Rimbula Ltd

Radfield Home Care Derby, Ashbourne & South Derbyshire

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

About the service
Radfield Home Care Derby, Ashbourne & South Derbyshire is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection it provided around 200 hours of support each week to 19 people, 18 of whom required personal care. 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
The registered manager was not working for the provider at the time of the inspection and had applied to cancel their registration; the nominated individual had plans in place for the management of the service and recruitment of a new registered manager. Systems were in place for the governance and oversight of the service, including the quality and safety of care, however not all incidents had been reported to CQC in a timely manner. Staff were clear on their roles and responsibilities and were valued by the provider. People were positive about the service they received and found the nominated individual approachable and supportive.

Staff were motivated to provide a caring service to people. People felt well cared for and staff understood the importance of people's emotional well-being. The service valued relationships with people and their relatives and actively involved them. The principles of privacy, dignity and independence were firmly embedded in the care provided.

People were central to their care and as a result had choice and control and were involved in care decisions. Staff had a detailed and thorough understanding of people's health, care and communication needs as well as knowing what they were interested in. Care was focussed on achieving positive outcomes for people and staff actively took steps to reduce social isolation and promote people's involvement in their communities. Concerns and complaints were viewed by the service as opportunities to learn and improve. When people required end of life care, this was planned sensitively with people and their relatives.

People received safe care and staff understood how to reduce risks to people, including the risks of avoidable harm and abuse. Safety management processes were in place and followed so that any incidents were reported and reviewed for lessons learnt.

Procedures were in place and followed for the safe management and administration of medicines and infection prevention and control.

Pre-employment checks were made on staff to ensure they were suitable for the role. There were enough staff to meet people's needs and care calls were planned to ensure the same staff supported people, they could arrive on time and stay for the full duration of the call.

People's needs were assessed, and staff had the skills and knowledge to effectively meet people's needs. Staff were supported with their professional development and received support in supervision and appraisal meetings.

Where people received care to help with their meals and drinks this was provided, and assessments of people's needs helped staff to do this effectively. Other health and social care professionals were involved in people's care when needed.

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

Rating at last inspection
This service was registered with us on 27 April 2020 and this is the first inspection.

Why we inspected
This was a planned inspection.

Follow up
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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Radfield Home Care Derby, Ashbourne & South Derbyshire

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
This inspection was completed by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. A manager was registered with the Care Quality Commission at the time of inspection, however they had applied to cancel their registration; this was being processed and they no longer worked for the provider. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the nominated individual (who was also one of the Directors) would be in the office to support the inspection. Inspection activity started on 13 July 2021 and ended on 20 July 2021. We visited the office location on 20 July 2021.

What we did before the inspection

We reviewed information we had received about the service. The provider had completed 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. We used all of this information to plan our inspection.

During the inspection
We spoke with three relatives of people who received care from the service. We spoke with five members of staff including the nominated individual, the interim support manager and three care assistants.

We reviewed a range of records. This included the relevant parts of three people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

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.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help safeguard people. Relatives told us they felt staff provided safe care and that staff took steps to ensure people's homes were kept secure. Information on safeguarding processes had been included in information provided to people when they started using the service.
- Staff had been trained in safeguarding and understood how people could be at risk from abuse and what actions to take to help keep people safe. Staff had received information on and understood the provider's whistle-blowing policy. Whistleblowing is the process staff follow to report things if they are not done correctly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place for people's care needs associated with their health conditions. Staff understood what care actions to take to help reduce risks to people.
- Risk assessments were in place for risks in the general environment, such as from trips, falls and staff lone working. Records showed staff had followed procedures to report any concerns with people's safety.
- Staff reported any incidents and risks to people's safety and well-being; actions were taken to ensure people's safety was promoted. This helped to ensure lessons were learnt when things had gone wrong.

Staffing and recruitment

- There were enough staff planned to meet people's needs. Staff told us they had sufficient time planned to travel between calls and provide care and we saw evidence of this.
- Relatives told us staff were consistent and they arrived in a timely manner and stayed for the expected duration of the call. New staff were introduced to people and their relatives before they started to provide care. One relative told us, "To me, it's the peace of mind of knowing the staff who are coming; I can relax a bit more. It's nice to know them - I can trust them." Another relative told us, "Staff know [person] so well due to [their] consistency."
- The provider's recruitment processes were followed and were in line with nationally recognised guidance for staff working with vulnerable adults, and checks were made on staffs' suitability to work at the service before they were employed.

Using medicines safely

- Processes for the safe administration of medicines were in place and followed. Relatives told us when staff assisted with medicines, they administered them as prescribed and recorded this on medicines administration record (MAR) charts. Records confirmed this.
- Staff had been trained and had their competency checked to administer medicines safely.

● Audits of medicines administration identified where any improvements were needed, for example they had identified where improvements were needed on recording topical creams. Staff received medicines administration reminders at team meetings. These actions helped to ensure medicines management and administration were completed safely.

Preventing and controlling infection
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for staff.
● We were assured that the provider's infection prevention and control policy was up to date.

Good

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 were assessed prior to them receiving care. Assessments were in place to cover people's health, care and well-being needs and staff had access to these when delivering care.
● Assessments were kept under review and informed people's care plans. These were further developed with people, their relatives and staff.
● Staff had effective access to care plans and assessments on a secure application on their mobile phones.

Staff support: induction, training, skills and experience
● Staff new to working in care completed the Care Certificate training. The Care Certificate is a nationally agreed and recognised set of standards for social care.Relatives felt staff were well trained and knowledgeable on people's health and care needs.
● Staff told us, and records confirmed they were trained in areas relevant to people's care needs. Where people had care needs associated with conditions such as autism, stroke, diabetes and multiple sclerosis additional training had been arranged; this helped to promote equality and ensue staff had appropriate skills and knowledge. Further training was planned for dementia care.
● Staff had supervision and annual appraisal meetings. These meetings provided staff with the opportunity to reflect and learn from their practice, receive personal support and agree any professional development. Staff practice was assessed through regular spot checks or direct observations of the care they provided by the management team.

Supporting people to eat and drink enough to maintain a balanced diet
● Where staff provided care for eating and drinking, relatives told us this was done well. One relative told us, "Staff make sure they are eating, they leave sandwiches [where] they will notice them there and eat them."
● Any food allergies had been recorded in care plans and staff were knowledgeable on these. Care plans reflected people's preferences for food and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access healthcare services and live healthier lives. We observed the nominated individual liaised with other external health care professionals to help ensure people accessed the healthcare they required. Records showed where staff had quickly identified a potential stroke and had sought emergency healthcare in a timely manner.
● Relatives told us staff were aware of any changes to people's healthcare needs. One relative told us, "Staff will tell me if something needs watching, like if their foot is a bit swollen."
● Records showed the service pro-actively made contact with other healthcare professionals such as GP's,

mental health teams and district nurses to ensure people received effective care.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.
● No one using the service was subject to any restriction of their liberty under the Court of Protection. The service held records of where relatives held any Power of Attorney. A Power of Attorney is a legal agreement that gives the power for one person to act for (on behalf of) another person in their best interests.
● People's consent was obtained prior to staff supporting them. Written consent records were in place. A relative told us, "Staff always tell them what they are going to do."

Good

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 as good. 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; Respecting and promoting people's privacy, dignity and independence

- Relatives told us how caring the service was. One staff member told us, "I try my hardest to get a smile out of people every day." A relative told us how much it meant that staff went to this effort. They said, "Staff are very happy and very caring, and they make [Person's] life a bit easier; [Person] smiles at the staff; [Person] is good and happy with the staff." Staff spoke warmly of the people they cared for. One staff member told us, "I can't wait to go to work, I miss them." Staff were highly motivated to care for people.
- The service and staff did extra things to make people feel cared for. They gave birthday cards and cake to people to help celebrate their birthdays. Staff had arranged a birthday party for one person so they could celebrate with their friends and neighbours. One member of staff told us, "I have a little dog and sometimes I will pop along with the dog and it puts such a smile on their faces." Over lockdown, the nominated individual arranged for a couple who used the service to view a live stream of a local band playing their favourite song just for them. People's happiness mattered to staff and they took steps to make people happy.
- Relatives told us they felt cared for too. Staff told us and records showed where staff had noticed relatives support needs due to them caring for their loved ones; staff had offered support and guidance and continued to check on how they were feeling. One told us, "[Nominated individual] looks after me as well; they make sure I am looking after myself." The service worked to build and maintain open and honest relationships with people and their relatives.
- The provider had been recognised as a Dignity Champion and was developing a staff role to be an Equality and Diversity Champion. Information given to people when they started using the service expressed how any ethnic, cultural and religious needs would be respected and that any discriminatory behaviour was not tolerated. People were able to choose whether they preferred care from male or female staff. The nominated individual told us of where this choice had been important for people using the service. People had been able to discuss sensitive issues with the service to ensure they received the care they needed and promoting people's dignity was embedded in the culture of the service.
- Relatives told us staff were mindful of respecting people's privacy and dignity. One relative told us, "They have a shower every day and staff are ever so careful to keep them covered and put towels round them; staff know how proud they are, and they are extremely understanding." The provider was committed to providing care with dignity, privacy and supporting people's impendence. This commitment was included in the 'Service user' guide given to people at the start of receiving any care. Commitments were also made to ensure people's personal data was kept confidential.
- Staff understood the importance of promoting independence skills with the people they care for. One staff member told us, "[Name] would let me shave them but I encourage them to walk to the bathroom and

shave themselves." Another staff member told us they were trying to improve people's mobility, they said, "I try to get them to do as much as they can, some struggle with speed, so I don't rush them, I reassure them and look to boost their confidence." Records showed another person was supported to manage the controls of their mobility equipment and so remain as independent as possible. Care plans recorded what people were able to do independently. People's independence was promoted.

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

● One relative told us how they had been supported to be an active partner in the care for their loved one. They said, "[Person] wants me involved at the moment." The relative had been trained and had their competency assessed to enable them to work with staff and assist their loved one to move safely when needed. Another relative told us, "[Person] and us are always part of the decision." People and their relatives were encouraged to explore care and support options and resolve any issues sensitively with staff to ensure people received the care they needed.

● Relatives told us their loved ones and their views had been sought at the initial assessment meeting and that the service had continued to involve them in making decisions about their care. Records confirmed this.

Good

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 as good. This meant services were met through good organisation and delivery.

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

● People and relatives were consulted, empowered and listened to. One relative told us, "[Staff do exercises with [person] that the physio has given us, [person] thinks they will walk again and the exercises are for strengthening; [person] can walk if there are two of us [to support] and staff help me take [person] for walks." Another person had expressed they had been uncomfortable when assisted to move; the provider reviewed this and agreed with the person how they would feel more comfortable. People were involved in their care, to have choice and control and were supported and empowered to work towards goals that were important to them.

● Relatives told us people's care was personalised and staff knew people very well. One relative told us, "Staff understand [person's] right sided weakness, …it's been so important for staff to know and understand how [person's] body works." Staff understood people's individual health and care associated needs.

● Care plans guided staff to focus on the person's wellbeing and outcomes they wanted to achieve from their care; this was supported by the provider's policy for 'client care planning', which promoted personalised care. It covered how people were matched with staff who had the skills to meet their needs; considered how people's diverse needs could be met; and an awareness of diverse cultural needs in personal care, religious observance and diet. People's care plans reflected their personal choices and daily routines and health and care needs. Care plans and staff promoted people's well-being and positive outcomes.

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 carers.

● People's communication needs had been assessed. Care plans included where any aids or alterative communication methods could be helpful. A relative told us, "Staff definitely understand [person's] speech variations."

● The nominated individual told us they had raised awareness with staff over ways to overcome any communication barriers from staff wearing face masks. The nominated individual also assessed any communication needs and reflected those in the care plan; they were aware of a variety of methods to assist effective communication and support people to overcome sensory loss.

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

● Staff actively considered ways to reduce social isolation for people. The nominated individual told us staff noticed one person seemed to be experiencing some loneliness. They spoke with the person and their relatives and supported for the person to adopt a cat for additional companionship. The service took steps to make a positive impact on people's well-being.

● Staff encouraged people to be actively involved in their local communities. One relative told us, "Staff encourage [person] to walk and see their friend. If their friends are outside having a coffee, then staff will promote [person] to pop out and have a coffee with them." One staff member told us how they looked at the care calls a person had and identified which ones would enable them to support the person to have lunch with a neighbour. Staff recognised the importance of, and supported people's involvement in their local community.

● Relatives told us staff would take time to discuss people's interests and hobbies with them. One relative told us, "Staff talk to [person] about gardening which [person] loves and staff help them plan their day, they go for a walk with [person], [person] loves gardening and staff talk to them about the garden and houseplants, they keep her active with those." Another relative told us, "Staff suggested a memory jar idea, so we put in what we did each day and then we pick one out to discuss; staff try little tactics to keep [person] active and interacting." Staff we spoke with knew what people were interested in, one staff member said, "[We have] details on people's favourite things and common interests, one person likes darts; there's always something to talk about as we get to know them." Staff kept people involved in what was important to them.

Improving care quality in response to complaints or concerns

● Concerns and complaints were viewed by the service as opportunities to learn and improve and innovative approaches to improve care quality were tried. The nominated individual told us one person had not complained but had been resistant to having carers. Staff started to wear polo shirts instead of tunics when they visited, and the person became happier to accept their help. Staff were reminded at team meetings any concerns could be raised so that improvements could be identified. Relatives told us their views were listened to and the service was focused on improvements. One relative told us, "Carers have also given some ideas on how to improve care." The provider actively looked at ways to improve care.

● No formal complaints had been received by the service; however the nominated individual had treated any issues raised or any dissatisfaction as complaints and had reviewed these for lessons learnt and improvements. This had led to learning and improvements in communication and quality of care. One relative told us, "Any slight niggles are sorted immediately." People had been involved throughout any review of issues and their satisfaction with the end outcome was recorded.

● The provider had a complaints process in place and people received information on how to make a complaint when they started using the service.

End of life care and support

● The service helped people explore their end of life care wishes when this was relevant. People's end of life care planning was personalised and reflective of their choices. Consideration had been given to any religious or faith needs, where people wanted to be and who they wanted with them. Plans for pain relief and what physical and emotional support was required from staff were also considered.

Good

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.

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

● The provider had notified CQC of some, but not all reportable incidents. However, all the required notifications were sent shortly after our inspection along with evidence to show governance systems had been updated to ensure this was checked going forwards. Records were mostly well-maintained and up to date and actions were in progress to further improve record keeping in the service. Other systems to ensure oversight and governance of the service were in place and these included spot checks, audits, reviews of care plans and risk assessments and regular contact with people to ensure they were satisfied and happy with the services they received.

● The registered manager had applied to cancel their registration with the CQC at the time of this inspection and this was being processed; they were not working for the provider at the time of the inspection. The nominated individual had plans in place to ensure the condition to have a registered manager for the service would be met going forwards. They had also made plans to ensure adequate management cover during the absence of the registered manager.

● Staff were clear about their roles and responsibilities. The nominated individual had recently developed a career structure to allow staff to progress and develop their skills in the company. Lead roles were also in place or being developed, such as a lead role for dementia. equality and diversity and social inclusion.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● The service had clear values of being a family, proud to care and of being on the side of people and empowering them; these were understood and reflected by staff. Relatives and staff consistently told us they felt valued and listened to. Staff spoke highly of working for the service, one told us how much they enjoyed it and said, "I've found my job for life." Another staff member told us, "I feel like I'm not in a job, I'm looking after people and caring for them."

● The service supported a positive culture with a 'carers pledge' and actions that valued staff. These included a 'Disability confident' award in 2020 for their staff recruitment practices and a small business award in 2020; staff were paid for their travel time, mileage and the service had accreditation for being a real living wage employer; staff were rewarded for length of service and supported with their training and development.

● The policies in the service supported person-centred care and respected people's diverse needs and

promoted equality.
● Feedback from relatives on the quality of the service was consistently positive. One relative told us, "I am very pleased with it; I'm very, very glad I've got who I've got, they are reliable and consistent." Feedback had been sought from people, relatives and staff and their comments had been reviewed and had led to improvements.
● Relatives and staff consistently told us the nominated director was approachable and supportive. One relative told us, "I find [nominated individual] extremely approachable; its run very well." One staff member told us, "I know the management are always there, they've never not picked up the phone."

Working in partnership with others; 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;
● Relatives and staff told us, and care records showed the service worked in partnership with other health and social care professionals to achieve good outcomes for people. Staff told us where they had worked with an occupational therapist to assess how best to support a person to mobilise with equipment.
● Other partnerships had been entered into that had wider environmental impacts. For example, the provider was part of a scheme that planted trees and they had reduced their paper usage by using IT based care planning systems.
● The service used social media to share good practice and signpost people to advice on health and care issues.
● The nominated individual was aware of their duty of candour and we saw evidence where the service had apologised to people if things could have been done better.