

Radiant Care Services Ltd

# Radiant care services LTD

## Inspection report

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Date of inspection visit:  
22 April 2021

Date of publication:  
25 May 2021

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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

Radiant Care Service Ltd is a domiciliary care agency providing personal care to people in their own homes in Redhill and Epsom area. The service supported 32 people at the time of the inspection, most of whom lived with physical support needs and/or dementia.

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 told us they felt safe with staff who knew how to protect them from abuse, neglect and what support they required to minimise individual risks around their care. The registered manager closely monitored people's care visits and ensured they were provided timely and as planned.

People received safe support with their day to day needs, medicines and eating and drinking if required. Staff supported people to access healthcare services and were competent for their roles. Staff felt supported by the registered manager to provide people with safe and quality care.

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.

People received personalised care provided by staff who knew them well, and treated them kindly and with respect. People and their relatives were involved in their care, felt listened to and encouraged to be as independent as possible.

The registered manager had a good oversight of the quality and safety of the service and was said to be a compassionate and caring leader. The management team continuously improved the service, acting on people's feedback and effectively working in partnership with other professionals which achieved good outcomes for people.

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 14 August 2019 and this was its first inspection.

### Why we inspected

This was a planned inspection based on the length the service was operational since its registration.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Radiant care services LTD

## 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 Care Act 2014.

#### 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure management would be present in the registered office to speak with us and to support the inspection.

Inspection activity started on 22 April 2021 and ended on 4 May 2021. We visited the office location on 22 April 2021.

#### What we did before the inspection

We reviewed information we received about the service since its registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We reviewed a range of records. This included six people's care records and multiple medicines records. We looked at three staff files in relation to recruitment, training and staff supervision. 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 talked with two people and four relatives of people using the service. We reviewed feedback we received from a person's relative via email. We also spoke with five staff members providing people with care, the administrator and the general manager. We looked at further records such as staff training data, quality assurance and management records. We sought and received feedback from three professionals who work with the service.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with staff. One relative said, "Nothing I have seen gives me any concern about care given or staff lacking. I have a very high regard for them."
- Staff knew how to protect people from abuse or neglect. For example, staff told us how they recognised and reported to the registered manager when people were at risk of self-neglect. One professional working with the service told us, "In my experience they have been prompt and appropriate in reporting any safeguarding concerns."
- The provider had robust safeguarding and whistleblowing policies in place. Staff were aware of how to report any concerns. One staff member told us, "I would call the office straight away. Unless I feel like I did not get the right support, I would go further as I need to make sure [the person] is well."

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. One relative said, "We have special (equipment for mobility), [staff] know how to use it. When the carer [staff] was concerned, they called the ambulance crew and we had to go to hospital, it worked very well."
- The registered manager completed robust initial risk assessments which were regularly reviewed based on people's and staff's feedback. People had individual risk assessments around their house environment, mobility, eating and drinking or specific health needs. Staff were aware of their responsibilities and knew how to spot and report any changes to individual people's risks and needs. One staff member told us, "We are there to protect them (people using the service)."
- Where people's risks changed, the registered manager worked effectively with their relatives, social services and other healthcare professionals. One professional working with the service commented, "The agency are very communicative in updating me with concerns and new information, but have also been very helpful in coming up with ideas to help, have undertaken joint visits with me, and have shown flexibility within the package of care to respond to the service user's needs."

Staffing and recruitment

- People and their relatives told us they received their care visits as planned. People were confident they would be informed of any unforeseen emergencies or delays. One person told us, "All is good 99% on time, only when there is an emergency, I am notified, and they will jump in to replace (staff who cannot attend). I am kept up to date with any changes."
- The registered manager employed appropriate staff numbers and had a good oversight of the care visits. People received timely support as planned. For example, the management team used an electronic system to monitor staff attendance and phoned staff and people when they spotted any anomalies. One of the managers was always on call during the out of office hours. The management team took immediate action

to provide people with support in an event of potentially missed visit. Staff confirmed they had enough time for travel in between visits.

- The provider had safe systems in place to recruit new staff. The registered manager obtained proof of identity and suitable references for any applicants. Staff also underwent a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

#### Using medicines safely

- People received safe support with their medicines where required. People were supported to remain as independent as possible with their own medicines. One relative said, "He likes to take his own (medicines), (staff) put medicines in front him (so the person takes correct medicines at the correct time), they (staff) are very friendly and very good in communicating."

- Staff were trained in safe administration of medicines and their competencies were regularly reviewed during 'spot check' visits. Staff completed medicines administration records when supporting people. The registered manager implemented a new electronic system for daily care records which enabled them to monitor in 'real time' if people received their medicines as needed.

- The provider had a detailed medicines management policy and any medicine errors were appropriately investigated with remedial action taken to ensure people's safety. The registered manager regularly reviewed medicines administration records, where gaps in records were identified, we saw evidence of action taken to protect the person such as communication with their GP.

#### Preventing and controlling infection

- People were protected from spread of infections. Staff were aware of good infection prevention and control (IPC) principles and adhered to them when visiting people to provide care. One person said, "[Staff] always wear masks, aprons and gloves, they do washing up and cleaning, they are up to date with it all."

- Staff received training in IPC and correct use of the personal protective equipment (PPE) during the COVID-19 pandemic. One of the managers said, "We had to provide immediate response and training, for example every staff member was met to talk through IPC, PPE use, handwashing, how to manage situations around visitors, how to help them understand the risks, we worked in high gear (to keep staff up to date with any of the COVID-19 national guidance changes)."

- Staff knew how to effectively use PPE and confirmed they had access to ongoing testing and COVID-19 vaccinations in line with the government guidance for community social care. One staff said, "We had guidance, always had PPE and hand (disinfecting) gel available, [management] trained us how to put on and take off PPE, they were so good. We also change the mask between each visit."

#### Learning lessons when things go wrong

- The registered manager routinely reviewed accidents, incidents, safeguarding concerns and medicines errors. The information was analysed for any patterns or trends and preventative action was taken to protect people from similar incidents recurring. For example, to minimise risk of recurring falls one person was supported to access occupational therapy service and another person's morning support visit was adjusted to provide support at the most vulnerable time.

- The registered manager identified the communication systems were not always used effectively which led to a few care visits being near-missed or missed. The management team improved those systems by sending reminders to staff on how to communicate any issues. They also implemented an electronic application to monitor visits and improved the systems for information sharing in the office.



# 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 initial needs and risk assessments. Risk assessments had been completed in cooperation with people, their relatives, social services and other professionals. People had an initial care plan in place which detailed what support with personal care, medicines and housework they would need.
- The management team effectively supported the local healthcare system to provide safe and effective care. This had been in line with the national guidance on supporting people's access to care during COVID-19 pandemic. One professional working with the service told us, "They have been very supportive with emergency care cover which needs to be arranged same/next day."
- The registered manager explained how working in cooperation with other professionals to enable people to timely access care in their own homes brought good outcomes for people. For example, the agency supported one person whose health deteriorated during the pandemic. Staff worked with the hospice team and the community nurses to meet this person's needs in a holistic way, including support with hydration, mobility and skin care. Staff provided consistent and well-coordinated care which led to significant improvement in this person's health and wellbeing.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were competent and able to fulfil their roles well. One relative said, "I think [staff] are competent. I watched them with [person] and they do know how to help [person]. (They are) very, very kind and their patience amazes me."
- Staff told us they had ongoing access to training. One staff member said, "The training was good, I always get support. I did training (for example) in medicines, manual handling, safety, safeguarding, it was very helpful, additional to what I already knew."
- The registered manager ensured staff learned what support people needed and received robust induction in line with the Care Certificate.. The Care Certificate is the benchmark qualification that has been set for the induction standard for new social care workers. One staff said, "When I first started, I had online induction at first and then I shadowed (observed) [the manager] supporting different clients. I worked with her for two weeks, after that I shadowed other carers as well. I knew everything I needed (before working on their own)." Records confirmed staff received all mandatory training.
- Staff told us they felt supported in their roles and were encouraged to gain new skills. One member of staff said, "[The manager] is always there to support, she trained me and showed me how to do things correctly." This member of staff was mentored by the registered manager to support the management team in a more senior capacity.

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

- Staff supported people to have enough to eat and drink where needed. People we talked with confirmed they received support to prepare meals and drinks. One person said, "[Staff] make me something to eat and drink, they know my routine."
- People received support with eating and drinking meeting their needs which improved their overall health. For example, staff worked alongside the GP to support one person to avoid an infection related to dehydration. Staff supported the person by alternating different flavours or types of drinks which helped the person to stay well-hydrated. This contributed to the fact that the person did not need a hospital treatment for the infection for several months.
- People had their preferences and needs clearly described in their care plans. For example, one person was said to have 'hardboiled egg or sandwich, soup or crumpets' as favourites for lunch. Another person needed staff to refill their water bottle, pour a full cup and leave both within reach. People's care records confirmed support was provided in line with their care plans.

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

- Staff supported people to access healthcare and emergency services when needed. One relative said, "[Staff] have all of that [particular health condition] to handle, they always call for an ambulance, so [the person] gets assessed and taken to hospital if needed." Another relative said, "[Staff] know exactly what to do, if [person] falls or gets unwell, they absolutely would help."
- Staff completed referrals to other professionals with people where needed. This included, for example, contacting a GP, community nurses or occupational therapist. A visiting professional commented, "I receive timely updates from the office about (people) when needs have changed or if the agency have a suggestion for how needs could be met differently. The agency seem to get in touch with health services in a timely manner and to take initiative in these matters."

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.

- Staff were aware of the MCA, sought people's consent to provide care and enabled people to make their own choices wherever possible. A member of staff said, "I always introduce myself, read the care plan, ask [the person] what they would like, then they can explain, and I do what they want. They choose what they want to eat, if they want me to change the bedsheets, leave any drinks."
- The registered manager raised any queries around people's changing mental capacity to make certain decisions with social services who undertook mental capacity assessment where required. The provider engaged in 'best interests' decision-making process where appropriate and included outcomes of those decisions in the care they provided. The registered manager also supported people's families to become their legal representatives if needed.

- The provider had a robust mental capacity policy in place. Staff received training on MCA during their induction which included discussions on how to apply MCA in real life scenarios.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People and relatives found staff to be kind, caring and compassionate. One person told us, "We have a laugh and a joke." A relative said, "[Staff] are doing a good job, they are kind and friendly, and helpful."
- The registered manager championed clear caring and compassionate values. A professional working with the agency commented, "I observed the manager with a service user on two occasions and she was respectful and caring and was also skilled at having difficult conversations and trying to maximise engagement. I have also observed a live-in carer working with someone who can be very challenging to care for, her patience and kindness was excellent, and she has been able to build a rapport with this person where no one else has been able to."
- Staff followed those values and prioritised people's wellbeing in the work they did. One staff member said, "When [people] are happy, I am happy-we make each other happy."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff knew how to engage people in their day to day care and listened to their views even if they struggled to communicate how they felt. One staff member said, "The person I am working with has dementia. I help them in a caring way and treat them the same as we treat everybody. They may sometimes become agitated, so I give them space to manage and at the same time I offer distraction, sometimes we go out for walk as it calms them down." A relative said, "[Staff] are very, very compassionate people. I admire them greatly."
- Staff supported people to remain as independent as they could. One person said, "I want to be independent as much as I can, [the manager] knows and said they would adapt, and [staff] do let me do as much as I can, if I need they will help me, as much or as little as I need." People's care plans detailed how to support them to enable independence, for example by providing everything they needed to attend to some aspects of their personal care.
- People received care in a dignifying and respectful way. One person said, "[My relative] noticed Radiant seem to be treating you more kind, they respect you, and yes, I can feel that (in the support they provide)." This person went on to comment that their flat was kept tidy which they found respectful.
- Staff supported people in a way which protected their privacy and dignity. A relative said, "[Staff] are respectful, due to [person's] incontinence obviously their dignity is compromised, but I think [staff] are sensitive, they are as kind as they can be and encourage [person] in a respectful manner."
- People's care plans confirmed this approach. They were written in a respectful, person-centred manner and people's needs were described in a dignifying way. Staff received training on principles of good care and the agency values within their induction.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised support which improved their health and overall quality of life. One person said, "[Staff] know how I like things, first week you get to know each other, now they know how I like a cup of tea, how I get up and do things certain way. It makes my life easy, they do it how I want it."
- A professional working with the service gave an example of how this impacted on people, "[The service] managed [person's] behaviour in positive ways, reported concerns and actions were taken so the person made great improvements. [The agency] was making contact with other professions for support to improve [person's] wellbeing." This person became a lot calmer, started eating better and was less anxious, hence being at less risk of falling.
- Staff knew people well and kept up to date with any changes in their needs to provide best possible care. One staff said, "We go through the care plans, you need to know what you need to do." A relative confirmed that. "I only have praise for [staff], they are nice people who do care about [my relatives]. They are really interested in them as individuals and want to make sure they get best care they can possibly provide."
- People had individually tailored care plans which included information on their life story, interests, preferences and other support needs. For example, care plans included information on people's religious needs, sexuality, preferences as to the gender of the staff supporting them, favourite activities or which side they prefer to sleep on.

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.

- Staff knew how to encourage and support good communication with people. One staff member said, "I support one person wearing a hearing aid. I help them to put it in before we start talking together. We check it works and that we have enough time (to talk)."
- The registered manager ensured people could access information in a way which met their needs. For example, in a large print for people who would not be able to read standard communication. One person required an audio information which was produced for them in a CD format.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any concerns or complaints and felt confident the registered manager would do something about them. One relative said, "There is a booklet with information (on complaints)." Another relative said, "They are very responsive, always on the other end of the telephone if I

have concerns. I raised a couple of minor ways of improving things, [the registered manager] sorted it out straight away." Relatives we spoke with mentioned equipment was sourced or environment adjusted to improve people's safety following their feedback.

- Staff were aware of how to report and manage complaints. For example, one staff member said, "I received one complaint about lateness of one of the carers. I raised it with the manager, they talked to the carer and adjusted the schedules for the visit to be on time."
- There was a clear complaints policy and complaints were reviewed, recorded and analysed by the registered manager, records confirmed action was taken to address any complaints from people and their relatives.

#### End of life care and support

- Staff provided compassionate care for people who reached the end stages of their lives. The registered manager told us how they supported one person to pass away peacefully in their own home as per their wishes and they stayed with them as the person did not want to be alone. The registered manager also worked with other healthcare professionals and people's families to provide people with comfort and high-quality support.
- A group of staff had already received specific training in end of life care and were available to support other staff around specific people's care. The professionals involved in people's care were complimentary about the service. One of them said, "The live-in carer was extremely proactive in trying to ensure appropriate health care was received by the service user, and was also able to communicate to health and social care professionals the wishes and preferences of the service user as she understood them."

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team effectively monitored day to day delivery of the service, as well as its quality and safety. There was a good oversight of the care provided as regular spot checks and telephone monitoring calls were conducted by the managers and senior staff. These included observations of staff's practice and feedback from people.
- The provider had a governance policy in place. Roles and responsibilities were clearly assigned to the registered manager, general manager, administrator and field supervisor. The management team were clear on how the different monitoring tasks were managed by them and how they reported outcomes of their checks to the registered manager who was the ultimate decision-maker.
- The provider worked in open and transparent way and understood their regulatory responsibilities, including duty of candour. For example, incidents and accidents were managed transparently and people's relatives were informed where appropriate. The registered manager notified CQC of events which require such notification by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team created a responsive, open and inclusive culture. People we spoke with told us they could ring the office anytime and felt listened to. One relative told us, "What I found is whenever I ring I get through to [managers], they are caring and informed which I like. I was a little surprised it was as good as it has."
- People, staff and professionals working with the service were complimentary around the leadership and culture of the service. One relative said, "[The registered manager] is extremely good to deal with, full of common sense and compassion." A staff member said, "It is a great thing to have someone responsive and give you information quickly, in real time as it affects people's lives." Records confirmed action was taken promptly, for example to complete referrals to other professionals or alert them of individual changes in needs.
- The registered manager implemented good communication systems which promoted involvement and partnership working. A professional working with the service said, "The communication with the office and management is very easy and recommendations are taken onboard. [People] and their families have always been happy with the carers." A relative said, "It is helpful, if you mention something, they do not take long to do something about it. They are good, normally they do communicate a lot."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People and their relatives felt involved in the service. One relative said, "I speak to [administrator] quite often and he is very good. He asked for feedback and there was a form to fill up. I can't think of criticism, they are easy to deal with, very helpful."
- Staff felt supported and listened to. One member of staff said, "It is 'people' company and [management] listen to us, clients' concerns are listened to as well." Records confirmed regular communication between the management team and staff members. Staff also told us they had regular breaks if they provided live in care and they were supported to self-isolate when needed throughout the pandemic.
- The service worked in partnership with other social care and healthcare professionals. A professional involved with the agency told us, "Partnership working is something I feel is a real strength of this agency, the communication with me has been excellent, and it has felt like a joint approach between myself and Radiant Care for the benefit of the service users involved. They are a pleasure to work with."

Continuous learning and improving care

- The management team analysed feedback provided by people and staff and took action to improve the service. One of the managers said, "Telephone monitoring and spot checks worked fabulously, we regularly monitor service users and they give us lots of feedback which helped us to shape operations." They explained how one person's feedback led to coaching being provided to a particular staff member to improve their relationship with that person and resolve any misunderstandings and communication barriers.
- The registered manager was in the process of formalising a continuous improvement action plan for the service. However, clear actions were identified for the service to improve its quality and safety. We saw evidence confirming progress was made with, for example implementation of the electronic care planning system.
- The management team ensured action was taken following any incidents, accidents or comments made by people using the service. For example, medicines records were updated and debrief with carers carried out not to 'rush' care tasks for a person following observations made on one of the spot check visits.