Radfield Home Care Limited

Radfield Home Care - Cheshire

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

Overall summary

This inspection took place on 5 January 2015 and was announced. We have the registered manager 48 hours' notice of this inspection because the service is small and we needed to be sure they would be in. The previous inspection took place in December 2013. The provider had met the standards that were inspected.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Radfield Home Care – Cheshire is a domiciliary care service that provides personal care to older people in their homes in Chester and surrounding areas. Additional services such as escorted outings, night sitting and short term respite care are also available. At the time of our inspection, six people used the service.

People told us they felt safe whilst being supported by the service. Relatives of people who used the service believed their relative was well cared for and was safe. People told us that staff were caring and were responsive to their needs. We found that people were involved in the planning of their care and had an opportunity to say what was important to them. Care plans were person centred and were written around the needs of people who used the service.

The provider had robust and effective recruitment processes in place so that people were supported by staff of a suitable character. Staffing numbers were sufficient to meet the needs of the people who used the service.

Medicines were managed safely medication agreements had been drawn up and agreed with people who used the service.

People were supported by staff that had the required skills to promote their safety and welfare. Staff had received training around the Mental Capacity Act 2005. The provider had a rolling training programme in place.

People's nutritional needs had been assessed and staff were knowledgeable of specialised diets that people were on. Care plans were in place to support people's nutritional needs.

People who used the service and their relatives told us they had no complaints about the service. They told us they knew how to make a complaint and felt the manager was approachable.

The service was well managed. Systems were in place for checking on the quality of service provided. People spoke highly of the management team that was in place. The registered manager was continually trying to improve the service and had plans in place to demonstrate how they were going to do this.

Summary of findings

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.

People who used the service told us they felt safe when receiving care in their home.

There were sufficient numbers of suitably trained staff to provide care that was safe and met the needs of the people who used the service.

Recruitment processes were robust so that people were supported by staff of a suitable character.

Where risks to people's safety had been identified, risk assessments had been drawn up and were reviewed on a regular basis.

Good

Is the service effective?
The service provided effective care.

People had access to a variety of health professionals and any changes to people's healthcare needs had been incorporated into their care plans.

Staff had been provided with training in order to meet the needs of the people who used the service.

Good

Is the service caring?
The service was caring.

People who used the service said that staff were caring and had no concerns with them.

Relatives of people who used the service told us that good relationships were seen to be present between staff and people who used the service.

People told us their privacy, dignity and independence was respected and promoted. Discussions with people and examination of records showed that people were involved in the planning and delivery of their care.

Good

Is the service responsive?
The service was responsive to people's needs.

Care plans were person centred, which meant they were centred on the individual needs, preferences and choices for people who used the service.

People spoken with had no complaints about the service. We saw that processes were in place to deal with complaints should they be made. Staff felt that any complaints would be dealt with appropriately by the registered manager.

Good

Is the service well-led?
The service was well led.

People spoken with had no concerns about the management team and told us they were approachable and easily contactable.

Good

Summary of findings

Systems were in place to check on the quality of care that was provided and plans were in place to improve the service over the next 12 months.

People were asked for their views about the services provided and all of them provided positive feedback.

Radfield Home Care - Cheshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 January 2015 and was announced. We gave the registered manager 48 hours' notice of this inspection because the service is small and we needed to be sure they would be in.

The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information in the PIR along with information we held about the service, which included notifications they had sent us. We asked social care professionals about their experiences of the service before this inspection. They did not report any concerns to us.

During the visit we spoke with two people who used the service and three of their relatives, two care staff, and two members of the management team.

We reviewed a range of records about people's care and how the service was managed. These included the care plans for three people, the training and induction records for four members of staff, medication records for three people and quality assurance audits that the management team had completed.

Good

Is the service safe?

Our findings

People who used the service said they felt whilst being cared for and supported by staff. One person said; “I definitely feel safe.” Another person told us; “I have no concerns with my safety.”

Relatives spoken with told us they had no concerns with their relatives’ safety and believed they were safe when care was provided. One relative told us; “Their safety procedures have impressed me. My mum is very safe.” Another relative said; “[My relative] is absolutely safe. I have no concerns.”

Staff had undertaken training on safeguarding adults from abuse. The staff who we spoke with confirmed that they had completed this training during their induction programme and then again as refresher training on a regular basis. Records confirmed that training in safeguarding was current for all members of staff. Discussions with staff demonstrated they were knowledgeable about the different types of abuse that could occur and they knew how to report it. Staff said they could approach the manager with any concerns and felt they would be appropriately dealt with.

We found that staffing numbers were sufficient and were based on meeting people’s individual needs. Staff, people who used the service and their relatives told us that they thought there were sufficient numbers of staff to meet the needs of people who used the service. People told us that their carers always turned up on time.

We checked the recruitment records for four members of staff. We saw that before any member of staff began employment with the company two references were obtained. We saw that Disclosure and Barring Service (DBS) checks were completed before people started to work at the service. This showed the provider had a system in place to check that people were supported by people of a suitable character.

We reviewed three care plans. Before a person started using the service, an assessment of their needs and abilities was undertaken. This included the level of support they required, personal preferences and environmental risk assessments in relation to the homes of people who used the service. The care plans showed how the needs of the people who used the service were to be met, including any risks to their well-being. They covered areas such as physical, emotional, mental health, and behavioural needs. Risk management plans were in place for each risk identified. We saw the risk assessments had been updated on a regular basis to ensure that the information available to staff was current.

We looked at the medicines records for three people who used the service. Each person had a medication risk management care plan which was accompanied by a medication agreement form. This detailed who had responsibility for re-ordering and collection of medicines. This was signed by the person who used the service. Clear guidance was in place to guide staff to support people with conditions such as diabetes. We saw that accurate and consistent records were kept on medicines that were administered, received and disposed of. Some people who used the service were prescribed medicines to be taken only 'when required' (PRN). For example, painkillers and medicines for anxiety. We found that information was in place to guide staff on how to give each of these medicines and exactly what dose was required. This ensured that the medicines were given correctly and consistently with regard to the individual needs and preferences of each person.

There was guidance in place for staff about how to safely use equipment such as hoists. The risks posed were clearly described with processes in place to manage them. The service kept records of when equipment was due for maintenance for their own records as this was carried out by an external company.

Good

Is the service effective?

Our findings

People who used the service told us that the care was effective and their carers always stayed for the duration of time agreed. They said that they had consented to any care before it was given and this was reflected in the care plans we looked at. One person told us; “They are really brilliant and very professional.” Another person said; “They are great. They are pretty much on time and we get a rota to show what time and who will be coming.”

Relatives also believed that the care was effective. One of them told us; “The standard of their work is very good. It is outstanding.” Another relative said; “They are very good and the staff are smashing. I have no concerns and they are very reliable.”

We looked at the training records for four members of staff. We saw that training was current in areas such as nutrition, first aid, moving and handling, dementia awareness, medication, safeguarding and fire safety. Additional training had also been provided around areas such as catheter care and communicating effectively in order to meet the needs of people who used the service. We saw there was a rolling training programme in order for training to be refreshed on an annual basis. Staff spoken with confirmed they had received this training. Staff also told us that they were supported by the company to gain National Vocational Qualifications (NVQ) levels 2 and 3 in social care. Staff told us that team meetings and supervision meetings had taken place with the management team on a regular basis. Appraisals were also completed on an annual basis.

Members of staff who were new to their roles told us that their induction was thorough and incorporated the skills for care common induction standards. They told us they had spent time shadowing other staff members in order to get to know the people they supported.

We saw that all staff had received training around the Mental Capacity Act (MCA) 2005. All of the care staff we spoke with had a good understanding of this and how it applied to their roles. We saw that the relatives of people who used the service and the relevant health and/or social care professionals had been involved in best interest decisions where people did not have the capacity to consent to the care provided. An MCA and best interest flow chart was also available to guide staff in the offices for Radfield.

Discussions with the registered manager and examination of records indicated that no one who used the service was at risk of malnutrition. However, people’s food and drink preferences were recorded in their care plans and daily records recorded what people had eaten and drank during their carer’s visits. Care plans were also in place for people who required a diabetic diet. It was evident that the service had worked with the person’s social worker with regards to this.

We saw the services contact with health care professionals was recorded. This included contact with GPs, Clinical Commissioning Groups (CCG) and the continence team. Any contact was then incorporated into people’s care plans and it was clear that any changes had been discussed with the person concerned and/or their relatives.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that the staff were caring. They all said that their privacy and dignity was promoted by staff when they received care and support from them. Comments from them included; “They are very kind and helpful”, “We can see there is a good relationship developing between mum and the carers”, “My carer is really friendly” and “They are really nice to dad. They always explain with him what they are doing”

People spoken with told us they were involved in putting the care plans together before they started to use the service and this process was on-going. This was evident in the care plans we looked at. One person who used the service told us; “I have been involved with my care right from the start.” A relative told us; “They came to see us and we went through dad’s needs. I was very pleased with them.” Another relative said; “They ensure dad gets the same carers. This ensures continuity which is what dad needs.”

People’s wishes and preferences were documented and respected in relation to the care being provided. This had been done with their relative's involvement where necessary. The care plans we reviewed had a care plan agreement in them which was signed and dated by the person who used the service and / or their relative. Care plans contained information about the life history of each person and provided detailed guidance for staff on how people wished to be supported. People's personal preferences such as their morning and bedtime routines and food choices were also taken into account.

All the staff team spoken with said that it was very important to them that people who used the service felt involved in the way it was run and made valid contributions to decisions that were made. They spoke passionately about their roles and told us they loved their job. They were able to demonstrate by giving practical examples of how people were supported in promoting their independence in their own homes. Staff explained that they encouraged people to do things for themselves if they were able to but were always on hand to support them. Staff had a good understanding of people’s preferences, likes and dislikes and wishes. Our conversations with them reflected the information that was documented in people’s care plans.

We saw that advocacy services such as Age UK and the Independent Mental Capacity Advocate (IMCA) were available to people should they be required. We saw that one person had an IMCA and their input and involvement was clearly documented in the person’s care records.

In the PIR that was submitted prior to this inspection, the registered manager told us; “We have signed the Social Care Commitment which we are proud to do each year. We have also signed the Dementia Pledge to endorse our commitment to providing a high standard of dementia care to our clients.” Our discussions with people who used the service and their relatives informed us that good quality care was delivered to them.

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us that the care provided was responsive to their needs and they had plenty of choices around the care that was provided. They also said that they received their care on time as previously agreed. Comments from them included; "We work well with them and are kept involved. It is so easy to discuss things with them", "The one thing that we are very pleased with is that they are happy to change things. The care is individualised to my mother's needs" and "They respond to dad's needs."

The care plans we looked at were person centred which meant they were written around the needs of the person and what was important to them. This included the level of support that was required for each person. We saw they were evaluated on a monthly basis or sooner if required and when people's needs changed.

The registered manager told us that they did not currently provide care to anyone who required support out in the community or with any social activities. However, we saw this service was available to people should it ever be required. This was clearly documented in the service user guide that was provided to people who used the service and their families.

People who used the service and their relatives told us they knew how to make a complaint or raise concerns to the service. Comments from them included; "I have no complaints. I am very pleased" and "I have no complaints. I would know how to make one and would just go to Radfield directly if I needed to."

The registered manager told us that she had received no complaints since she had registered with the Commission. However, we saw that there was a system in place to deal with complaints should any be made. We examined the complaints procedure which had also been provided to people who used the service and their families It was also available within the operational policies and procedures for the service. It was clear that people were given the right information about who to make complaints to. Staff felt that complaints would be investigated thoroughly by the management team and would be quickly resolved. We have received no concerns about the service since they registered with us.

In the PIR that was submitted prior to this inspection, we asked the provider what they planned to introduce over the next 12 months to ensure the service becomes more responsive. They told us they would be developing a 'Systems boards' that would help to ensure carers feedback issues of concern immediately so the service could deal with them quickly. The registered manager told us they planned to set up an 'ideas box' to allow carers to suggest any changes that they feel would be beneficial.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been registered with the Commission since February 2014.

We examined the records we held for the service prior to this inspection. We saw we had not received any statutory notifications from them. During this inspection, examination of records informed us that there was nothing significant that we should have been made aware of. The registered manager was aware of her legal obligations to submit notifications around any significant events and/or incidents at the service to us in a timely manner.

People who used the service and their relatives spoke highly of the registered manager and said they were approachable. Comments from them included; The supervisors are outstanding. They are the best we have had" and "It's very easy to discuss things with them."

We saw that people were asked for their views about the care that was provided in 2014. The responses all rated the service as excellent or very good. All said they would recommend the service to a friend or neighbour. Staff were also asked for their views on the provider. All of their responses rated their employer as excellent and would recommend them as a company to work for.

Staff spoke highly of the registered manager and felt they were listened to when they raised any concerns or suggestions. One staff member told us; "The management team are fantastic. I feel listened to. I can always call them and they are there." Another said; "I feel like and I can contribute to meetings and feel listened to. They are a brilliant company to work for."

We saw the management team carried out monthly audits of various aspects of the service's operations such as medication management, accidents / incidents, care planning and health and safety. Members of the regional management team for the provider also conducted visits to the service on a regular basis. Where concerns or areas of improvement where identified, we saw that there was not a documented system in place to monitor that progress had been made. However, the registered manager was able to demonstrate that progress had been made where areas of improvement had been identified. We discussed the importance of having a system in place to ensure effective monitoring of the service so that the health, safety and welfare of people was not compromised.

The service was striving to improve and had innovative ideas about how this was to be achieved. For example, the registered manager showed us a training process she had put in place that covered the five key questions we ask as part of our new methodology for inspection. Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service Well-led? She told us this had been created in order to get staff to think about what it means to them and their role and people who used the service.

In the PIR that was submitted prior to this inspection, the registered manager told us they were looking to obtain 'Investors in People' accreditation to identify areas where they can improve their internal systems and office management teams. They told us they were going to develop their keyworker roles and then assign supervisors to areas of specialisms. The registered manager said this would help to ensure their service is well resourced and managed to a high standard.