

Stonewright Limited

# Wright Care at Home

## 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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Wright Care at Home is a domiciliary care agency providing personal care and support to older people and people with mental health needs living in their own homes. At the time of our inspection 13 people were receiving a personal care service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Feedback about the service from people, those close to them and professionals was consistently positive. Staff and people believed in the service and staff which demonstrated it was exceptionally well led and this openness and belief ran through the service. Staff commitment to achieve the best outcomes for people meant they worked creatively and empowered people to "live their best life".

People told us that there were always enough staff to meet their needs and relatives always felt people were safe. One person said, "I feel very happy and very lucky". Staff understood how to safeguard people and keep them free from harm. Risks to people's health were known to staff and staff worked to help minimise further risks to the person. Processes were in place to recruit people safely. Staff received training to support people with medicines. Practices were constantly reviewed in order that people received care that was safe.

Distinctive leadership had achieved a service that was outstandingly responsive and well-led. The service was innovative and dedicated to ensuring continuous quality improvement to make a real difference for people. Highly person-centred care truly enriched people's lives and helped them in a way which resulted in extremely positive outcomes.

People were supported to access healthy lifestyles and any support they needed from healthcare professionals. People were also encouraged and supported to connect with the community. Monthly newsletters were produced to promote everyone's involvement in the service. There was a focus on creating a service that welcomed and embraced people's diversity and promoted equality.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 last rating for this service was Good (published 20 September 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Wright Care at Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by a single 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.

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 five days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 16 March 2020 and ended on 02 April 2020.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection and we used this

information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the Care Director, registered manager, a care co-ordinator, two care ambassadors, and two careworkers.

We reviewed a range of records. This included three people's care records in their entirety. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. Surveys and newsletters were also reviewed, as were additional pieces of evidence relating to training and development for staff and the organisation as a whole.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visited the service, a District Nurse who spoke for the whole community nursing team and the external trainer employed by the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were robust and "Care Ambassadors" carried out spot checks. The registered manager and care manager had a programme of phone calls to people and their relatives to check all was well.
- All staff said they were trained and updated regularly, and records showed this. All spoken to knew what to look for and what to do about things if they found them.
- People were given photographs of all the staff they would be seeing before they visited, people found this reassuring. Systems were also put in place to protect careworkers who were lone workers.

Staffing and recruitment

- Staffing levels were determined by the number of people using the service. People told us "they are nearly always on time, but if there's an emergency they let you know".
- The service had a contingency plan in place with a rolling recruitment policy so they could pre plan for unknown events.
- Staff were paid for travel time and meal breaks which were planned into their day, and relatives said, "they always stay the correct time, [relative] never feels rushed."

Using medicines safely

- Care plans showed how people like to receive their medications. An additional sheet attached to the Medication Administration Record (MAR) means careworkers can detail any medication not taken or refused.
- The service was working well with pharmacists, district nurses and GP's to ensure people are receiving the most appropriate medication when their needs change.
- All medication charts are audited on a monthly basis. Care ambassadors carry out regular stock checks to ensure people are not stock piling.

Preventing and controlling infection

- Staff confirmed they had undertaken an infection control workshop during induction.
- Staff told us there were regular infection control checks, such as monitoring hand washing techniques, adherence to uniform standards and use of protective equipment
- Staff told us uniforms, hand sanitiser, shoe covers, gloves and aprons were supplied by the provider. People stated staff were meticulous in wiping down after themselves.
- There was evidence of existing and proactive systems and processes in place to prevent and control infection, supported by additional learning.

### Learning lessons when things go wrong

- The service had an ethos of continual reflection and analysis in order to constantly improve. Proactive plans were put in place to ensure both staff and people stayed hydrated in hot weather. Similar checks were put in place to ensure staff were safe in snowy weather. Reflective team meetings were used to improve and ensure safety is maintained. Additional "checking" phone calls were put in place when a person's relatives were out of the country.
- There was an open forum in all meetings so staff could express opinions on the service and their thoughts on how things can be done better such as by providing new fluid chart forms, which was a staff suggestion.
- People, staff and relatives all told us the registered manager was open and approachable, and there was a constant desire to "do better".

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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

- The service takes a holistic approach to assessing, planning and delivering care and support, using a strength-based assessment, concentrating on what people can do rather than can't do.
- One person told us their relative had been in hospital for a prolonged period so their family were concerned they wouldn't be able to live independently again. The person had lost confidence, and communication skills along with mobility. Staff had promoted their independence along with encouraging communication so now they were confident again. They told us "the careworkers are so good, so proactive and so kind".
- Care plans are very detailed and include person compatibility assessments (matching careworkers to people) and social inclusion assessments, as well as assessments for risks associated with mobility or other areas of concern.

Staff support: induction, training, skills and experience

- People told us "the staff are well trained and always know what they are doing".
- Staff told us they were well supported from induction onwards. Staff training had been developed and delivered around individual needs.
- Staff told us the induction programme was supportive, with face to face training as well as e-learning. Shadowing is mandatory within induction training and continues until everyone feels confident. Newcomers then "reverse shadow" until they feel competent enough to go alone. Staff told us "this really increased my confidence."
- Train the Trainer courses are undertaken through UKHCA accredited courses. This ensures qualified staff who can facilitate training in-house for Medication, Dementia, End of Life and Moving and Handling.
- Training is funded for everyone. All staff are encouraged and supported to work for Level 3 Diploma Courses. Two of the managers were working towards Level 4 and 5 respectively.
- An App on everyone's devices means all staff have access to all company policies and procedures to hand, reading lists created by Management and also the access should they require it, to person care plans and risk assessments. These were updated regularly by the care manager and ensured staff were up to date with any relevant notifications or changes.

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

- People were supported with their meals, and innovative ways were found to encourage when appropriate. One person receiving palliative care had a set number of staff looking after them, with very precise instructions about food and fluids.

- Charts for fluids and food and elimination are kept for those who needed them to prevent any discomfort. These have recently been redesigned to be easier for careworkers and sit within every file to promote good diet and health.

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

- Staff worked well with a large and varied number of health professionals in order to ensure good access to effective and appropriate care. This supported people to live healthier lives, access healthcare services and support and regain or maintain safe independence. Other professionals told us "Wright Care do a fantastic job – they provide a really good package of care, families are really happy".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found all staff were familiar with the principles of the MCA and knew they should never assume anyone was lacking capacity unless assessed otherwise. All staff carried a pocket guide with them and could easily refer to it. Staff also knew who was supported by an advocate.

- MCA assessments were carried out with every person and their family at the beginning of each package of care to act as a baseline, and were recorded in the Care Plan, to be reviewed if things changed.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care

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

- Staff received equality and diversity training to help them support people. The impact of this ensured staff were able to people in a way which respected their specific beliefs, with staff being advised by the care plan based on the person and their families wishes.
- Relatives told us the care plans were "all about the person". The registered manager told us they carried out informal telephone checks, which included checks on compatibility.

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

- People, Professionals and relatives told us everyone around the person was involved in decisions about their care in order to maximise their abilities.
- Guest speakers; people who are experiencing living with conditions such as a Stroke or Multiple Sclerosis have been invited in to talk to staff about their experiences of their condition and services. Staff found this added to their understanding of how to improve their interaction with people.

Respecting and promoting people's privacy, dignity and independence

- Staff recognised how important people's independence was to them and support to help them retain their independence if possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this. One person told us, "I do as much for myself as I can, but it is reassuring the staff are here to help me with the rest."
- One person told us "Wright Care is quite organised, very much in touch with what old people need". The person had experience of another agency and then changed to Wright Care and said, "they are very happy with them".

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People tell us that staff have outstanding skills and have an excellent understanding of their individual needs relating to their protected equality characteristics and their values and beliefs, which may influence how they want to receive care, treatment and support. A relative said that "(relative) was very depressed initially, so staff chose the careworkers the person liked best and that's really helped them regain their confidence".
- A one-page profile is the front page of the care plan to show what a good day looks like and how they would best like to be supported. What works best for them, and what they do not like. This is user friendly for people, relatives and the care teams.
- Staff were seen to understand the needs of different people and groups of people and deliver care and support in a way where needs were met as well as promoting equality by providing care appropriate to the personal wishes of the person they were supporting. The registered manager told us "People were encouraged to live the life they want to live". An example was provided by a carer who told us that care plans showed likes and dislikes, family history and what the person enjoyed and still enjoyed doing. This gives the carer a basis to then build a rapport with the person. "It may say I like to get up at 9am but like to have a cup of tea and spend time waking before having support and I like to sit and chat and enjoy this part of the visit."
- One member of staff told us they "changed my approach to care for each person involving the person as much as possible to allow choice". They went on to explain this was particularly important when considering people who may not wish for instance to know about or discuss their health status in any way.
- Daily handovers were sent with any person changes. This enabled a consistent approach to communication ensuring careworkers were always involved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careworkers.

- Relatives of people who had eyesight issue told us that all paperwork, the care plan, schedules and the newsletter were printed in larger print so their relative could read it easily.
- Staff told us about for one person who had lost sight they recorded their consent on a Dictaphone. The service was also looking at how a talking care plan could be delivered via voice activated technology or similar.

- One person says "no" when they mean "yes". Staff are aware of this and the person will point as well as saying "no" to indicate that they want something. This means that the person no longer gets upset and frustrated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One staff member told us an example for promoting independence, that they were particularly proud of. The carer supported someone that lives in a second floor flat and had not been out in the community for years. The carer managed to persuade the person to go into town in a wheelchair on a voluntary visit. The person loved doing this and did this twice with the carer. The impact was so great that they went on to purchase a mobility scooter and has now been on a bus holiday in Britain. This person then did a blog promoting our voluntary visits and how important it was for this to happen. We published it on our monthly newsletter. She was a retired health professional and Person-Centred Care was very important to them.
- One person used to knit a lot but had stopped, encouraged by staff they took this up again and started knitting hats for premature babies, something they still do even now they are in full time care.
- One family enabled CCTV to do a video link up, so careworkers would go in and set up the video link up so the person could see and interact with their family. Another person has support to do facetime and video link, this means they can see their grandsons. One person uses voice activated technology for medication prompts, which are then checked by careworkers.
- The service has set up a Voluntary Service that users do not pay for. Volunteers who are from the careworkers and office teams choose to offer up their spare time to deliver voluntary visits to people as a free service. For instance, they may assist people to go and watch a film, go to the theatre, Christmas shopping, hairdressers, garden centre, or any other activity the person requests. The registered manager said this increases accessibility to social activities "Because we care" and it is to "To combat loneliness in the community". One person told us that by helping them to re visit the town they hadn't been able to access for over three years that this had been the first of the steps to going back out again. They said that the service made it so easy and pleasurable. "I thoroughly enjoyed every moment. I can't thank them enough and I even bought something from a shop". This person has now also set up a rota of friends they can contact or who contact her at set times every day so now they "speak to a different person 14 times a week.
- Relatives and people were able to supply other examples of how the service promoted ways to prevent social isolation as well as motivating and supporting people to re-engage with interests and activities.

Improving care quality in response to complaints or concerns

- People who use the service and others were involved in regular reviews of how the service manages and responds to complaints. The service can demonstrate where improvements have been made as a result of learning from reviews. As an example, one person living with dementia was struggling to remember meals they previously enjoyed and had lost their appetite. Key workers of the person met and brainstormed ideas to address this. A brochure was made with pictures of meals that staff knew they had enjoyed, to provide choice and stimulus to eat properly. This was achieved on the second week with the person eating hot healthy meals again that they had chosen.
- The registered manager and management teams were able to demonstrate a continual process of reflection, learning and development which ensured concerns and complaints were both addressed promptly and learnt from.

End of life care and support

- One staff member told us they were the Train the Trainer for End of Life Care. They explained this is about respecting wishes and giving the person a dignified calm and good ending. It is supporting their fluid and nutritional needs and monitoring skin integrity. It is about compassion and communication and recognising

changes so care can be continually adapted to meet changing needs.

- Another staff member told us they had yet to go on end of life training. The person told us they have expressed a wish not to do palliative care packages yet and the team are supportive of this. They told us "They (managers) will always ask what we feel comfortable with and provide specific training if needed". If a person we are caring for dies,, they always support the team.
- The staff member went on to say that when a care worker passed in December in a tragic accident and the office opened all over the weekend and even sought bereavement counselling for us all. If a person dies, they will always check in on us and arrange for us to go to the funeral in uniform as a mark of respect.
- The community nursing team told us that they had good working relationships with the service especially with palliative care as the care plans are so clear with all information easily accessible.

# 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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoken with spoke favourably on all aspects of the service, notably the quality of care and how it was run. It was clear that the leadership team continued to develop a culture within the service to focus on the provision of outstanding care to people. People told us that the service was "well managed from the top down and back up again". Staff told us that they were always able to raise concerns with the registered manager "(registered manager) always responds even late at night or over weekends. Nothing is ever a problem"
- The wellbeing of staff was an important part of the organisations vision and values. They frequently checked that staff were content through team meetings and supervisions and put in several safety measures for those working alone. They have utilised an electronic monitoring system which allows a designated team member to track careworkers when in duty, but also have a system where staff ring when "safely home". They have created a takeaway coffee service from the office to deliver out to staff in cold weather, and cold water in hot weather. These measures were put in place to help careworkers feel recognised and appreciated as well as less isolated.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There is a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service
- The provider, registered manager and team promote an open-door approach and a non-blame culture. The duty of candour extends to a willingness to accept responsibility when required.

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

- Governance is well-embedded into the running of the service. There is a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. Leaders and managers see this as a key responsibility, along with adherence to regulatory requirements.
- Performance management processes are effective, reviewed regularly, and reflect best practice. Leaders and managers provide feedback to staff, and staff are comfortable and able to make suggestions for improvements and there is clear evidence that this process works well.
- The role of Care Ambassador was introduced because after reviewing the team leader role it was felt that

it needed to be more of a mentoring and supportive role rather than a people "management" role. Staff told us that Care Ambassadors were the link to the office management team ensuring policies were followed correctly, which was known within the service as the 'Wright' way. They are also the "named person" who regularly visits the person to ensure they are happy with the service.

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

- Staff, people, relatives and the general public through their volunteering role were all engaged in their experience of the service and adding to it when appropriate. There are consistently high levels of constructive engagement with staff and people who use services, including all equality groups. Rigorous and constructive challenge was welcomed from people who use services, the public and stakeholders and seen as a vital way of holding services to account. Following the last quality assurance survey audit, they implemented a further ad-hoc review which was held by the nominated individual. This person was someone new to the person being cared for, to see if any other concerns could be identified and resolved. This also enabled the person to have a wider team to talk to should they feel they could not talk to someone else in the management team.
- The service finds innovative and creative ways to enable people to be empowered and voice their opinions. They and staff are actively encouraged to discuss any concerns. There are high levels of open engagement when they do. There are boxes in the office so anonymous suggestions can be placed in to improve the service. Staff told us they felt confident to speak up and know they would be listened to.
- Other service held Wright care up as a role model. It worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. Leaders, managers and staff strove for excellence through consultation, research and reflective practice. The service had forged good working partnerships with many health care professionals and those contacted stated how person centred their approach was, and how well they contributed to care packages.
- The service has a systematic approach to working with other organisations to improve care outcomes. The service sees itself as an integral part of its community. It has developed community links to reflect the changing needs and preferences of the people who use it. The registered manager started an initiative to support people who were socially isolated by linking with a local children's nursery. The children made valentines cards that were personally written from them to people. The nursery used this exercise to teach the children what looking after others meant and how to help and show affection and emotions. People were overwhelmed with this and the service received many compliments. One person wrote the children a thank you note. Another example to raise awareness for Alzheimer's was the care workers dressing as elves and delivering gifts and cards to people. The registered manager said they received lots of support and their staff always really got involved with things like that. This was because the service saw it as an opportunity for further social interactions for the people they cared for. One person told us about the Valentine card they received and that care workers bought flowers, and said it made them feel "they mattered"
- Managers develop, discuss, promote and implement innovative ways of involving people in developing high-quality, outstanding practice that is sustained over time. The service achieves and develops authoritative quality standards for the sector, which was evidenced by the multi-disciplinary positive feedback we received.
- The registered manager told us following growth in their numbers an electronic method and people planner was bought in to log the safety of people and also to track any calls taking longer than they should, so they could review why this was happening. The impact of this was that they were able to ensure visits took place and none were missed. Relatives told us that "Even in snow they turned up" , " I feel very confident that they will turn up" and that "staff always turn up on time".

Continuous learning and improving care

- The service worked with an external trainer to ensure learning was both up to date. They also accessed other external events to ensure their knowledge and skills were as up to date as practicable. This approach to learning and improvement was both top down and bottom up.
- Handbooks were purchased to go alongside in-house employee handbooks and contracts to support careworkers new to the industry. These were found to be extremely effective for brand new careworkers to the role.
- Some staff had been trained as train the trainers for dementia and end of life. This ensured when people had specific needs associated with those conditions, they could provide the highest level of care. There was a dedicated falls champion within the team who focused on assessments and preventative measures to ensure people and staff were kept as safe as possible. Referrals to other professionals were made when required.
- Audits were utilised proactively to develop new and improved service delivery. They are always looking to innovate and work in new and more effective ways. Health questionnaires for staff were used to create a contingency bad weather plan that allowed both staff and people to have their needs prioritised safely. This knowledge was then utilised to create a further "pandemic" contingency plan.

#### Working in partnership with others

- The service has run First Aid events where people and other charities are financially supported to join in. At one event three people who were in receipt of care were supported to attend and said they really enjoyed this. Afterwards one person suffered a slight burn at home and knew what to do.
- Bespoke training was established to those new to care work in memory of one of their young care workers. Working alongside the family the 'Ellie Star Foundation' was created. The service are now ambassadors for the foundation and have worked to create bespoke workshop training sessions for all new recruits. These focus on what being a care worker does, and the emotions of a care worker rather than the actual role itself and the skills needed.
- Dementia information sessions were made available to families and friends of people and the wider community to support people living in their own homes.