

Cera Care Ltd

# Radcliffe Home Help Services

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Radcliffe Home Help Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. At the time of the inspection, 71 people were receiving support with personal care.

People's experience of using this service:

The risks to people's health and safety were assessed and used to reduce risk. Some risk assessments were brief in detail and action was being taken to address this. People felt safe when staff supported them. Staff followed company policy by ensuring all concerns about people's safety were reported and referred to the authorities where needed. Some people raised concerns about staff arrival times; however, when records were reviewed we found most calls were attended within 30 minutes of the agreed time.

People's medicines were managed safely. People felt staff understood how to reduce the risk of the spread of infection. There were clear processes in place for continued learning to ensure people received safe care and support.

People's needs were assessed prior to them starting with the service. Action had been taken to ensure that recognised best practice guidance was used to inform staff about some health conditions. Staff were well trained and had their competency to carry out their role regularly assessed.

People who needed support with their meals received appropriate support from staff. People had access to other health and social care agencies where 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. We did note that some mental capacity assessments were not decision specific and action was being taken to address this.

People praised the approach of the staff and they had formed positive relationships with them. People were treated with dignity and respect and people found staff to be kind and caring. People were supported to make decisions about their care needs and staff respected their wishes. People's records were stored securely to protect their privacy.

People's care was provided in their preferred way. Staff understood people's preferences and enabled people to make choices about their care. People were encouraged to attend groups to reduce the risk of social isolation. People had access to information in a format they could understand. Complaints were handled appropriately and in-line with the provider's complaints policy. People did not currently receive end of life care.

People were overall satisfied with the standard of the care provided, with many stating they would recommend this service to others. Staff had a good understanding of people's needs. They enjoyed their role and looked forward to a period of stability when the new manager was appointed. People's views were

welcomed and valued, and action was taken to address any concerns. Quality assurance processes were in place to continually assess the standard of the care provided.

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

Rating at last inspection: This service was registered with us on 15 October 2018 and this is the first 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?

Requires Improvement ●

The service was not always 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.

# Radcliffe Home Help Services

## **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 was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 did not have a manager registered with the Care Quality Commission. An application for a registered manager had been received and we are currently assessing this application. This means that currently the nominated individual is 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be available to support the inspection. The inspection was completed in one day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

During the inspection

We spoke with 10 people who used the service and one relative. We asked them about the quality of the care they received. We also spoke with three care staff, a care co-ordinator, care manager, regional manager and director of care.

We reviewed a range of records. This included all or parts of records relating to the care of 11 people as well as a range of staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection

We asked the director to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

# 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

- ☐ People told us they felt safe when staff supported them with personal care within their homes. One person said, "Quite safe, as in the evening they see me to bed safely and lock up for me and that makes me feel very safe."
- ☐ The provider's safeguarding policy provided staff with guidance on what they should do if they felt the safety of people was at risk. This included the provider reporting any concerns to the local authority and the CQC when they had been notified of any allegations of abuse or neglect. Records showed they had done so when required.
- ☐ All staff spoken with felt confident that the provider would act on any concerns raised. This made them feel comfortable in raising concerns and that people's safety was important.

Assessing risk, safety monitoring and management

- ☐ The risks to people's health and safety were appropriately assessed, acted on and reviewed. Risk assessments were in place for identified risks. This included supporting people with their personal care and medicines.
- ☐ We identified that some risk assessments required more detailed guidance to meet current standards. This has been reported in more detail in the 'effective' section.
- ☐ Environmental risk assessments were completed. These assessed potential risks safety in each person's homes. Emergency evacuation plans were also in place to help staff and emergency services to evacuate people quickly and safely, considering their physical and mental health.

Staffing and recruitment

- ☐ Most people felt staff arrived at the time they expected their calls, although a small number did feel that staff punctuality was an issue. One person said, "Yes they are mostly on time and do phone if held up. There are no missed calls and stay the (allocated) time." Another person said, "They are usually on time and never missed coming to me."
- ☐ Due to some people raising concerns about punctuality we carried out a random sample of six people's arrival times over a three-month period. We noted that whilst some calls were late, or some cases early; almost all were carried out within 30 minutes of the expected arrival time. This was within the agreed contractual arrangements when people started to use the service.
- ☐ The director told us that they felt punctuality was not a wide-spread issue, but, due to the rural location of the service, some calls can take longer to get to than others. We noted people took part in regular quality assurance telephone interviews and punctuality was one topic discussed. Feedback from people, in most cases, was positive.

- ☐ Staff felt they were able to arrive at most calls on time. One staff member said, "Yes, we have enough time with our clients and we are allocated enough travel time in between so there's less chance of being late to people, if we think someone needs longer we inform the office and they talk to all the carers and go out to reassess people."
- ☐ Staff were appropriately vetted before they started to commence their role. This helped to reduce the risk of people being cared for by inappropriate staff.

#### Using medicines safely

- ☐ Where people received support from staff with their medicines, they told us this was done safely and in accordance with their preferences. One person said, "Yes. What they do is supervise my meds and ensure they are taken in correct rotation. This is important with what I have, and they ensure it is correct. They always have gloves on and I get my meds on time."
- ☐ Robust medicine records were in place. These recorded when a person had taken or refused to take their medicines. Where people had refused to take their medicines, staff had recorded this and the reasons why. This enabled action to be taken if a theme developed.
- ☐ Staff competency was regularly assessed. Regular audits of people's medicine administration records were completed. This highlighted any recording or administration errors. Numbers of errors were low, but if needed, staff received further supervision of their competency or in more serious cases were removed from administering medicines until they had undergone further training.

#### Learning lessons when things go wrong

- ☐ There was a process in place that ensured accidents and incidents were recorded and investigated. Where needed, actions were recommended by the management team and then followed up to check they had been completed.
- ☐ Regular analysis of any accidents or incidents was conducted to enable the provider to identify any themes or trends in people's care. Enough action was being taken to reduce of recurrence. This included referrals to health and social care specialists such as occupational therapists and social workers.
- ☐ Where there was any learning required from these incidents, this was discussed with staff during supervisions, or collectively in team meetings.

#### Preventing and controlling infection

- ☐ Staff had received training to help reduce the risk of the spread of infection in people's homes. People did not raise any concerns with the way staff helped to reduce the risk of the spread of infection.



# 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 Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- ☐ People's physical, mental health and social needs were assessed prior to them starting with the service. These records were reviewed to ensure they remained in line with people choices. People's protected characteristics were also considered when care plans were formed. This reduced the risk of people experiencing discrimination.
- ☐ However, we did note some risk assessments were quite short and required more detailed guidance for staff to reduce risks to people's safety. The director acknowledged this and told us a review of all risk assessments would be carried out to address this. However, people told us they were happy with the way staff supported them within their home.
- ☐ Some care records did not contain reference to current legislation and best practice guidelines. Whilst the records we looked at did provide staff with enough guidance to provide people with safe and effective care; it was not always clear what resources had been used to ensure care records continued to meet best practice guidance. The director told us they had confidence that people's care was provided in line with current best practice guidance.
- ☐ After the inspection we were informed that this issue had been addressed. Best practice guidance 'fact sheets' had now been included in all relevant care plans for conditions such as pressure care and strokes.

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

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

We checked whether the service was working within the principles of the MCA.

- ☐ People's ability to make decisions about their care were assessed and recorded within their care records. Where they were able to consent to decisions, they had signed their care records. Where they were not, best interest decision documentation was in place to ensure that any decisions made for people were always done so in their best interest. Appropriate relatives and where applicable, health and social care professionals contributed to this process. Staff had a good awareness of the MCA and could explain how

they ensured people's right to choose was respected.

- ☐ We did note that the best interest decision records were not always made for specific decisions and covered a more general approach to all aspects of care. Whilst people's needs and wishes had been considered, this approach was too wide-reaching and did not refer to more specific elements of care. This is important because some people could decide about one part of their care but not another.
- ☐ The director acknowledged their approach to assessing and recording people's ability to consent required review and they us they would address this to ensure that all people's rights were respected for all decisions. This will also ensure the provider is fully complying with the principles of the MCA.

Staff support: induction, training, skills and experience.

- ☐ People felt staff were well-trained, and had the skills, training and experience to provide the care they needed. One person said, "Yes they are all very good. They all know what they are doing and seem well trained." Another person said, "They are very good. They know how to handle and support me safely which is down to good training and skills."
- ☐ Records showed most staff had completed training the provider had deemed mandatory for their role. Staff felt well trained and supported.
- ☐ Staff were encouraged to develop their role through gaining externally recognised qualifications such as diplomas in adult social care. A staff member told us they had asked about the opportunity to complete their diploma and the provider was in the process of arranging this for them. The regular training, supervision and development of staff provided them with the skills to provide people with high quality care.

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

- ☐ Some people required support from staff with their meals. Those that did, felt staff provided the support they needed. One person said, "They get me cereal and toast for my breakfast with a drink, make me sandwiches or soup for lunch and I have a microwave meal at tea time."
- ☐ Staff were aware of the risks associated with people's diet. Care plans and risk assessments were in place to help to reduce the risks to people's health.

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

- ☐ Support with visits to GP's, dentists and other healthcare agencies would normally be carried out by the relatives of the people who used the service. If required, there were occasions when staff would support people with these visits.
- ☐ If people required support from external health and social care professionals, their professional recommendations were recorded and followed by staff.

# 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 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; equality and diversity

- ☐ People spoke highly of the staff. They felt well-treated and found staff to be kind and caring. One person said, "All of the carers are caring, considerate, polite and friendly." Another person said, "The carers are all very good and show a caring approach toward me."
- ☐ Staff spoken with talked about people with empathy and compassion; they gave a sense that they really cared for people. One staff member, "Because we have regular clients we really get to know them, and they say things like, you remembered how I take my tea, that's important to people."
- ☐ People's diverse needs were discussed with them during their initial assessment stage to determine if they had any specific requirements of the staff that supported them. This could include any aspects of their religious or cultural backgrounds. Due to a person's religious beliefs they required staff to remove their shoes when they entered their home. All staff were informed of this requirement.
- ☐ The director told us rotas were planned to ensure that if people had specific beliefs appropriate staff were in place to support them. Staff spoken with welcomed the opportunity to support people with their diverse choices and beliefs.

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

- ☐ People were able to contribute to decisions about their care needs and to provide regular feedback. This enabled their care to continue to be provided in their preferred way. One person said, "I am still able to yes, like telling them what I want doing when they arrive." Another person said, "I still can decide on things yes. I do say if up to having a shower or not and what to have to eat."
- ☐ Staff could explain how they supported people to make decisions about their care. They acknowledged that whilst the care plans had clear directives and guidance about how people wished to be cared for; people's views could change, and they had to adapt to this. One person for example told us they sometimes liked to change their personal care routine and staff always accommodated their request.
- ☐ Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. Information about how people could access an independent advocate was not currently provided for people. The director told us they would amend their 'service user guide' to include this information to ensure people were offered the opportunity of further support with having their voice heard.

Respecting and promoting people's privacy, dignity and independence

- ☐ People felt staff treated them in a respectful and dignified way, particularly when receiving personal care.

One person said, "I am never kept completely naked they always make sure I have some covering on like a towel wrapped around me."

- Staff spoke respectfully about the people they cared for. They understood some of the support and care people needed meant they relied on the staff to protect their dignity. One staff member said, "When supporting people with personal care I always explain what I am doing, ask them how they want to do things, I always think how I would want to be supported, we have to remember we are in their home"

- People's independence was encouraged wherever possible. People felt staff enabled them, empowering them to do as much for themselves as possible. People praised the approach of staff when receiving personal care. They felt staff always encouraged them and only helped if asked and if needed. People welcomed this approach.

- The director told us that when the electronic care systems were fully operational they would be able to carry out a review of how long staff were supporting people. If calls were taking less than the required time, or in some cases longer; they could then discuss this with people to see if they wished to increase or decrease the length of some or calls. They told us this will give people more independence and give them more control over their calls and the care they received.

- People's care records were treated appropriately to ensure confidentiality and compliance the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

# 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 ensure people have choice and control and to meet their needs and preferences.

- ☐ Prior to people commencing with the service, a detailed assessment was carried out of the care that each person required. Discussions were held with them and/or their relatives and agreements were made, and care plans signed prior to care commencing. Once people had started to use the service, they took part in regular reviews to ensure their care continued to meet their needs. Any changes were always discussed with people prior to being implemented.
- ☐ Most people told us they had a care plan and they had contributed and agreed to its content. One person said, "I do have a care plan I speak to them about and it has been reviewed and is up to date as far as I know. It is here in a folder."
- ☐ People's care records contained reference to all aspects of people's care including; a choice of male or female care staff, the times they wanted their calls and the support they wanted with the personal care. Their likes, dislikes and personal preferences for food and drink were also recorded. Staff had a good understanding of people's needs and felt the care records supported them when caring for people.

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

- ☐ Where people required support with social activities staff supported them with this. This could be activities such as visiting their local shops or other amenities.
- ☐ The provider also ran a day centre two days a week. This offered people the opportunity to meet others who used the service as well as others from within their local community. Recent themes at the day centre included, 'Bonfire Night', 'The Good Old Days' and 'Underneath the Sea'. These sessions encouraged people to speak about their experiences and to provoke conversation.
- ☐ The director told us staff offered people transport to and from the day centre if they were unable to make their own way. This was done to reduce the risk of people being socially isolated due to a lack of transport or because of a physical disability.

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.

- ☐ The provider had made provisions to ensure they were compliant with the AIS. Efforts had been made to

provide documentation in formats that people could understand and were personal to them. Larger font documentation was available where needed. This included people's care records and company policies. Newsletters and invoices were also available in larger format should people require them.

- ☐ The provider had transferred paper-based care records to a digital format. The director of care told us this provided further opportunities to be creative in the way in which documentation was provided for people. They told us this offered more opportunities to provide information for people in a wider variety of formats. In addition to this, documents could also be provided in Braille should people require this format. These processes systems helped to ensure that people were not discriminated against because of a disability or sensory impairment.

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

- ☐ People were aware of the complaints process and were confident the provider or other relevant staff members would act on any issues or complaints raised.
- ☐ The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

#### End of life care and support

- ☐ Due to the type of service end of life care was not currently provided; however, provisions were in place to support people and families should care be needed. The director of care told us they planned to have more detailed discussions with people about this element of care to ensure their needs could be met when needed.

# 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.

- ☐ There was not currently a registered manager in place; they had left the service shortly before this inspection. An application for a new registered manager had been received and we are currently assessing this application. Having a registered manager in place is important as it ensure that people managing services are suitably skilled, experienced and can carry out their role in line with regulatory requirements.
- ☐ The regional manager was temporarily managing the service until a new permanent manager was recruited. They understood the regulatory requirements of their role. They were supported by a care manager and together they ensured appropriate authorities such as the CQC and local authority were informed of any incidents or concerns about people's safety. This ensured people continued to receive high quality care.
- ☐ Staff felt the recent changes in the management of the service had impacted on their role on occasions. They felt stability was needed to ensure they could continue to provide care in a safe and effective way. The director acknowledged this and felt the steps they had taken to address the management situation at the service would provide stability and consistency until the new permanent was recruited.

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

- ☐ Most people praised the approach of staff and felt they received a good standard of care and support. Most people felt they would recommend the service to others. One person said, "I am very happy and would recommend and I have." Other positive comments were received, although people did feel that some aspects of the service could be improved, such as communication with the office-based staff.
- ☐ Some people were unaware who the manager of the service was. The director was aware of this and felt that once the new registered manager was in place, this would improve. They told us they wanted the new manager to be available to all people who used the service as well as staff when needed. Staff welcomed this and looked forward to the new appointment.
- ☐ Staff were supported and encouraged to provide care in line with the provider's aims and values. These were discussed during staff supervision and team meetings to ensure that all staff were providing people with consistent care, in a positive, open and inclusive environment.
- ☐ The provider had recently held a 'Macmillan Coffee Morning' to raise money for cancer charities. A talk was also provided for people and their relatives about the impact dementia can have on people living with the disease and their families. This helped to inform people and their relatives with the aim of achieving

positive outcomes for people, even when faced with this disease.

#### Continuous learning and improving care

- ☐ Action plans have been put in place to address the few issues highlighted within the effective section of this report. This will be reviewed at our next inspection. We were reassured by the provider's response.
- ☐ Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety or important information about their roles, such as training updates. Learning from incidents that had occurred was discussed with staff during supervisions to ensure that the quality of the service people received did not affect their safety.
- ☐ Quality assurance processes ensured that key areas of care were regularly reviewed to ensure high standards. Staff competence was regularly assessed to ensure people received high quality care.
- ☐ A provider-led audit was completed in April 2019. Actions from this audit were then followed up to ensure they were completed in good time. Regular reviews of this and other action plans ensured the provider was aware of the progress of the service and care continued to be provided to a high standard.
- ☐ High quality staff performance was rewarded with a 'Carer of the Month Award'. The provider was proud that this service had been rated as one of the 'Top 20 recommended home care providers in the East Midlands' by an on-line adult social care review site. There have been nine reviews provided to this website at the time of writing. The average score from these reviews was 9.8/10. The director told us they were particularly proud of this feedback.

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

- ☐ The provider had the processes in place that ensured if mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on. Where needed, staff learning, and development was implemented to help reduce the risk of incidents recurring.

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

- ☐ People were provided with the opportunities to give feedback about their care. People spoken with told us they completed surveys about the care. We viewed the results of this survey. The results were positive with 100% of people who responded stating they received care in line with their needs.
- ☐ A staff survey was also completed. Many of the responses were positive, although some staff had concerns about the amount of time given to travel between calls and opportunities for professional development. We saw actions plans were in place to address these issues.

Working in partnership with others

- ☐ Staff worked in partnership with other health and social care agencies to provide care and support for all.