

Radfield Home Care Ltd

Radfield Home Care - Staffordshire

Inspection report

Radfield House
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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

This inspection was announced and took place on 14 December 2016.

Radfield Home Care [Staffordshire] provides personal care for people in their own home. At this inspection they were providing care and support for 65 people.

There has not been a registered manager in post since October 2016. The provider had recently appointed a manager to run the agency. 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.

People felt safe with the service they received and staff knew how to protect them from the risk of potential abuse. People were protected from the risks of accidents because staff were aware of their responsibility of identifying risks and to avoid them happening. People were supported by sufficient numbers of staff who assisted them to take their prescribed medicines safely.

People were supported by skilled staff who received regular one to one [supervision] sessions. People were able to make their own decisions and staff respected this. People were supported to eat and drink sufficient amounts and arrangements were in place to assist them to access health care services when needed.

People were cared for by staff who were kind and sympathetic to their needs. People were involved in planning their care and staff were aware of their care and support needs. People's right to privacy and dignity was respected by staff.

People's involvement in their care assessment ensured they received a service the way they preferred. People could be confident their concerns would be listened to and acted on.

People's views about the service were explored by the provider and the provider's governance was effective in driving improvements. The agency was run by a manager who supported the staff team to provide a safe and effective service.

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.

People felt safe with the service they received and staff knew how to protect them from potential abuse. The risk of harm to people was reduced because staff knew how to support people to keep safe. There were sufficient staff recruited to care for people and to support them to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by skilled staff who were supported in their role. People's decisions were respected by staff. People were supported to eat and drink sufficient amounts and were assisted by staff to access healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were aware of their needs. Care was provided in kind and sympathetic way. People were involved in planning their care which was delivered by staff in a way that respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's involvement in their assessment ensured they received care and support the way they preferred. People could be confident their concerns would be listened to and acted on.

Is the service well-led?

Good ●

The service was well-led.

People's views about the service were explored by the provider and the provider's governance was effective in driving improvements. The agency was run by a manager who

supported the staff team in providing a safe and effective service.

Radfield Home Care - Staffordshire

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 was planned to check 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.

We carried out an announced inspection on 14 December 2016. The inspection team consisted of one 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.

We gave the registered provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own home and we needed to be sure that someone would be available in the office.

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.

We looked at the information we held about the service and the provider. We asked the local authority if they had any information to share with us about the care provided by the service.

We spoke with three people who used the service, four relatives who advocated for people who were unable to talk with us. We spoke with five care staff, the operations and governance manager, the area manager and the manager who was running the agency. We looked at three care plans, three staff files and quality audits.

Is the service safe?

Our findings

People told us they felt safe when staff supported them. One person said, "Whenever the carers come they put me at ease and that makes me feel safe." A relative told us, "[Person] tells me they feel safe because the staff are very kind." We spoke with another person who said, "I would contact the manager immediately if I didn't feel safe."

All the staff we spoke with had a good understanding about different forms of abuse, how to recognise it and what action to take to protect people from this. Staff told us if they had any concerns about abuse or poor care practices they would share this with the manager. One staff member had shared concerns with the manager about a person being at risk of potential abuse. They said the manager listened to them and took action to protect the person. Staff were aware of external agencies they could share their concerns with to protect people from the risk of further harm. The manager was aware of when to share information about abuse with the local authority and they had maintained a record of this. Records showed what action was taken to protect people. All the staff we spoke with were aware of the provider's whistleblowing policy and said they would feel confident to use this to protect people.

People were cared for by staff who knew how to reduce the risk of harm to them. Staff said they had access to an application on their phone that contained information about people's risk assessments. The information was password protected and could only be accessed whilst in the person's home. Access to people's risk assessment supported staff's understanding about how to care for people safely. The provider had appointed a moving and handling trainer/advisor. Staff told us the trainer provided them with support and advice about safe practices. A staff member said they had raised concerns about faulty equipment in a person's home and action was taken to address this to ensure the person's and staff's safety. A staff member said, "I always do a visual check of the environment to ensure there are no trip hazards." A staff member told us, "I often talk to people about how to reduce the risks of accidents in their home and this information is also highlighted in their risk assessment."

We looked at how accidents were managed and saw these were recorded and showed what action had been taken to avoid a recurrence. For example, records showed a person had sustained a fall from their commode. The person was reassessed and a more suitable commode was put in place to reduce the risk of them falling again.

The provider had recruited sufficient numbers of staff to meet people's needs. People told us staff stayed their allocated time to provide them with the care and support they need. People who required two staff to assist them confirmed this level of staffing was always provided. The manager told us that staffing levels were determined by people's assessed care and support needs. A staff member said, "The provider is very proactive in recruiting new staff when needed." Another staff member said, "I do standby duties in case a staff member is unable to do a visit." This ensured people's needs were always met.

People were cared for by suitable staff. All the staff we spoke with confirmed that before they started to work for agency, safety checks were carried out. These included a request for references and a Disclosure

Barring Service [DBS] check. The DBS helps the provider make safer recruitment decisions to ensure the suitability of people to work within people's home. We looked at three staff files that confirmed these checks had been carried out.

People were supported to take their medicines by skilled staff. One person told us they were able to manage their medicines but had difficulty unscrewing the bottle lid and staff assisted them with this. Another person told us that staff helped them to apply their prescribed creams. We spoke with another person who said, "The staff help me with my medicines and I get them on time." The manager said staff who supported people with their medicines received medicines training and staff confirmed this. This training supported staff's understanding about how to manage medicines safely. The provider had effective systems in place to ensure people received their medicines as prescribed.

Is the service effective?

Our findings

People were cared for by staff who were skilled. A relative said, "The staff are skilled they seem to know what they are doing." Another person informed us, "The staff are skilled and they follow my care plan." Staff told us they had regular access to training. One staff member said, "Access to training helps me to be a better carer." Another staff member said, "I had no previous care experience and training helped me understand how to care for people properly." We spoke with another staff member who said, "Training helped me to understand my role." The manager said during monthly meetings with the staff team, training was also carried out and staff confirmed this. This ensured staff were able to maintain their skills to provide people with an effective service. We looked at how staff were supported in their role. The manager said staff had access to one to one [supervision] sessions and staff confirmed this. One staff member said, "Discussions held in supervision makes me more confident to do my job." Another staff member said, "My supervision reviews my work performance and highlights what I am doing well."

We looked at the support provided to new staff. All the staff we spoke with confirmed they had an induction. A staff member said their induction included training and how to use lifting equipment safely. They said they worked alongside an experienced staff member to observe care practices. Another staff member said, "I was provided with an induction pack and my induction was very thorough." "It made me feel more confident in my role."

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 make 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. All the people we spoke with confirmed they were able to make their own decisions. A staff member said, "I always deem everyone has capacity and give them the opportunity to make their own decision." Another staff member informed us, "I always allow or provide support when needed for people to make their own decision." We spoke with another staff member who said, "I always ask for people's consent before I assist them." This ensured people had full control of the care and support they received. Staff told us they had received MCA training. They said this training provided them with a better understanding of the importance of giving people the opportunity to make their own decision. Where people lacked capacity to give consent, the manager was aware of working with other agencies to ensure any decisions made on the person's behalf was in their best interest.

People were supported to eat and drink enough. One person said, "The staff make my breakfast and I tell them what I want for my evening meal." The staff we spoke with had a good understanding about the support people required to eat and drink sufficient amounts. A staff member told us they provided support to a person who was quite independent but needed to be prompted to eat regularly to maintain their health. Staff said care records provided them with information about suitable meals and the level of

support the person required and we saw this. A staff member said if they had concerns about how much a person ate and drank they would share these concerns with the manager. They told us a record would be maintained and monitored of what the person ate and drank. Where necessary the GP or District nurse would be informed to provide the person with relevant support.

One person told us if they were unwell the agency would arrange a GP visit for them. The manager said when requested they were able to provide people with support to access relevant healthcare services and the people we spoke with were aware of this. Care records showed what healthcare professionals were involved in the person's care. The manager said if they had concerns about a person's health with their consent they would obtain the necessary healthcare support for them.

Is the service caring?

Our findings

People were cared for by staff who were kind and sympathetic to their needs. One relative said, "The staff are very caring and thoughtful." A staff member told us about a person who was cared for in bed. They said, "We always make sure they are safe and comfortable before we leave." Staff demonstrated a good understanding about people's care needs. One person told us, "The carers are consistent and they are aware of my health condition." Staff told us they had access to people's care records that supported their understanding about how to care and support them. A staff member said although they had access to information about people's care needs they always asked people how they would like to be cared for.

People told us they were involved in planning their care and were satisfied with the support they received. A person told us, "The way I wash and get dressed as to be done in a certain way and the staff are aware of this." A person told us their relative was specific about the support required to meet their personal care needs and staff were aware of this. One person told us that whilst planning their care they said, "I made it very clear that I didn't want male carers." They told us that apart from the one occasion the agency respected their choice.

All the people we spoke with confirmed staff respected their privacy and dignity. One person said, "Staff always shut the door and close the curtains when they assist me to have a wash and they speak to me nicely." Another person told us, "I get embarrassed when supported with my personal needs and the staff know this and deal with it well." We spoke with another person who said, "The staff cover me up when they wash me and it makes the situation less stressful." All the staff we spoke with had a good understanding about the importance of promoting people's right to privacy and dignity. For example, a staff member said, "I encourage people to wash areas they can reach to promote their dignity and independence." Another staff member said, "When I support people with their continence needs I ask them if they want to be left alone in private for a while."

Is the service responsive?

Our findings

People were involved in their care assessment to ensure their preferences were met. Before people were provided with a service an assessment was carried out by the provider. This gave people the opportunity to tell staff about the care and support they required. During this assessment people were able to select and agree the times of their visit to suit their lifestyle. One person said, "The agency has gone out of their way to accommodate us." The manager said if a person was unable tell them about the support they required, where appropriate their relative or advocate could be involved in the assessment process. Staff were aware of people's support needs, their past history and things important to them. A staff member told us about a person's past career and how this impacted on the way they liked things to be done. They told us they respected the person's choice and their preferred lifestyle.

The manager told us about their concerns about people being at risk of social isolation and they were taking action to address this. For example, they had arranged a boat trip for people in the summer and staff worked voluntary to support them. Staff had recently raised funds to organise afternoon tea at the office for people. They told us they were in the process of planning a trip to the air museum. They would also be arranging a knitting club as a number of people had expressed a desire for this.

The manager said they provided a service for people living with dementia. A person who was caring for a relative with this health condition was invited to talk with staff about their experiences. This gave staff a better understanding of the condition and the impact it had on people's families. We spoke with a person whose relative was living with dementia. They said, "The staff speak to [person] in a way they can understand." "They always engage them in conversation when they assist them."

The provider was proactive in adapting the service to meet people's needs. For example, a staff member told us they had experienced difficulties locating a person's medicines because they would store them in different places. They said the manager had liaised with the person and their relative. A solution was developed to ensure staff had access to the medicines to support the person to take them as prescribed.

People told us they would share their concerns with the manager. One person said, "I made a complaint and it was dealt with very well." Another person told us, "I have raised concerns about staff not following my care plan." They told us the manager had addressed their concerns. The manager told us all complaints were recorded and showed what action had been taken to resolve them and we saw this. People were provided with written information about how and who to share their concerns with. People could be confident their concerns would be listened to and acted on.

Is the service well-led?

Our findings

The provider has not had a registered manager in post since October 2016. A manager had recently been appointed to manage the agency. They told us they had submitted an application to register with us and our records confirmed this.

The manager said they were supported in their role by the area manager and had access to weekly meetings and one to one [supervision] sessions. They told us, "Supervision benefits me as a new manager about how to manage the agency effectively." They confirmed they had access to regular training and was undertaking the National Vocational Qualification Level five in management and leadership in health and social care. The manager was very enthusiastic in providing a good service for people. All the staff we spoke with confirmed the management support was good. A staff member told us that the manager was approachable.

People had the opportunity to tell the provider about their experiences of using the service. During people's care review they are asked about the quality of service and whether they are provided with the necessary support to meet their needs. All the people we spoke with were satisfied with the service provided. The manager said quality assurance questionnaires were given to people to complete and people confirmed this. This gave them the opportunity to tell the provider about the quality of the service they received. The manager said information gathered from these questionnaires was fed back to people on an individual basis. The provider routinely send people a newsletter to inform them about forthcoming events within the agency. The newsletter informed people about the work staff were doing to raise funds for dementia awareness, arrangements to invite people to the office for afternoon tea and told people how to stay well in the winter months.

Staff confirmed they had regular meetings with the manager. One staff member told us they often had discussions about other healthcare services. This assisted them in providing people with an effective service in conjunction with other agencies. Another staff member told us that during a meeting, they shared concerns about unsuitable equipment in a person's home and staffing levels. They told us that the manager listened to them and took action to address this. Another staff member said, "The manager addresses all concerns shared with them." "This is a really nice agency to work for." The manager said during these meetings staff were able to identify what training they required. For example, a staff member wanted more information about diabetes and dementia awareness. Arrangements were made to provide this training so staff had the skills to care for people with these health conditions.

People could be assured they would receive an effective service because the manager carried out spot checks to review care practices. All the staff we spoke with said spot checks entailed the review of the use of personal protective equipment [PPE]. This was to ensure care practices reduced the risk of cross infection. These checks also looked at how staff used lifting equipment and their approach towards people. The manager said spot checks and competency assessments were also carried out to ensure medicine practices were safe and staff confirmed this.

The provider had an 'Operations and Governance' manager who was responsible for overseeing all areas of compliance. We discussed and looked at systems in place to promote quality standards. Systems were in place to review staff's training to ensure they had the skills to carry out their role. The quality of care records were monitored to ensure staff had access to up to date information about how to care for people. The provider's policies and procedures were reviewed and monitored to ensure they complied with the Health and Social Care Act and the National Institute for Health and Care Excellence that promotes good care practices. Complaints and safeguarding alerts were analysed to identify trends and to ensure appropriate action had been taken to protect people.

The 'Operations and Governance' manager informed us that routine inspections were carried out to review the quality of service provided to people. They said the manager would be provided with a 'quality improvement' plan which would include feedback from people who use the service. This gave the manager the opportunity to address any shortfalls identified and to drive improvements. Discussions with the manager confirmed their awareness of when to send us a statutory notification about events that occur which they are obliged to do by law.