific guidance for staff about preventing the spread of infection.
- Staff told us about infection control techniques they used such as hand washing and use of gloves and aprons.

#### Learning lessons when things go wrong

- Staff reflected on incidents to manage risks and prevent accidents reoccurring.
- The registered manager maintained a 'Lessons Learnt' log which detailed significant events such as falls. This helped staff identify actions to improve and maintain people's safety.

# 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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were assessed by skilled staff who had completed appropriate training. Care plans were written by the registered manager using the provider's electronic system, in partnership with people and their families. Staff used a structured programme of reviews to ensure information contained in people's care plans was kept up to date.
- Assessments were detailed and identified people's support needs in areas such as medicines support, personal care and support needed with mobility and social activities. The electronic system allowed staff to instantly update care plans to reflect changes in people's needs. These were also shared securely with people's family members, with people's consent. Family members could also add useful information to people's care plans.
- The registered manager told us staff involved people and their family members in the assessment process to ensure people's preferences and needs were upheld. This was clear from detailed information about how people wished to receive their care and their preferred routines.
- Care plans also contained a 'one-page profile' which was used as a summary of people's needs for staff.
- Staff also completed assessments of people's environments to maintain safe standards of care.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed the provider's mandatory training which was based on the Care Certificate; an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed 'shadowing' shifts as part of their 12 week induction period, as a way of ensuring they were suitably skilled before supporting people unsupervised.
- Staff were supported by senior and management staff through a structured programme of supervision. This included regular supervisions, appraisals, spot checks, formal training and competency observations. The registered manager and quality coach offered regular refreshers and team meetings included always included a training element.
- Staff were supported to complete additional training and courses relevant to their role. These included nationally recognised qualifications and 'Train the Trainer' courses for staff to teach others.
- Results from the provider's staff survey showed all staff felt they had access to learning opportunities, and access to training they needed to do their job well. Comments from staff included, 'The management are so supportive and really care about not only the clients but all of us as a team. I feel valued everyday', and 'I like working for right at home because my managers are very supportive of there caregivers any problems that may arise are sorted out as quickly as possible.'



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

- People were supported with food and drink preparation as needed.
- Staff ensured people's fridges were well stocked and that food was labelled with opening dates to prevent waste and maintain safety. A relative commented, 'the fridge was well stocked and food was carefully labelled, and [relative] seemed happy with the carers.'
- People who were vulnerable to weight loss were identified. Staff supported and encouraged them to take part in preparing food to build their interest and encourage healthy eating. For one person this had resulted in them enjoying food more.
- Where people had specific dietary needs these were recorded in their care plans. Care plans also included prompts for staff such as leaving drinks within easy reach to support people to drink more for example.
- Staff often accompanied people to local restaurants and cafes so people were able to enjoy meals in a sociable atmosphere.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support;

- Staff worked effectively with professionals from health and social care to meet people's needs.
- The provider had worked hard to establish effective communication with people's GPs to maintain their health and wellbeing. The registered manager and senior staff had devised consent forms to give to people's GPs. These forms stated people had consented to staff working with health care professionals on their behalf. This helped ensure people received high standards of care.
- If people became unwell, staff promptly alerted their GP and other relevant professionals so treatment could be started as soon as possible.
- People were supported by staff to access support from professionals including physiotherapists, occupational therapists and continence nurses.
- The registered manager gave us several examples of how they had supported people to access healthcare services to help them have a higher quality of life. They told us they had supported one person by referring to and collaborating with several healthcare professionals. This resulted in an improved quality of life for the person who had previously stayed in their home. They were more active, healthy and were able to go out with their family.

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

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People's care plans contained evidence they had consented to receiving care and support.
- Records showed if people were not able to make decisions about aspects of their care, best interest decisions had been made on their behalf. These records included discussions with relevant professionals and people's legally appointed representatives.
- Staff had been trained in the Mental Capacity Act 2005 (MCA) and knew how to apply its principles when caring for people.
- The provider took opportunities to identify and address gaps in staff knowledge of the principles of the MCA. A staff member was supported to develop their understanding through an online quiz and refresher training in team meetings. This ensured the staff member developed their understanding in a positive and supportive way.

## 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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, people spoke extremely highly of the caring and sensitive approach of staff. One person said, "They [staff] are absolutely miraculous." Another person said, "They've [staff] been absolutely brilliant."
- People had made very positive comments about the service provided. Comments included, 'Can't fault the service from this company... Each and every aspect has been brilliant. Caring to its top level and a super bunch of people to deal with', and 'You surpassed our expectations as a company and we could not have been happier with the care you offered' as well as 'I cannot thank you/her enough for stepping into the breach during the festive period and going out of your way to support me and [relative].'
- Feedback from people and their relatives gathered through reviews and a national survey showed people were extremely satisfied with the care provided. 100% of respondents from a recent survey said staff were trustworthy and dependable, treated them with respect and would go 'above and beyond' to get people the support they needed. Comments from the respondents included 'I couldn't ask for better care at home' and 'I have been delighted with the service.' The provider also had a rating of 10 out of 10 on a well known review website.
- Professionals had also commented on the extremely caring approach of staff. Comments included, 'Your team is doing brilliant job... I can see the difference between other care agencies and yours.' Another professional commented 'Right at Home carers provided [person] with excellent patient centred care, they always seemed to go the extra mile to make [person] comfortable. The carers showed care and compassion throughout all their visits and communicated well with my team.'
- Staff told us they had developed genuine affection for the people they supported and took care to make sure people felt valued. One staff member told us, "It was [named person's] birthday and I took [them] a little potted plant – really put a smile on [their] face. On birthdays and special occasions staff also sent cards and small gifts to people. Sympathy cards were also sent and staff attended people's funerals.
- The registered manager gave us many examples of how staff went 'the extra mile' to support people. One staff member had worked with senior staff to take a person with limited mobility to a remembrance service. In another example, a staff member had helped a person put a memorial plaque for their late spouse and supported them during the unveiling ceremony. In further examples, staff had supported a person to attend a show, and another person to go to attend Royal Ascot.
- When people were admitted to hospital, staff often visited them to reduce any anxiety or distress. People's relatives had commented this helped people feel good and offered their relatives some respite.
- The registered manager told us when a person's boiler broke during cold weather, a staff member called the office to report the issue straight away. The nominated individual went to check the person was safe

and arranged for the repair of the boiler and arranged for the person to have temporary heaters until the boiler was repaired. Staff stayed with the person and ensured they stayed warm.

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

- Staff were extremely skilled at ensuring people were involved as partners in writing their care plans. If people were unable to express their needs, staff worked with family members to find out about people's preferences, social histories and needs. These were fully reflected in people's care plans and in the support they received.
- Care and support was highly individualised. People's first few visits were delivered by the registered manager or quality coach who then shadowed staff on the following calls to ensure care was being delivered in line with people's needs and preferences. Quality in visits was monitored using spot checks and audits.
- Staff were supported by the senior team through mentoring. This helped ensure staff were equipped with a range of communication techniques to provide individualised support.
- Without exception, people and their relatives were extremely positive about the way staff communicated with them about their care and support. Comments from relatives included, 'The office communicate with the family above and beyond anything we could wish for' and 'I feel I can pick up the phone anytime and have an honest conversation with my office - they are more than accommodating and always try to find a solution.'
- Staff maintained an in-depth knowledge of local services and advocated for people to ensure people were signposted to support from relevant organisations and professionals. This included a life coach, financial advisors, rehabilitation specialists and a local dementia charity. This helped to reduce people's anxiety by giving them access to the support they needed.
- The registered manager and senior team gave staff the training and support needed to deliver compassionate care. Staff were able to access online learning resources and additional qualifications and rotas and travel times were arranged so staff could always arrive at visits on time. This meant calls were unrushed and staff had enough time to build relationships with people.

Respecting and promoting people's privacy, dignity and independence

- Staff were dedicated to promoting people's privacy, dignity and independence. They used many creative methods to help people develop their functional skills and wellbeing.
- Staff anticipated people's needs and identified and addressed discomfort promptly. The provider had a policy of not allocating male staff for women who needed help with personal care. In addition, senior staff ensured that as much as possible people were paired with staff members with common interests and backgrounds. This helped ensure people received individualised care.
- Staff had supported a person who had suffered a fracture to completely regain their physical independence. The registered manager had allocated a supporting staff member with a common background, so the person could pursue their interests. The person improved so much that their relative felt they could manage their care on their own. The relative commented, 'It is with their help and support that [person] has made the recovery [person] has. I have nothing but praise for the team...for help with the health issues and now for the respite care (for myself) and companionship'.
- People's families praised staff for their ability to treat people with dignity. Comments included, 'Your staff were just so caring and compassionate. [Relative] was always treated with dignity and made to feel very special.'
- Staff understood the importance of maintaining people's privacy and dignity and were very sensitive to people's needs. One staff member said, "I help one person to the toilet and I always help [them] as [they] ask me to – I just go to close the windows, curtains, he can shout if it's needed – I do it in a professional manner." Another staff member told us, "If they need to use the toilet, I'll just shut the door and say please call me when you've finished. It's keeping it light hearted – asking them what they want help with."

- Evidence showed several examples of staff promoting people's independence and dignity. In one example a person only needed help to wash a part of themselves. A staff member would assist them, making sure they were covered to protect their dignity, then leave the person to finish their wash. The staff member returned only when the person asked for help. In another example, a person had completely recovered their mobility and independence due to the sensitive support provided by staff.
- The provider stored people's confidential information securely using the electronic system which was backed up regularly. This could only be accessed by staff with the appropriate security clearances. Staff also completed training in confidentiality to ensure people's information was not shared without their consent. Any paper records were also held securely in the office.

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Staff used creative and highly individualised methods to involve people and their families in planning their care. For example, for people with specific mobility needs, staff were trained to use mobility equipment in people's own homes. This ensured people received personalised, safe care.
- The registered manager completed a detailed assessment of people's care needs. Following this, a structured programme of regular reviews was used to ensure staff continued to meet people's care needs. Changes to care needs were updated in the electronic care plans so they were immediately accessible to staff. Staff accessed care plans through secure, hand held devices.
- People's care plans included specific information about their care needs, social histories and important relationships. Detailed guidance was recorded for staff about people's preferred routines and ways to help them maintain their independence. Family members were granted access to people's electronic care plans with people's consent so any updates could be shared immediately.
- People's social histories and interests were explored and documented by staff. This meant the registered manager was able to carefully match staff with people who shared similar interests and experiences to provide a highly individualised service. One person had lived around and worked with horses all their life. They were supported by a staff member who owned horses. Another person had worked as a teacher, so they were paired with a staff member who had worked as a teaching assistant. In another example, a staff member who had spent some time in another country was matched with a person who had also lived in the same country.
- People and their relatives gave extremely positive feedback about care the care provided and the positive impact the support had on people. One relative commented, 'My [relative] and I have been extremely happy with the service so far. Nothing seems too much bother. My [relative] really enjoys the support and companionship provided by the carers. It has given [relative] a new lease of life!'. Another relative commented, 'Right at Home work very hard to ensure that they give my [relative] the care [relative] needs. I am very impressed with the quality of care and the positive attitude of the staff and relieved to know that [relative] is in safe hands' a further relative commented, '[Nominated individual] and his team are an absolute joy to deal with. They take away any carer fears.'
- Staff were highly responsive to people's individual needs and ensured care and support was delivered in a flexible way. One relative commented, 'I would also like to thank you for being so flexible with our arrangements from the beginning, we always hoped that the support was only going to be required for a short period of time and the speed in which you put arrangements in place and then subsequently agreed when they could stop was also very much appreciated.'
- The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

- Staff creatively used a range of resources and strategies to support people with specific communication needs. For a person who was deaf, staff used signs and text messages to communicate. A staff member had been matched to this person due to their ability to use signing techniques. Another person living with dementia could not understand their schedule for visits, so staff provided a simplified version which they could read more easily.
- For people with memory difficulties, staff produced 'Meet the Team' photo sheets so they could easily recognise the staff who came to care for them.
- The provider used an extremely effective secure electronic care system to plan and deliver care to people. This system was used to log activities in care visits, record appointments, electronic medicines administration records and alerts. This meant staff could log completed activities and updates, identify risks and trends, and securely share information with designated relatives using computers and hand held devices. Staff could record care interventions 'as and when' they happened so that care records were 'live' documents. Staff also communicated with each other using a secure messaging system on their phones. This meant people received highly responsive, individualised care as staff had access to the most up to date information, and family members were also able to provide timely support through accessing their relatives' electronic care plans.

#### Improving care quality in response to complaints or concerns

- People stated they felt any concerns they raised would be acted on immediately and thoroughly investigated by the provider.
- There was a complaints policy in place which gave clear instructions about how to respond to concerns raised. There had been no complaints about the service since it's registration. Staff acted quickly on people's feedback to prevent any minor concerns escalating to complaints.
- The provider completed regular surveys to record people's feedback about the service. Results from the latest survey showed a 100% satisfaction rate regarding staff's caring attitude.
- Comments from people and their relatives included, 'We have not had need to complain but feel sure that if we did these would be dealt with to the satisfaction of ourselves in a very business-like manner' and 'I feel I can pick up the phone any time and have an honest conversation with the office – they are more than accommodating and always try to find a solution.'

#### End of life care and support

- Staff were very skilled at providing sensitive care to people at the end of their lives. Care plans were comprehensive and provided detailed guidance for staff on supporting people's physical, emotional, psychological and spiritual needs.
- People's relatives had spoken highly of the abilities of staff to provide sensitive support. One relative commented, 'We both feel that with all the carers you have sent us they really are a first-class team'
- Professionals had also commented on the skill and dedication of staff. One professional commented, 'The cooperation and team working between our teams was truly excellent. The partnership working was first class...with the result that [person's] last months were as dignified and comfortable as possible.'
- Staff promoted and supported people's diversity of need at their end of life by supporting people to practise their faith. For example when a person was very unwell their faith became even more important to them. They would read daily from their prayer book. When the person was no longer able to speak staff read from the prayer book at each visit to provide the person with spiritual support.
- Staff gave extremely compassionate support to people who needed end of life care and their families during emotionally challenging times. The registered manager told us staff had brought food for people's families and sat with people who were dying to provide relief to their families. In another example staff had waited with a family until the funeral directors arrived, after a person had died. The nominated individual also attended the family's home to provide reassurance and emotional support. They helped alleviate

distress for the relatives by making necessary calls and arrangements to ensure the person and their relatives received appropriate compassionate care after their death.

## 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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- People had made many positive comments about the service and the direct involvement from the registered manager and senior team, who often completed care visits. In a recent survey, 100% of respondents had stated the senior team were responsive to any queries and communicated any changes to their care visits or allocated staff.
- Relatives of people who used the service gave highly positive feedback about its leadership. One relative commented, 'Both the management of Right at Home Twyford and the carers looking after my mum, have been first class. Professional and thorough, but also friendly and considerate.' Another relative commented 'The staff are very knowledgeable and have implemented several specific tools to help manage my [relative's] care, they have also proved to be flexible, considerate and very thorough in their approach. The Registered Manager is very experienced and took great care to select the right carers and introduced them gently to my [relative].'
- Staff had also given extremely positive feedback about the service in the provider's recent survey. One staff member commented, 'This is by far the best company I have worked for. The management go above and beyond and encourage us to do the same, in return we have a very happy group of lovely people' another commented, 'The management are so supportive and really care about not only the clients but all of us as a team... I have already progressed in my career while here and I hope that I will remain here for a long time.'
- The registered manager displayed a commitment to providing responsive, individualised care which helped people maintain their independence. This vision was shared by the staff team who worked in partnership with people and their families to provide person-centred support.
- Staff had commented about how they were proud to work for a provider committed to providing care which met people's needs.

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

- The registered manager and senior team maintained a detailed oversight of the service through a system of regular audits and quality assurance reviews. Records were held securely on the provider's electronic system. The quality coach monitored all care visit notes and associated tasks daily to maintain quality and identify any concerns.
- As the electronic system was internet based, care plans and associated records could be viewed in any location by staff with security clearances. This meant staff could access the most up to date care records at any time, wherever they were.



- This also meant staff could add important information to care plans which could be viewed instantly. Examples of this included communicating with people's relatives if their medicines were running low or if they needed more cash."
- The business continuity plan could be accessed from the registered manager and nominated individuals' smart phones. This identified procedures for operating the service from another location, if for any reason senior staff were unable to access the office. This meant people's care and support were prioritised even in unforeseen circumstances.
- Risks and developments in the service were effectively managed, as the registered manager also delegated responsibilities to senior staff. This allowed the registered manager to maintain an up-to-date and comprehensive record of performance in the service.
- The registered manager made staff roles and responsibilities clear and provided structured support to staff to ensure they were skilled and confident. Staff benefitted from a programme of regular supervisions and were encouraged and supported to complete additional training relevant to the role.
- Staff were clear about what was expected of them and said they felt well supported by the registered manager and senior team. The senior team maintained effective, up to date communication with staff through using a secure mobile messaging application.
- The registered manager demonstrated understanding and positive leadership. They said, "I would not ask any of my team to do anything that I am not prepared to do myself."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service, staff and the public were involved in it in several ways.
- People were supported by staff to remain active members of their local communities through attending lunch clubs, going to church and through visiting friends. Staff had also supported people to make links with each other by helping them meet for lunch dates. This had reduced isolation and improved people's wellbeing.
- Staff worked with several local charities to help promote positive outcomes for people. Examples included providing a regular volunteer and raising funds for Age Concern, fundraising for a network of local charities, being adopted as the home care partner for the Alzheimer's Society and fundraising for a local dementia charity, which ran training sessions for services and families. A spokesperson from the dementia charity had commented, 'These funds will enable us to offer awareness sessions and support to family carers free of charge...your team...are clearly taking the extra trouble to understand the person behind the dementia, and making a real difference to the quality of life of those in their care.'
- Staff were given incentives to succeed in the service and were rewarded for hard work through the provider's 'Going the Extra Mile' award. Staff who won were given a gift and two hours free time to spend with a person doing something enjoyable. In addition, staff were rewarded for their hard work by the provider with meals out and small gifts.

Continuous learning and improving care

- There was a strong culture of reflective practice in the service. Staff took opportunities to reflect on care delivered to make developments. The provider's system of surveys contributed to a reflective culture. The registered manager told us they continually strove to make the service the best possible for people in their care.
- The senior team used social media sites to share best practice. This included a campaign to remind the community of ways to keep vulnerable people safe during the winter as well as the 'Be Aware Who You Scare' posters which had been given to people to deter 'trick or treaters.' In addition, best practice was shared between providers' services using a dedicated network, an annual owners' conference and an annual registered managers' conference. The providers' registered managers and owners in the same areas

also met regularly to share ideas for developments and to support each other.

- Staff regularly discussed practice during team meetings to identify improvements and talk about what had gone well. Staff meetings also provided learning opportunities in areas such as the MCA.
- Staff were given many opportunities to develop their practice through accessing courses from the provider's online training library. Staff were supported by the registered manager and senior team to complete courses to further their learning.
- The registered manager and senior staff held weekly meetings to maintain quality of care and ensure any actions were identified and completed.
- The registered manager submitted statutory notifications to CQC appropriately. These are notifications about significant events that providers must send us by law.

Working in partnership with others

- Staff worked effectively in partnership with health and social care professionals to promote people's health and wellbeing.
- Staff worked in partnership with professionals from social care and health to respond quickly to people's needs. For example, when staff discovered a person was not safe to be left alone they took advice from the local authority safeguarding team and arranged an additional welfare visit to check the person was safe.
- Professionals who worked with the service to provide treatments and support for people had commented on staff's expertise. One professional commented, 'Their carers have showed a high level of expertise and knowledge in managing complex clients and have been very receptive to our therapist's advice.'
- The registered manager and senior staff also communicated effectively with pharmacies to ensure changes to people's medicines were shared with relevant members of the staff team. This ensured people received their medicines in a safe and timely way.
- In addition, senior staff partnered with a local pharmacy to offer flu jabs to staff. This supported staff stay healthy, so they were available to support vulnerable people over the winter months.