

J&K Health Limited

# Radfield Home Care Chester & Ellesmere Port

## Inspection report

Unit 11c, Telford Court  
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Tel: 01244722293

Date of inspection visit:

14 December 2022

15 December 2022

21 December 2022

06 January 2023

18 January 2023

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Radfield Home Care Chester and Ellesmere Port is a domiciliary care agency. It provides personal care and support to people living in their own homes. Radfield Home Care offers a variety of services, including assistance with personal care, meal preparation, companionship, medicines management and domestic tasks. At the time of our inspection there were 23 people using the service.

Not everyone who used the service received personal care. 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.

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

We found many examples where staff had gone 'above and beyond' their role to support people through truly exceptional circumstances. Staff had supported people to have positive outcomes following extremely difficult events in their lives. Staff had also supported a person to stay at home in accordance with their wishes at the end of their life. Staff offered flexibility to the hours of support required and also offered consistency.

People told us they were treated exceptionally well, and staff consistently ensured their privacy and dignity was respected. People described being offered choice in all areas of their support and told us staff promoted their independence wherever possible. They said they never felt rushed, and staff had ample time to complete all tasks as well as taking time for conversation which people valued.

People and their relatives were fully involved in the development of their care plans. Plans were person centred and there were risk assessments in place that held enough detail to ensure their needs and preferences were met. Care plans were reviewed regularly with the full involvement of the person supported and their relatives and were promptly updated when needs changed. People told us they had regular staff supporting them who were kind, caring and considerate.

Staffing levels were enough to meet people's needs and staff were safely recruited. All staff had completed an induction and carried out shadow shifts prior to lone working. Staff told us they received training and felt confident in their roles. Staff felt exceptionally well supported by the management team and gave lovely examples of being supplied with fleece jackets in the winter and also cold drinks and ice creams in the summer.

People were protected from the risk of abuse. Safeguarding policies and procedures were in place. Staff had received training and understood how to keep people safe and who to report to if they had any concerns.

Staff supported people to take their medicines safely. Staff were trained and had their competency regularly assessed in medicines management. People told us they received their prescribed medicines on time.

The provider had quality assurance systems in place. These included audits, analysis and spot checks that were used to drive improvements. There was a complaints policy and procedure in place that people and their relatives were aware of. People told us they felt confident to raise any concerns and complaints they had. We received many compliments about the service, staff and management team.

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.

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 19 August 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Radfield Home Care Chester & Ellesmere Port

## **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

The 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 15 December 2022 and ended on 18 January 2023. We visited the location's

office/service on 15 December 2022 and 21 December 2022. Visits were undertaken to people's homes to seek feedback about the service on additional dates and feedback was sought from relatives.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We visited 4 people and 1 relative in their homes and spoke to 3 relatives by telephone about their experience of the care provided. We spoke with the registered manager, provider and 4 support staff. We reviewed a range of records. This included 3 people's care records. We looked at 4 staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 were protected from the risk of abuse. Staff had received safeguarding training and had a good understanding of what to do to ensure people were safe in their own homes.
- The provider had systems in place to safeguard people from the risk of abuse. Their safeguarding policy set out staff's responsibilities to respond to abuse.
- People told us they felt entirely safe using the service. One person said, "Staff are all very trustworthy. They always make sure my house is secure before they leave." The provider had recently undertaken a survey and 100% of responses stated people felt safe when care was delivered."

Assessing risk, safety monitoring and management

- Risks associated with people's individual needs were clearly assessed and recorded. Clear guidance was provided to staff with all the information they needed to support people safely.
- Environmental risk assessments were undertaken of people's homes prior to staff starting to support people. This ensured any potential risks were identified and minimised to keep people and staff safe.
- Risk assessments were reviewed regularly and updated as people's needs changed.
- The provider had a business continuity plan in place to ensure people would continue to receive safe and effective care in emergency situations.

Staffing and recruitment

- The provider had robust systems in place which ensured staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people at the service. This included DBS checks. 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.
- The provider always arranged for staff to be introduced to people ahead of them offering support. People had a small and regular group of staff that supported them. Comments included, "We have regular staff that know [Name] really well and fully understand their needs." and "Carers are always introduced before they visit. I haven't had a bad carer yet."
- The management team closely monitored staff arriving and leaving people's homes as there was a live electronic monitoring system in place. This ensured people were told if staff were delayed for any reason. Comments from people included, "Carers [Staff] are always on time and stay the full time." and "Office staff call if my carers [Staff] are running late for any reason."
- Staff told us they received a welcome to Radfield Homecare card with flowers and chocolates when they commenced employment. Staff told us they immediately felt welcomed and valued.

#### Using medicines safely

- Staff had received medicines training and had their competency regularly assessed.
- The management team regularly checked that all medicine administration was safe. Any discrepancies were promptly acted upon.
- There were systems and procedures in place for the safe management of medicines. The staff had access to medicines policies and good practice guidance.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Staff understood how to report accidents and incidents. All accidents and incidents had been recorded and were reported to the local authority and the CQC, where appropriate.
- The registered manager reviewed and monitored all accidents and incidents to establish any trends or patterns.



# 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

- The registered manager completed a thorough assessment of people's needs ahead of providing support and care. People told us they were involved about days and times they needed alongside tasks that would need to be completed.
- People's protected characteristics were recorded to ensure the service met their individual lifestyle choices effectively.
- People told us they received the care and support they needed. Their comments included, "Staff always complete all the tasks required. They also go above and beyond when needed." One recent compliment received stated, "[Name's] quality of life was improved with the care services you provide."

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a programme of induction. This included shadowing an experienced member of staff and completing competency assessments, before starting to work with people.
- People were supported by staff who had the skills and knowledge to meet their individual needs. People and their relatives told us staff had the skills to carry out their roles effectively. Comments included, "Staff know exactly what they are doing when they support me." and "[Staff Name] always recognises when I need them to intervene due to how I am feeling on the day."
- The provider had a training programme in place which covered a range of core topics. Where people had specific health needs, training was provided to staff to meet those needs.

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

- Staff supported people with preparing their meals and drinks. They gave people choices and respected the decisions they made. One person said, "[Staff Name] always offers me a choice and asks me what I fancy to eat and drink. She always encourages me to drink plenty."
- Staff understood people's needs and were able to describe the role they played when supporting people with their meals. One staff member told us, "I always offer a number of suggestions as some people don't always know what they fancy. I have ample time to prepare and serve food and drink as well as have time for a little chat if the person enjoys that. I always prepare a fresh drink as I leave to ensure they stay hydrated."

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

- Staff worked with other agencies and professionals to support people's health and wellbeing. One person told us, "[Staff Name] immediately contacted the district nurses when she saw that they needed to visit and

also stepped in to support me when I ran out of essential continence items as I was unable to sort this at the time."

- People's care plans contained key information about their physical health and wellbeing to inform staff and guide them on how best to support each person.
- The provider's electronic care system enabled staff to record any changes in people's needs and report these to senior staff, where referrals were made to appropriate professionals for input.

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.

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 and were satisfied that staff at all levels understood the importance of seeking consent before providing care or support. Procedures were in place to support staff in making decisions in people's best interests, should this be necessary.

# 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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were consistently described as kind and caring. Interaction with people showed staff knew people extremely well and there was a warmth in their relationship. People told us the staff always had time to chat which they really valued and said made such a difference to their lives.
- The provider and registered manager showed great commitment to their roles and gave many examples of where they had gone above and beyond to meet people's individual needs and wishes. They had researched a person's individual faith which was a rare and relatively unknown faith and shared this knowledge with the staff team. This ensured that the person living with dementia could continue to follow their faith which was pivotal to their wellbeing. The staff undertook reminiscence discussions with the person to enable them to fully engage with this person. The provider purchased bird feed and coconuts which were placed outside the person's window so they could watch the birds feeding which they thoroughly enjoyed and engaged with.
- The management and staff team had made a positive impact on people's lives. People and relatives told us they felt the staff went above and beyond what was expected of them due to their caring nature. For example, one staff member dressed up as Santa for Christmas and visited all people who received care and gave them a Christmas hamper. The hampers were created by the provider who ensured they were personalised to each person considering likes, dislikes and dietary requirements. Comments included, "Having Santa visit with my very own gift hamper was a real treat.", "[Support Worker Name] made us an afternoon tea to have while Santa was visiting with our hamper. Oh it was such a lovely surprise and treat." and "I've never received gifts from any other service that has supported me, it has made me feel very special."
- Staff treated people well and people spoke highly of the staff that supported them. Comments included, "All the carers [Staff] are lovely, so helpful. They are all so kind and caring and nothing is too much trouble."
- Staff told us that the provider was exceptionally supportive and considerate of their needs. The provider supplied staff with ice scrapers for their car and fleece jackets for cold weather. During hot weather the provider gave additional money to staff daily to purchase cold drinks and the provider also drove around delivering cold drinks and ice creams to staff as they were going from call to call.

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

- Staff gave people choices in their everyday lives and routines. People were supported to express their views in all aspects of their care and support. People took part in regular reviews of their support plans. Staff knew people very well and understood how best to communicate with them and how to enable them to best express their wishes.

- People had been invited to complete a questionnaire about the service by the provider. 100% of people responded they were treated with kindness and respect.
- The provider had received a huge number of compliments about the service. Some included, "Thank you for all the care and kindness you have shown my Mum " and "Many thanks for the wonderful care that my father received."

#### Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was consistently respected. People described being given the time to do things for themselves even though it took a lot longer. They told us staff never rushed them and always promoted them retaining their independence.
- Staff were exceptionally committed to making a difference to people's lives. One person had experienced a fall and had contacted the service. The provider immediately contacted the paramedics and sent a message to all staff to enquire who was closest to the person's home. Their relative was immediately contacted also. A member of staff immediately attended the person's home, they made the person as comfortable as possible without moving them. They then laid on the floor with the person offering reassurance for three hours until paramedics were able to attend. The management team supported the staff member to stay with the person and ensured the wider team attended the staff member's other calls.
- Staff understood how to respect people's privacy and dignity when delivering personal care and support. Staff were mindful of people's different personal boundaries and how to emotionally support people without prying into elements of their life that they were not comfortable discussing.
- People told us that, without exception, staff respected their privacy and dignity. Comments included, "Carers always respect my dignity by keeping me covered wherever possible" and "Staff know what they are doing, they know when I need assistance and when to let me do things by myself. I cannot fault them"
- Staff told us they had ample time to complete calls, and this enabled them to never rush people and to always ensure people received their support in the way they preferred, as outlined in their care plan.

# 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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives spoke highly of staff's ability to understand their needs and always support them in their preferred way. People told us without exception they were always offered choice and felt in full control of their support package.
- One person had experienced two significant occasions when their mental health was having a very serious impact on their ability to function, and their thought processes were extremely negative. A member of staff stayed with this person for many hours offering support and reassurance whilst also liaising with appropriate medical professionals. The culture within the service attributed to the member of staff showing exceptional commitment at the time this person needed it the most.
- One person expressed a wish to end an addiction. As much as staff were not specialist in this area, they worked with health professionals to support this person. They very slowly and gradually supported the person to improve their cleanliness and appearance. They worked with the person to improve their living environment. As the person grew in confidence staff started to support the person to access the community and undertake activities of choice. Staff have offered consistency and commitment throughout this process.
- The staff supported a person living with dementia and have offered consistency of care to ensure the person can remain in their own home. Staff support the person to access the community daily. The person is also supported to attend a memory café which has helped their social awareness. Staff also support with planting in the garden which the person enjoys.
- For people returning from hospital to their home the provider had responded quickly to ensure they had the resources to support people to return home quickly. This often involved out of office hours work to respond to changing needs, undertake reassessments and amending call times/frequencies if required.
- All office staff were fully trained to support people within their homes. This meant in the event of an emergency an office staff member would be able to help. For example, if a person supported required an ambulance they could either undertake a staff members other calls, or they could wait with the person that required an ambulance.
- People and their chosen relatives were involved in the writing of their support plans and regular reviews which enabled them to have maximum choice and control. People's care and support reflected their individual wishes and interests.
- We saw many examples of how care and support was personalised to meet people's individual needs, preferences and to reflect their choices.
- Staff had access to electronic care plans and risk assessments through an app on their mobile phones. They used the app to securely log in to calls. The provider monitored calls and if staff were delayed, they

were able to respond promptly to alert people who may be impacted. Staff clearly and consistently recorded tasks they had completed at each visit.

- When the manager and senior support staff carried out spot checks of care visits, they obtained the views of people using the service, which supported people to have control over their care.

### 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.

- The registered manager always ensured during the assessment of people's needs that communication was fully considered. When matching staff to people supported significant consideration was given to ensure staff could meet these needs. The provider was able to produce all documents in accessible formats including large print, spoken word and different languages.
- One person supported expressed during their initial assessment that Welsh was their first language and they no longer had anyone to speak to in this. The provider introduced a member of staff that was Welsh speaking. The person enjoyed reminiscing about their beloved Wales and also listening to Welsh music.
- People's individual communication needs had been assessed and were detailed in their care plans. Sufficient information was in place to support staff to meet people's communication needs.
- Relatives spoke highly of the staff's ability to communicate with people. One comment included, "[Staff Name] is just marvellous. They are patient, always listen and give [Name] the opportunity to process their thoughts and respond." One person told us, "Staff never rush me. We always have time to chat. I really look forward to the conversation."

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

- The provider had a complaints policy and procedure in place. People we spoke with knew how to raise concerns and said they would feel confident to do so.
- At the time of our inspection, the provider had not received any complaints or concerns. However, the registered manager was able to demonstrate the process they would follow should one be received.

### End of life care and support

- People's care plans include detailed wishes and preferences in relation to receiving care at the end of their life. People who had been in receipt of end of life care had been fully involved in their planned care along with their relatives.
- One person had expressed a wish to stay at home as they progressed to the end of their life. The provider liaised regularly with relatives and health professionals. They offered flexible and increasing support hours with a small team of staff known to the person and their relatives as the need required. The family said "Words cannot describe how happy we've been with every aspect of [Names] care. We never imagined it could be so good and so fitting for [Name]. The whole team were incredible right from the start. We can't thank you enough."
- The provider was able to provide person centred end of life care and support in conjunction with other healthcare professionals.
- Staff had received training in end of life care.
- When people had expressed a preference on whether they wanted a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order to be in place this was clearly recorded within 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; Continuous learning and improving care

- Staff told us the service was managed well and the registered manager was always available. Staff comments included, "The management team always listen and are so approachable and helpful." "They are amazingly supportive." "The management team are very responsive." And "As an employee I feel really valued."
- People spoke positively about the service and their comments included, "Having Radfield means I can stay in my own home, they are wonderful." "The manager, office staff and all the staff that visit me are very kind and caring. They take the time to listen to me to ensure my needs are met." And "The service is very flexible, and nothing is ever too much trouble."
- The service planned and promoted person-centred, high-quality care and achieved good outcomes for people. Compliments received showed this was evident and appreciated by people and their relatives. In a recent survey undertaken by the provider 100% of people would recommend Radfield Home Care Chester as a service and 100% of staff would recommend it as a good place to work.
- The provider and registered manager had a very clear vision and values that were demonstrated throughout the inspection process. They were passionate about offering the best possible care and support to people. The provider demonstrated a commitment to the continuous development and improvement of the service.

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

- The provider and registered manager demonstrated an understanding of their responsibilities under duty of candour.

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

- The registered manager had the required skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Management systems, such as audits and quality assurance, were actively used to monitor and continuously improve the service. The quality and safety of the service was monitored, and any issues could be quickly responded to.
- Staff meetings took place regularly and included opportunities for staff to reflect and learn from practice.

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

- The provider sought feedback from people and their relatives and used the feedback to develop the service. People and their relatives participated in regular reviews of their support.
- Staff felt well respected, supported and valued by the management team which supported a positive culture. One staff member told us, "Radfield stand out as they treat their staff really well. I have received flowers on my birthday and also a thank you for your hard work voucher when I had picked up extra shifts." Another staff member said, "I've worked in care for over 20 years and this is by far the best organisation I have ever worked for."
- Staff described how they supported each other and the positive relationships they had developed with the people they supported. One staff member said, "I know the people I visit really well, and I see them regularly. We have time to get to know each other."
- Staff supervisions took place regularly. One member of staff told us, "I have regular supervision and feel confident to raise any concerns."

Working in partnership with others

- The service worked well with other agencies. There was good communication between people supported, relatives, health and social care professionals.