

Gracious Hands Limited

Radfield Home Care Croydon & Sutton

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 ●

Summary of findings

Overall summary

About the service

Radfield Home Care Croydon & Sutton is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 5 people were receiving personal care, most of whom were older people and required support to remain as independent as possible. 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

People received the right support in relation to risks, such as those relating to age and frailty and moving and handling. There were enough staff to support people safely and staff timekeeping was good. The provider checked staff were suitable to work with people through recruitment checks. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE), to reduce the risk of COVID-19 transmission. People received the right support in relation to their medicines and the provider had good oversight of this through electronic systems.

Staff received the training and support they needed to meet people's needs and the provider held weekly workshops for staff to enhance their knowledge on key areas. People were supported to maintain their mental and physical health and to maintain contact with professionals involved in their care. People received food and drink of their choice. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People liked the staff who supported them and developed good relationships with them. The registered manager carefully matched people with staff based on shared interests and backgrounds as well as personalities as far as possible. People were introduced to staff to check they were happy with the match before care began. Staff shadowed senior staff to learn how to provide care in the best ways for each person and so staff came to know people well. People received consistency of care from a small number of staff who knew them well. People were supported to improve their independent living skills as far as possible and staff treated people with dignity and respect. People were involved in their care and their care plans were based on their individual needs and preferences. People were encouraged to raise any concerns or complaints.

The registered manager and their management and staff team understood their role and responsibilities. The registered manager engaged and consulted well with people using the service and staff. Staff felt well supported by the registered manager. The registered manager understood their responsibility to notify CQC of significant events as required by law. The provider was involved in the local community attending events and giving talks to help promote the service and help introduce suitable people to care work.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 15 July 2022 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?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was 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 Croydon & Sutton

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

Our inspection was completed by 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. The service operates under a licence as a franchisee of Radfield Home Care.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available to support the inspection. We also needed to obtain consent from people using the service to be contacted by us to obtain feedback on their experience

of using the service.

The inspection activity started on 7 February 2023 by visiting the provider's office to meet with the registered manager. We then made phone calls to staff and emailed people using the service and their relatives and inspection activity ended on 1 March 2023.

What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. The provider completed a provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. We used all of this information to plan our inspection

During the inspection

We received feedback from 3 people and relatives using the service about their experiences of the care provided. We spoke with the registered manager and 2 care workers. We reviewed a range of records including care and staff records and records relating to the management of the service. We continued to seek clarification from the provider to validate evidence found.

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.

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

- The provider identified and assessed risks to people, such as those relating to mobility, medical conditions for example dementia or any other mental health condition and the home environment. A person told us staff were aware of their particular risks and had been trained to use the equipment they needed, to their satisfaction.
- Guidance was in place for staff to follow to reduce the risks and staff were informed of all key details before providing care. Staff had easy access to all information on a secure application on their phones. A relative told us, "Staff are very professional and insist every measure is made so my [family member's] environment is safe." A second relative said, "I feel [my family member] is absolutely safe in their care and so I don't have any worries about their safety or security."
- Staff understood how to respond to accidents and incidents, including falls, and received training on this. The registered manager told us there had been no accidents or incidents since they registered with us, but we saw systems were in place to record and review them by the registered manager and other senior managers. Learning was shared with the staff team.

Using medicines safely

- People's medicines were managed safely. Risks were assessed and managed well and staff had reliable guidance to follow. People and relatives were satisfied with the way their medicines were managed.
- Only staff who had received suitable training, with competency checks, administered medicines to people.
- Staff recorded medicines administration electronically so the provider was alerted to any missed medicines or errors in real time.
- The provider audited medicines records and investigated any issues and learnt from any incidents or errors.

Preventing and controlling infection

- People received care from staff who followed safe infection control practices. Staff received training in infection control and the safe use of personal protective equipment (PPE) to reduce the risk of infections including COVID-19, and the provider assessed their competency. A person told us how important hygiene was to them and said, "Full PPE is worn by all staff at all times and disposed of appropriately." A relative told us, "They are scrupulous about cleanliness and hygiene."
- Staff also received training in food hygiene and people and relatives were satisfied with the way staff handled their food and drink.
- The provider carried out regular checks of infection control practices to ensure staff followed current

guidance.

Staffing and recruitment

- There were enough staff to support people safely and recruitment was ongoing to continue to grow the business.
- Staff time keeping was good. One person told us, "Their punctuality and duration of my calls are without fault. They stay for the full time and if running late I am notified." Staff told us they were not rushed and had enough time to spend meaningfully with each person.
- The provider carried out recruitment checks including those relating to criminal records, references, fitness to work and identification. The provider did not always record the reasons for any gaps in employment and told us they would improve in relation to this going forwards.

Systems and processes to safeguard people from the risk of abuse

- People were safe with the staff and were encouraged to raise concerns with the service or social services if necessary.
- Systems were in place to protect people from the risk of abuse such as regular training for staff on how to recognise abuse and take the right action, including workshops to discuss this further.
- Although there had been no allegations of abuse, the registered manager understood their responsibilities to report to the local authority safeguarding team, follow their guidance and to notify CQC.

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 of 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.

Staff support: induction, training, skills and experience

- Staff received regular training in relation to their role on key topics including dementia, health and safety, moving and handling, infection control and food hygiene and specific training was arranged such as on how to use one person's specific wheelchair. The registered manager was a qualified trainer and led workshops two days each week for staff to refresh their knowledge and learn more about key topics. A relative told us, "The staff I have seen are well trained and I am confident in them." Another relative said, "The staff appear to have been well briefed and trained."
- Staff were supported to complete the care certificate and diplomas in care, nationally recognised qualifications to ensure they had the required skills and knowledge.
- Staff received regular supervision and annual appraisal with spot checks to check they carried out their responsibilities well. Staff told us they felt supported by the registered manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the provider before their care began, or soon after in some agreed situations. A senior person met with people and their relatives and reviewed any professional reports to draw up a care plan based on their needs and preferences.
- The provider continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people and others involved in their care, such as their relatives and any relevant health and social care professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People received care in line with the Act. The provider assessed people's capacity to consent to their care where it was suspected they may lack capacity and made decisions in their best interest, consulting their

relatives and others involved in their care. They checked if anyone had legal authorisation to make decisions for people and consulted with them if so. Records relating to this were clear and reliable for staff to refer to.

- Care workers understood their responsibilities in relation to the MCA and received training in this.

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

- People's mental and physical healthcare and emotional support needs were assessed and recorded for staff to refer to. Staff had access to people's care plans on a secure application on their phones and the registered manager called them to let them know of any changes.
- Staff supported people to see the healthcare professionals they needed to maintain their health when this was an agreed part of their care.
- The provider recorded people's food preferences and dietary needs in their care plans and staff prepared meals in line with these where agreed.

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 of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were positive about their care workers, as were relatives. The registered manager carefully matched people to staff on personalities, interests and backgrounds then arranged a meeting to check both were happy with the match. For example, one person was matched with a staff member who shared their love of church, singing hymns and praying. Another person was matched with a staff member who shared their love of food and cooking. Another client was matched with a staff member who also had a passion for sports. A person told us, "The staff are professional and friendly." A relative described staff as, "Careful, compassionate and caring. Will go the extra mile." A second relative said staff were, "Kind, respectful, extremely hard working, polite and attentive."
- People received consistency of care from the same staff who cared for them, which meant staff knew people well and good relationships developed. A person told us, "Currently there are three to four different members of staff who are trained and can manage my call which leaves me feeling confident I will not be left without any help."
- People told us staff had time to engage meaningfully with them and staff understood the best ways to communicate with people. A relative told us staff communicate, "Very well. They have a lot of patience and seem to lovingly care for my [family member]." For some people the registered manager printed key information in large print at their request. For one person they prepared large prints of images with short words to help them make choices, such as breakfast options, TV programmes and also family members so staff could tell them who was in the house with them to reassure them when it was time to leave.
- Staff received training in equality and diversity and understood people's religious, cultural and social needs. These needs were reflected in care planning. One person liked to wear clothes from their culture and recite mantras wearing them, so staff were made aware of how important this was to them and how to support them. For another person ensuring Sunday's were particularly peaceful was important and this was clear to all staff. A relative told us how staff had responded to a specific request to meet a cultural preference, "My [family member] has Indian tea and the carer's have learnt enthusiastically how to make this."
- Staff also attended workshops on equality and diversity and the registered manager and director attended specific training on LGBTQIA+ to enhance their knowledge and understanding including how to support people who may not feel confident to express their gender and sexuality. The service had a specific policy on meeting the needs of LGBTQIA+ people at the service.

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

- Care workers cared for people according to their personal preferences, such as how they liked to receive personal care, their daily routines and food and drink. Staff shadowed a senior person for at least 15 hours

or more until they understood how to provide care to people in the best ways for them. A relative said, "The manager was professional and efficient during the assessment process and attended the first two visits of both carers to help them acclimatise to the new situation."

- The provider contacted people or their relatives regularly to check their care met their needs or whether any changes were needed and acted on any suggestions made. A relative told us staff understood their family member's needs, "Very well as I talk to them regularly [to check]." A second relative told us, "The staff understand my [family member's] needs and are extremely thoughtful and understanding." One person wanted to access their care plan and staff rota on their phone so the service made arrangements so they could access this through the secure application on their phone.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be involved in their care as much as they wanted to and were able to maintain their independence as far as possible. A relative told us, "Staff involve [my family member] in their care very well.

- People's privacy and dignity was respected by staff who were able to give us examples of how they achieved this. Staff received training to understand their responsibilities in relation to this. A relative told us, "The staff have been absolutely respectful to [my family member], and have helped them maintain their dignity even during dressing, washing, toileting etc. They are always careful to ask their permission so as to maintain their privacy."

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 of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- People received good quality, personalised care at the end of their lives. The services was providing end of life care to one person and worked closely with the local hospice and their family to ensure their preferences were met.
- The service had an easy-read template people could choose to use to plan how they would like to receive care at the end of their lives.
- Training was available to staff on how to provide good end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the AIS and key information could be provided to people in alternative formats if necessary.
- The provider recorded people's communication needs in their care plans and how best to communicate with them so staff were aware of these.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which people were given a copy of.
- People were encouraged to raise any concerns or complaints and a process was in place to investigate and respond to concerns, although the registered manager told us no complaints had been received since they registered with us.
- People knew how to raise a concern and they had confidence the provider would investigate and respond appropriately. A person told us, "I have contacted the office on the odd occasion, to which end I have felt listened to and the situation has been acted upon." A relative told us they were encouraged to raise any concerns and they, "Feel very comfortable in doing so knowing they will be resolved immediately." A second relative said, "I have been encouraged to raise any questions or issues with them and I am confident that they would be dealt with swiftly and courteously."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in their care plans. The provider reflected people's needs and preferences in their care plans through discussions with them, including from the initial assessment meeting and any further

information. Care plans were kept up to date so they remained reliable for staff to follow. Staff had full access to care plans on secure applications on their phones which also notified them of any changes. A relative told us, "They came to my home well in advance and we sat and discussed a care plan at length." A second relative said, "We were thoroughly involved and consulted in the making of the care plan."

- People's care plans were personalised. They detailed their backgrounds, personalities and how they preferred to receive their care and staff understood people well.
- People were supported to attend activities and do day to day tasks if this was an agreed part of their care.

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 of 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.

Continuous learning and improving care; managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager is an experienced care professional who has been well trained by the provider and has a good understanding of their role and responsibilities. They have the relevant care management qualifications and are also trained as a trainer. A person told us, "I like their ethos, they are compassionate, caring, eager to learn and listen, something which is often missing in the world of care. I feel happy, confident and safe with this company." A relative told us the management of the service was, "Very professional." Staff also understood their roles and responsibilities.
- The registered manager was supported by the director. The franchise provided regular training for the registered manager and director to keep them up to date with best practice along with networking events to share learning amongst the franchises.
- The provider had a system of audits to check people received a good standard of care. These included phone calls and visits to people to gather their feedback, checks of all care records and staff records all of which were electronic and of a good standard. The franchise also carried out monitoring visits to check the quality of care records and standards of care and the provider followed an action plan to improve if any issues were identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; 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

- People and relatives told us the provider communicated well with them. One relative said, "They always provide me with information on what has happened in my absence and answer any other questions I have." The provider communicated well with staff informally and in staff meetings and the weekly workshops. Feedback from staff was gathered for all training courses to help drive improvement.
- The provider took note of any equality characteristics and recorded them in people's care plans with guidance for staff on how to meet them.
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. People, relatives and staff told us the registered manager was open and transparent.
- The registered manager understood their responsibility to send us notifications in relation to significant events that had occurred in the service such as any allegation of abuse, although none had been required.

- The provider communicated with external health and social care professionals such as social workers, district nurses, GPs and occupational therapists when necessary to ensure people received the care they needed.
- The provider was active in the local community. They worked with a local care home who offer their gardens to the wider community to offer this to their clients. They also attended events at the job centre, churches, local recruitment fairs and did a talk at a job club to encourage the right people into care. Further talks were planned at the local library. They also attended talks on various business-related topics in their building.