

Marble Hall Services Ltd

Radfield Home Care

Camberley, Farnborough &  
Fleet

### Inspection report

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29 March 2022

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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 is a domiciliary care agency registered to provide personal care to people living in their own homes. 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. At the time of inspection, the service was providing personal care and support to 11 people.

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

People told us they felt safe being supported by care workers in their own home. The provider had robust recruitment checks in place and there were enough staff employed to meet people's needs. The provider followed good infection control practice. Risks to people were assessed and managed, this helped to the provider to deliver care in a safe way.

A comprehensive induction and mandatory training was completed by staff. Competency was monitored through spot checks and supervisions. The registered manager valued continuous learning and supported staff to complete additional qualifications to gain a knowledgeable workforce. The provider sought appropriate consent from people before starting to support them. Nutritional needs were supported where required. People were supported to live healthier lives and to access healthcare services.

We received positive feedback about the caring attitude and empathy shown by the care workers. 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.

Staff were reported to be respectful in people's homes. Staff spoke kindly of the people they supported. People, relatives and professionals were contacted regularly, formally and informally to ensure they were actively involved in care provision.

Thorough initial assessments were carried out to ensure the daily needs and choices of people could be met. Staff took time to understand what support people needed and enabled them to remain as independent as possible. Information about how to complain or provide feedback about the service was provided and people told us they had no complaints about the service and were satisfied with how it was managed.

The registered manager operated a service that was well-managed. They were approachable and sought feedback from people, relatives and staff. They worked with health care professionals to plan and deliver an effective service. Quality assurance checks to monitor the quality of service took place. The registered manager was aware of their regulatory duties.

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 20 July 2021 and this is the first inspection.

### Why we inspected

This was a planned inspection because the service had not been inspected or rated.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 Camberley, Farnborough & Fleet

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector. We also had an Expert by Experience who made telephone calls to family members. 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' 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 in the office to support the inspection.

Inspection activity started on 29 March 2022 and ended on 04 April 2022. We visited the location's office on 29 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three members of staff including the registered manager. We reviewed a range of records. This included three people's care records. 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.

#### After the inspection

After the inspection we continued to seek clarification from the provider to validate evidence found. We reviewed documentation including training data and quality assurance records. We spoke with three people who received care and support from Radfield Home Care and family members.

# 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 of 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 and their relatives told us they felt safe using the service and in the company of its staff. One person told us, "I feel very safe with the staff. I do know they will come at the time on the rota." Another told us, "They are very on the ball and very caring to me. They are observant and notice things such as when my mental health deteriorated."
- Relatives told us, "I do feel [relative] is safe with the carers. There is one who comes the majority of the time and then a couple of others who help out. It's good because [relative] gets them."
- Staff had received training on safeguarding adults. Those we spoke with told us they would report any suspicions of abuse to the registered manager who would then make a referral to the local authority safeguarding team. One staff member told us, "Safeguarding is all about protecting the individual and making sure they are safe."
- The registered manager understood their responsibilities in relation to safeguarding and safeguarding concerns had been raised with the appropriate authority. The service worked with the safeguarding team to investigate or provide additional information when required.

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

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk for people specific to their healthcare needs, as well as their moving and handling needs and medicines support.
- People were supported to stay safe and free from harm. A family member described when their relative's condition deteriorated, "We spoke to the registered manager and they understood the problems straight away. That is why we are certain [relative] is safe with this organisation."
- People were known well by staff, who knew people's individual risks and where additional support was required. One member of staff said, "Everything I need to know about clients is spelled out in their risk assessments. You need to know what people's risks are."
- The registered manager was aware of the need to analyse any data trends to improve care provided to people. Incidents were electronically logged and reviewed to enable the registered manager to identify and respond to any emerging trends. The registered manager told us how they gave additional guidance to staff where they saw that one person regularly refused to have personal care.
- A care worker told us, "There are times when I know that I can do some tasks better and I learn from that and make sure I nail it the next time."

Staffing and recruitment

- Enough staff were employed to ensure care visits were completed consistently and at the scheduled time.

An electronic monitoring system was in place which alerted the office should staff not arrive to a person's home at the agreed time. This was followed up and where necessary, the person was informed that their carer was running late.

- One person told us, "I have quite a big team of carers and get the rota every week which has a regular pattern to it."
- Staff told us they had enough time to do their work. One said, "I think there is plenty of time allocated to do our job. The registered manager has done a really good job of scheduling and there is always a sufficient time built in to get to people and if I'm running late, I will always ring."
- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- The registered manager undertook regular audits to ensure safe administration of medicines. Staff received training and had their competency assessed. Medicine administration records (MAR) were audited by the registered manager to ensure people received their medicines as prescribed.
- Where required, people received support from staff to take their medicines safely. A family member told us, "I have no worries about this, the carers make sure [relative] gets their medicines regularly and always write this down."
- During the inspection we saw documentation that required further clarifying detail, regarding who was responsible for medicine administration and when. Following the inspection, the registered manager told us what action they took action to clarify the situation for the person and their care workers.

#### Preventing and controlling infection

- The registered manager took appropriate measures to prevent people and staff catching and spreading infections. The infection prevention and control policy was up to date, and we confirmed there was sufficient personal protective equipment (PPE) to meet the needs of the service.
- Current COVID-19 guidance around risk assessments, PPE usage and staff testing were being adhered to. People told us, "They wear all the PPE, including masks gloves and aprons and they remove them as they leave. I see them wash their hands, for example one was petting the dog and they changed their gloves before making me a drink."



# 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

- Assessments had been completed with people or their relatives, to ensure the service was suitable and could meet their needs. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- One person told us, "The hospital did an assessment before I was discharged and then the manager came out to check that everything I needed was included."
- A family member told us, "An assessment was done with the manager prior to starting [relative's] care. I was involved and we all talked at length." Another said, "The manager made a point of getting me involved."
- Care was provided in line with relevant national guidance. The manager kept up-to-date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings. This was of particular relevance during the COVID-19 pandemic.

Staff support: induction, training, skills and experience

- Staff received enough support, training and supervision to carry out their roles safely and effectively. They completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- One person told us, "The staff are very effective and knowledgeable. One of the carers had gone to the bother of reading up on my condition before meeting me." Another said, "They are very competent; there is also a supervisor who is on hand to give them advice on the phone if they need it."
- A member of staff told us, "I think the training provided is great and the registered manager is always on tap if I need additional support or information." They also said, "If there was a person who required support related to their specific needs then I am 100% confident that I would get the training if I was not familiar with how best to support them."
- Supervision and appraisal meetings had been completed in line with the provider's policy. The provider maintained a log of training, supervision and appraisal refresher due dates. One care worker said, "I have regular supervision and have a personal development plan which I review [with registered manager] and work towards."

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

- People received support in line with their assessed needs, this included supporting their nutritional needs.

A person told us, "The carers know I don't always feel like eating at lunchtime but they encourage me and we think together what might work for me and they will make suggestions." Another person said, "One thing I have noticed which I think is really good is that if they bring you a drink such as a cup of tea, they always bring a glass of water too."

- People received support to maintain good health. Those whom we spoke with said they knew carers would summon help if they needed it and would help to refer them to health care professionals.
- One family member told us, "The carer came one Saturday and thought [relative] wasn't their normal self and they encouraged me to phone 111 and stayed with me until another member of my family came over."
- The provider worked in partnership with health care professionals. Records showed there was regular contact made with GP and district nurses and paramedics were called in an emergency.

#### 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 MCA 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.

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

- The registered manager told us some people they supported required assistance to make decisions about their own care and treatment. Where people lacked capacity to make specific decisions, staff worked with the person and their relatives to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the Mental Capacity Act 2005.
- Where people's ability to make certain decisions had deteriorated, for example due to living with dementia, meetings had taken place with relatives and/or other professionals to ensure decisions made where in the person's best interests. This was documented on their assessment record.
- Staff had received training in the MCA and knew how the legislation applied to their roles. One carer told us, "I am such a stickler for asking people's permission for every task, especially with their personal care. It is getting to know the person and what they are comfortable with. I work with them to get their consent, even though it can be a long process."

# 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 treated with respect by staff who knew them well. One person told us, "The carers are all so kind, they go the extra mile such as taking my prescription round to the chemist and they help me to go out for walks." Another said, "Nothing is a problem. I can speak to them honestly about how I'm feeling and they understand."
- One family member told us, "They don't just go in to wash and dress the person, they humanise them. They spend time with [other family member] too. They are very very caring people."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care. A family member told us how carers had learned how to say a few words in a language their relative had used during the course of their career and said, "When we explained to the carers why this second language was so important to [relative], they took the trouble of learning some phrases which we gave them and they were able to respond to [relative], which absolutely delighted them."
- A care worker told us that Equality and Diversity training was part of their mandatory training, "which gives me a good perspective on all our differences."

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

- People and relatives were complimentary about how well the service communicated with them and involved them in discussions about care and support.
- The service completed regular care reviews, to ensure support provided still met people's needs. The service was quick to respond to changing needs, including amending care packages to better suit people. One person said, "The carers think about my needs and how to address things which I now struggle to do, they always say, 'let's find a way round it!'"
- Care workers told us they understood the importance of enabling people to express their views. One told us, "It is about having a positive attitude and doing my best to understand what the person needs or wants."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who knew them well. One person told us, "They encourage and support me to be independent in what I can do but they also know that I get tired in the evenings and they are very sensitive to this."
- A member of staff told us, "I need to be sure people are in control and don't feel that I am taking over. I review things with the person and support them to make their own choices."
- Staff were knowledgeable about how to maintain privacy and dignity when providing care. One person told us, "The carers always put a towel over my body to save me embarrassment whilst they wash me."

- Care staff took interest in people and the things they may like to do. One told us, "It is about having a positive attitude and understanding what the person needs or wants. I must leave them with everything they need and hopefully, with a smile on their face. That's what makes me feel fulfilled."

# 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

- People's needs, choices and preferences were explored at the initial assessment to make sure the package of care was tailored to their wishes and needs. The registered manager told us that in addition to the person's identified needs, they included goals and targets, as well as people's circle of support in the initial assessment.
- Care plans were personalised and included a background history of the person, communication needs, nutritional support, health conditions and mobility needs. One person said, "The care plan is very thorough. Because my needs are changing, they review my care as we go along." Another said, "It is a very comprehensive care plan. For example, it has lovely little notes on it so that anybody coming in can follow it, there are even notes made about my dog too."
- A family member told us, "The interview (initial assessment) at the beginning is very important and fortunately we knew what we were asking for. The manager wanted to come out and see the house and meet [relative] and not just send the carers round without first seeing the situation."
- A care worker told us, "I always read the care plan before I go and always ask what the person wants that day and in what order to do it."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed in line with the AIS and recorded in their care plans when they started to use the service. The registered manager told us they did not support anyone with specific communication needs at the time of this inspection.
- One person told us, "They just know what to do. Sometimes I struggle to communicate and they can understand what it is I am trying to get across."
- Documentation was available in accessible formats for people who required this. A care worker told us they ensured people's care plans were in a format of their choice, including large print.

Improving care quality in response to complaints or concerns; End of life care and support

- People and their relatives told us they had not needed to raise any formal complaints to the provider but were aware of the process if they needed to do so. They were given a service user guide which contained information about the complaints procedure and how to provide feedback. This included details about the

complaints handling procedure and timescales for responding to complaints.

- No formal complaints were received by the provider. People and their family members had access to an electronic friends and family communication form on which they could raise a complaint. Feedback from people and their relatives was sought during quality assurance checks. A family member told us, "I'm sure if we had any complaints they would sort it out without any bother. Every time I ring the office someone answers either staff or the manager and they are very helpful."
- At the time of the inspection, the service was not supporting anyone at the end of their life. However, people's end of life care preferences were documented in their care plans.

# 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

- The registered manager had a good understanding of their responsibilities towards the people they supported and demonstrated a commitment to delivering person-centred care. They were involved in all aspects of the running of the service and told us, "I believe it is by knowing every aspect of the business that I can best drive improvement and ensure good outcomes for people."
- One person told us, "I think [registered manager] is an excellent manager of the service. They are very thorough and very approachable." Another said, "I am so happy with the service that I recommend them to everyone because they are such a good service."
- People and family members had access to the same electronic application used by staff. This meant family members could check the care their relative was receiving in real time. A family member told us, "We feel very engaged with the service, they communicate well with us via the app, as well as by email and phone. The manager has picked up the phone and chatted with us for about an hour about [relative] - it's care above and beyond."

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

- The registered manager understood their role and responsibilities to ensure good care. There were systems in place to monitor the quality and safety of services through audits including medicine audits, care competency and care records. They had considered how these systems would need to evolve as the service grew to ensure effective oversight.
- One person told us, "It's a very professional company, nothing is ever too much trouble and they have a lovely supportive encouraging way about them." A family member told us, "Getting care is not easy and we feel we have been very lucky and we are delighted with this company."
- Staff told us they had the opportunity to discuss their role and performance during supervision with the registered manager.
- The provider was aware of their responsibility to inform CQC about notifiable incidents in line with the Health and Social Care Act 2008.

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

- Records showed the provider regularly engaged with people, relatives and staff seeking their views through telephone monitoring, spot checks, and supervisions.

- People told us they felt their views were considered. One person told us, "When you phone the office there is always somebody answering the call and if you leave a message they get back."
- Team meetings between the registered manager and care co-ordinator took place on a regular basis, sometimes these were informal due to the size of the service. The registered manager said, "Team meetings are a challenge as the team is so small, so for those who are unable to attend a meeting, I make sure I have the same conversations with them as were had in the team meeting."

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; Working in partnership with others

- Systems were in place to investigate and feedback on incidents, accidents and complaints. These systems had not yet been tested by formal complaints or incidents.
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- The registered manager worked closely with external health professionals to promote positive outcomes for people and they told us they welcomed these professional's views on the service delivery. We saw evidence on people's records of contact made with district nurses and GPs.
- One person told us, "Adult social services have stayed in touch with Radfield and they (Radfield) have even worked out how to get me a free [household appliance]." Staff we spoke with gave examples of working in partnership with a range of health and social care professionals, including GPs and district nurses.