

MJWN Limited

Radfield Home Care - Harrogate, Weatherby & North Yorkshire

Inspection report

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Date of inspection visit:

03 July 2019

11 July 2019

Date of publication:

20 August 2019

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 - Harrogate, Weatherby & North Yorkshire is a care at home agency. It is registered to provide personal care to people living at home. They were providing personal and nursing care to 23 people at the time of the inspection.

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

The provider's vision and values to provide high-quality care informed staff practice and fostered good outcomes for people. People responded to this extremely well and their feedback was positive.

The registered manager instilled a strong sense of trust amongst people who used the service, relatives and staff. People told us staff were reliable and provided them with safe, consistent care. They felt staff were well trained and said their care was "Brilliant" and "Amazing."

Staff knew people well and had developed meaningful relationships with them. Calls were timed to ensure staff could travel between visits without rushing. People were involved in the development and ongoing review of their care and felt able to influence the care they received. They told us the registered manager was extremely supportive and listened to them. People felt any concerns or issues they raised would always be appropriately responded to and resolved.

Suitable measures were in place to help minimise or reduce identified risks. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Effective management systems were in place to safeguard people and promote their wellbeing. The registered manager ensured they were up to date with any changes in legislation and that these were implemented into everyday good practice. Robust staff recruitment, staff training, and quality monitoring systems and processes were in place. Feedback was regularly sought to drive continuous improvement.

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 6 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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?

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Radfield Home Care - Harrogate, Weatherby & North Yorkshire

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 carried out 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 and specialist housing.

The service had a manager registered with the Care Quality Commission. The registered manager was also the nominated individual responsible for supervising the management of the service on behalf of the provider. This means that they were 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 registered manager would be in the office to support the inspection.

Inspection activity started 3 July and ended on 11 July 2019. We visited the office location on 3 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, a care co-ordinator, care manager, and two care workers.

We reviewed a range of records. This included two people's care records and associated medicines records. We looked at staff records for two staff as well as other records relating to the management of the service.

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 were protected from risk of abuse, because staff knew how to identify and report safeguarding concerns.
- The registered manager worked closely with healthcare and social care professionals to keep people safe.

Assessing risk, safety monitoring and management

- People told us staff were well trained and provided safe, consistent care.
- Potential risks were assessed, and detailed guidance was available to tell staff how to minimise individual risks.
- Staff had a good understanding of people's individual requirements and how to manage risks safely.

Staffing and recruitment

- The registered manager followed a robust recruitment process and undertook checks to make sure staff had the right skills and attributes.
- People told us staff were good at timekeeping and were reliable.
- Managers monitored staff calls remotely allowing them to check staff attended calls and the care provided. This also allowed managers to respond quickly to additional assistance people needed at short notice.

Using medicines safely

- Staff were trained and had their competency checked to make sure they administered people's medicines safely.
- The care manager and registered manager carried out regular medicines audits to promote good practice and as a learning tool.

Preventing and controlling infection

- Staff told us they had training in infection control and food hygiene to prevent the risk of cross contamination when preparing food for people.
- Staff used personal protective equipment, such as gloves, to help prevent the spread of infection.

Learning lessons when things go wrong

- Staff confirmed the registered manager was supportive and encouraged them to be open regarding any mistakes made. This fostered good communication and a learning culture.
- Incidents and accidents were monitored so any themes and trends could be identified, and appropriate

action taken to prevent any reoccurrence.

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 views and wishes regarding their care was central to planning and providing services. Their care was kept under review to ensure it continued to meet their changing needs.
- Staff worked with information from external health professionals to promote people's well-being and deliver effective care and support.

Staff support: induction, training, skills and experience

- New staff completed an induction which included training and shadowing another staff member until competent and confident to deliver care.
- Staff skills and knowledge was enhanced through training, spot checks, supervisions and appraisals. One staff member told us, "The company need to know we are operating at a consistent standard and we definitely get the right support to do the job."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager promoted person centred care with good communication between health, social care and other care providers. This contributed towards the positive care experiences and outcomes people reported.
- People's nutritional support needs were assessed and met.
- Staff sought appropriate advice from healthcare professionals such as occupation therapists and speech and language therapists; staff followed this advice in practice.

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.

- The registered manager told us there was no one currently using the service who lacked mental capacity.
- People confirmed that staff listened to and respected their choices. One person said, "Care is based upon the individual."

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; respecting equality and diversity

- People were positive about the support and care they received. One person told us, "Amazing care, I can have a brilliant laugh with them [Staff]."
- Staff knew the people they supported well and assisted them in line with their individual wishes. One staff member said, "It is lovely to help people get dressed and comfortable. I aim to make a difference for every single person every day. I am passionate about my job."

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

- People were actively involved in every aspect of their care. In feedback, one person had written, 'my whole care package is looked at in a holistic way. They [Staff] are amazing and have my best interests at heart'.
- Some people chose to have a printed copy of their care plan while others accessed their records electronically. With permission, families could also access information remotely, so they could also check on the care their loved one received.
- Staff had positive relationships with the people they supported. One person told us, "They [Staff] are always cheerful. I wouldn't have a bad word to say about any of them."

Respecting and promoting people's privacy, dignity and independence

- People received care and support which was provided in a respectful way and maintained and promoted their independence and dignity.
- People told us they were extremely happy with the way staff treated them. One person told us, "They [staff] are kind and respectful, all very 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 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

- Care and support was provided in line with people's care preferences. One person said, "When I first met [Name of registered manager] we agreed my plan of care and they have stuck by their word." They went on to tell us communication was good.
- Relatives reported care was responsive. In their feedback, one had written, "Thank you for being so helpful and understanding. Hearing from [Name] about how amazing you have all been in all aspects of the arrangements and care itself means the world to our family."

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 registered manager was aware of the requirement to provide people information in different formats to help aid people's understanding.

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

- The registered manager gave examples of when staff had supported people to engage socially. One person who told us staff were flexible in providing care and support, "I can keep some of my care hours and use those to go out socially or if I need extra support."

Improving care quality in response to complaints or concerns

- People told us they had not needed to complain but knew how to do so if they needed to.
- People told us action was taken immediately, in response to any concerns or suggestions.

End of life care and support

- No one was receiving end of life care when we visited. Staff were aware of people's needs and preferences, including any protected characteristics, such as cultural and religious needs. The registered manager told us staff would work alongside external health professionals to provide effective care for people at the end of their lives.

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.

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

- Staff understood and shared the provider's vision and values. Staff told us they aimed to provide high quality care, promote independence and respect people's dignity and choice. One told us, "The values are what made me want to work for [Name's] company. I couldn't morally work for a company which didn't have high standards. We have a passionate staff team and it is because of the manager and their values."
- Good personal and professional relationships existed between people who used the service, staff and managers.
- The registered manager encouraged feedback and used it to improve the service. For example, they visited people and undertook regular reviews of their care and support needs.
- Staff told us the registered manager was supportive and cared for their health and wellbeing. For example, they made sure staff had adequate travel time and breaks. One person told us, "All the staff think highly of {Name of registered manager}." A staff member said, "They are the kind of boss who is open, willing to roll up their sleeves and help. Really supportive of the staff which is important. It's a lovely staff team."

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; Continuous learning and improving care

- The registered manager was open and transparent in dealing with issues and concerns. They understood their responsibility to apologise when mistakes were made and give feedback to people if needed.
- There was a well organised management structure and organisational oversight. The management team met regularly to ensure the service met the organisation's governance procedures and strategic targets.
- Managers carried out audits to monitor the quality of the service provided.

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

- Staff at all levels understood and took seriously their roles and responsibilities.
- The registered manager was aware of the requirement to notify CQC of certain incidents and events.

Working in partnership with others

- The registered manager had fostered positive links with other key organisations to provide joined-up care and support.. These included GPs, occupational therapists and speech and language therapists. The local authority contracts team also were involved in monitoring the service.

