

Aurora Dawn Limited

Radfield Home Care

Worcester

Inspection report

6 King Charles Place
St. Johns
Worcester
WR2 5AJ

Tel: 01905427863

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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 Worcester is a domiciliary care agency. It provides personal care to people in their own houses or flats. At the time of the inspection there were 26 people receiving personal care.

Not everyone using Radfield Home Care Worcester receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks relation to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People were happy with the service they received and liked the staff who they found to be kind and caring. People felt safe while receiving care and support. Management and staff had an awareness of their responsibility regarding reporting any actual or suspected abuse.

People received a consistent and reliable service, provided by staff who they were familiar with.

Risks to people's care were assessed and reviewed in the event of changes. These assessments provided guidance for staff and involved people and family members. Care plans were detailed, and person centred to match the individual needs of people using the service.

People were supported with their medicines as prescribed. People received the care and support they needed to ensure they received meals and assistance with their healthcare needs.

Checks were made before staff commenced working with people. Staff undertook shadowing experiences with more experienced members of staff to introduce them to people and their role.

Staff and management worked with other agencies and professional. Staff received induction training and ongoing training to meet the needs of the people they supported. The care manager was aware of where some staff needed to undertake refresher training. A new training facility was in progress in order to provide staff with local training.

People were treated with respect and dignity and could make choices about their care and support. Staff ensured people consented to care being given. Staff had knowledge about infection control procedures and used protective equipment to reduce the risk of cross infection.

People and their relatives told us any concerns or complaints made would be listened to. Staff felt well supported by the management. The provider had systems in place to monitor the service.

Rating at last inspection: This was the first inspection since a change in provider registration.

Why we inspected: This was a planned inspection based on the date of the provider's registration with the Care Quality Commission.

We found the service met the requirements for 'Good'. The overall rating of the service was 'Good'.

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

Follow up: We will continue to monitor intelligence we received about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 ●

Radfield Home Care Worcester

Detailed findings

Background to this inspection

This 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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.

There was a registered manager in post. A registered manager 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 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit took place on 15 May 2019. We visited the office location and saw the care manager, care coordinator and a field coordinator to review care records and other documents. Following this visit we spoke with five people, three relatives and six staff members on the telephone.

What we did: We reviewed information we had received about the service since the previous inspection. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority.

We looked at records of three people to see how their care was planned and delivered. Other records looked at included four recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe while they were receiving care and support from staff members. One person told us, "I think I am definitely safe with them (staff)."
- The care manager and care coordinator had a clear understanding of their responsibility regarding reporting safeguarding incidents to the local authority and the Care Quality Commission [CQC].
- Relatives told us they believed their family member to be safe while they received care and support. A relative told us having staff provide care and support for their family member had made a, "Huge difference" on their life as their family member was, "Very safe."
- Staff confirmed they had received training and understood their responsibilities. They told us they would report any actual or suspected abuse to the management team. Staff had access to contact telephone numbers within the local authority in the event of them needing them. One member of staff told us they believed the service to be one hundred percent safe.
- A recent staff meeting had included a reminder about safeguarding.

Assessing risk, safety monitoring and management

- A relative told us the management were aware of safety matters and had taken these seriously for the benefit of people and members of staff. Relatives told us they had confidence in the working practices of staff to keep their family member safe.
- Risks to people, while care and support was provided, was assessed and kept under review. The care manager told us of changes in the care provided to keep people safe for example to prevent people from falling.
- Risk assessments for hoisting equipment were in place and gave staff instructions as to how to use equipment and to check equipment before it was used.
- Staff told us they continually risk assessed people's care needs and would inform senior staff if changes were needed to people's assessments and care plans.
- Risk assessments was available to staff members via their mobile telephones.
- Risk assessment regarding the environment where people lived were undertaken to ensure people and staff members were safe. One member of staff told us these covered items such as rugs to ensure people and staff were not at risk of tripping.
- Systems were in place to safeguard staff who were working outside of office hours to ensure their safe return.

Staffing and recruitment

- Checks were made to the DBS (Disclosure and Barring Service). Although references were in place it was not always evident these were held, or telephone calls made for verbal references, prior to new staff

members commencing shadowing work. The office manager will now ensure going forward the documentation is both clear and in place. We will follow this up at our next inspection.

- Staff members told us they regularly attended the same people to provide their care and support. Staff believed this to be important to ensure consistency in care and ensured people knew who was assisting them to have their needs met.
- People told us staff were regularly on time and confirmed they would be notified in the event of staff running late for their call.
- An electronic call monitoring system was in place to check staff arrived punctually, stayed with people for the correct time and met people's needs.
- One relative described the time keeping of staff to be, "Excellent."

Using medicines safely

- People were confident staff administered their medicines correctly. One person told us, "They (medicines) are always correct. They (staff) always check them on a sheet before they give them."
- Staff told us they would inform a manager before administering any newly prescribed medicines or in the event of changes to the prescribed dose. Staff told us they would send a photograph to the management team of the instructions for them to update the care records and ensure they were accurate.
- Relative's told us staff supported their family members received their prescribed medicines.
- Staff completed records when they administered medicines. Records showed when medicines such as antibiotics were completed.
- Staff members received training on medicines prior to starting supporting people in their own homes as well as regular refreshers.

Preventing and controlling infection

- People who used the service as well as family members told us staff used personal protective equipment such as gloves and aprons while carrying out personal care tasks. One person told us staff changed their gloves between applying different creams to their body.
- People confirmed staff washed their hands prior to preparing meals and used hand gel to reduce the risk of cross infection.
- Staff we spoke with had an awareness of infection control procedures. Staff assured us there were no issues in relation to infection control within the service and told us they could obtain personal protective equipment such as gloves and aprons from the office.

Learning lessons when things go wrong

- Following a missed call additional checks were in place to check for alerts via the call monitoring system. This was to prevent this from happening again.
- Accident and incident reports were reviewed to reduce the risk of reoccurrence.

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

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

- People's needs were assessed prior to their care service commencing and as part of ongoing care practices. The care manager had met with a person and their family to discuss changes to the care plan and risk assessment. Care records were detailed and gave staff clear guidance regarding the care to be provided at each call to ensure needs were met.
- People were confident their needs would be met by staff attending their call. One person told us, "I can't fault them (staff)."
- Relatives commented positively about the standard of care provided. One relative told us they worked in partnership with the staff to ensure their family member's needs were met. They told us they were able to, "Relax" knowing staff would be attending.
- Staff reported changes to people's needs to ensure care records were updated. Staff could access care records through their mobile telephone so they were able to see these updates immediately to ensure care provided remained effective.
- The care coordinator and all the staff we spoke with had a good knowledge of people's likes and dislikes and what was important to people.
- Regular spot checks took place on staff to ensure they were delivering care in line with the person's care plan and the provider's expectations. Staff spoke positively of these and the ability to improve on their practice if needed.

Staff support: induction, training, skills and experience

- People told us they believed staff had the knowledge needed to provide their care and support. One person told us, "They (staff) are well trained."
- Staff we spoke with were complimentary about the training provided and how they were able to meet individual care needs because of the training such as catheter care. One member of staff described the training they had received as, "Very good".
- Staff told us about the monthly training they were required to participate in such as regarding dementia and Parkinson's disease. Information on safeguarding, dementia and MCA was displayed at the office for staff to refer to.
- The manager was aware of where gaps were in staff training and assured us they were acting to resolve these.
- Prior to caring and supporting people newly appointed staff undertook a period of time shadowing more experienced members of staff. Staff told us the time given was sufficient and staff were confident they could have sought longer if needed.
- Newly appointed staff undertook training prior to them providing care and support for people.

- New staff had or were currently undertaking the care certificate.
- Staff were aware of the on-call systems and were confident in the event of them requiring guidance or support this would be provided.
- We saw a new unit close to the provider's registered office which has been adapted to provide a local training facility for staff. As part of the plans to change staff training arrangements and make more local for staff to easily access. The care coordinator was due to attend a training course to enable them to train staff members on moving and handling skills. Facilities were planned to enable staff to undertake on line training at the facility.

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

- People who had their meals prepared for them by staff were happy with the standard of meals provided. One person told us staff brought them a choice of half a dozen meals from the freezer for them to select what they wanted to eat.
- Care plans recorded any specific dietary needs and how these were to be met and any action to be taken if staff had concerns about people's welfare.
- People told us staff would always ensure they had a drink available before living.
- Staff confirmed they had received training in basic food hygiene.

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

- People had confidence staff would contact healthcare professionals such as a doctor or emergency services in the event of them becoming unwell. One person told us staff would say, "I can't leave you like this (if they were not well) and would ring an ambulance if needed."
- People told us staff would assist to arrange healthcare appointments such as visits to hospitals and arrange for transport to these appointments.
- Staff told us they would contact the office staff if they had any concerns about people's health or welfare. They told us their following calls would be covered to enable them to remain at the person's home until other assistance or help was provided.
- The care manager had liaised with healthcare professionals such as occupational therapists to discuss safe working methods to provide care in order to keep people and staff members safe.

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

- Staff received training regarding The Mental Capacity Act 2005 (MCA). This Act 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 confirmed their consent was sought prior to staff providing care and support.
- Staff we spoke with were knowledgeable about the MCA as well as Power of Attorney.

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

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 praised the staff who visited them. One person described staff as, "Courteous and helpful". Another person told us staff, "Always kind and caring." A further person described staff as, "Extremely nice". The same person told us they had settled into a routine and had a, "Nice relationship" with staff members.
- People told us they did not feel rushed by staff providing their care and support. One person who was supported to get up in the morning told us staff always asked if they wanted a few minutes before they started to get up.
- A relative told us they were initially apprehensive about having staff come in to provide care for their family member. However, they told us they had found the care provided to be, "Wonderful". They told us staff, "Always explained what they were doing."
- Staff were complimentary about the service provided by the team and of the positive approach to promote a service which met people's needs. One member of staff told us, "I had a lovely feeling when I first went to the office, it's really good" (referring to the office).
- Staff we spoke with demonstrated a caring approach to their work and a desire to support people and showed an understanding of individual care needs.

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

- People told us they were consulted for their views and were able to make decisions about how their care needs were to be met. People had signed their original care plan to indicate their agreement with the care planned to be provided.
- Staff confirmed they involved people in their care and enabled people to make a choice such as regarding meals.
- Staff spoke of the need to encourage people to remain as independent as possible.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff ensured their privacy and dignity was respected. One person told us staff would turn away while they used toilet facilities. Another person told us they found staff provided a, "First class job" in respecting their dignity.
- People who had a preference to the gender of the staff member providing their care confirmed this was always respected and adhered to.
- People told us staff never told them about other people they provided care and support to and were confident staff did not therefore talk about them to others.
- A relative described the privacy and dignity provided to their family member as, "Great."
- Staff could describe how they were able to ensure people's privacy and dignity was maintained.

- Staff accessed care records for the people they were providing support to whilst they were with the person as this information was detailed on their mobile telephone. These records were password protected.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs were assessed prior to a service commencing to ensure their care and support needs could be met. People were aware of their care plan and told us this was updated by staff as needed.
- The care manager told us they would only accept new care packages if they had both sufficient staff to support people and had the skills and knowledge within the staff team to meet people's individual care needs.
- People told us staff were aware of their personal preferences and told us this was important to them. One person described how they liked a drink to be prepared and told us staff were aware of this.
- Care plans were detailed and personalised to the individual concerned and contained information about what was important to each individual.
- The management team reviewed and monitored the electronic care plan system to ensure care plans were showing the care and support needed was provided at each call. If any calls or needs were not recorded as met this was followed up with the staff member concerned. If records showed people had refused medicines this was followed up as appropriate.
- Care plans and risk assessments were reviewed and updated to reflect people's changing care needs and to ensure they were an accurate reflection of people's needs.
- The care manager was aware of the Accessible Information Standard. This standard aims to make sure people who have a disability, impairment or sensory loss get the information they can access and understand. The care manager assured us information would be made available suitable to meet individual needs.

Improving care quality in response to complaints or concerns

- People confirmed they would be able to speak with staff at the office in the event of them being unhappy with their care. One person told us, "I believe they would listen to me."
- Relatives told us they would not hesitate in making a complaint if needed and were confident it would be addressed.
- The care manager confirmed they had not received any formal complaints since the provider's registration.

End of life care and support

- There was nobody receiving end of life care at the time of our inspection.
- Staff received training in end of life 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility: Continuous learning and improving care

- People and relatives spoke highly of the quality of the care and support provided. They had confidence in the management team and the company.
- Relatives felt the manager and care coordinator to be open and responsive. One relative described the management as, "Wonderful" and, "Lovely".
- The management team were aware of the need to be open and transparent and to apologise in the event of errors or shortfalls in the care provided.
- Staff were complimentary about the support they received to enable them to perform their work effectively. The care manager told us they planned to have continuous training for staff and planned to have champions in identified areas of care who would have additional skills and knowledge.
- Systems were in place to monitor the quality of the service and the record keeping carried out by staff members.

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

- The registered manager was unable to attend our inspection. The recently appointed care manager and care coordinator were present throughout the inspection. The care manager told us they were supported in their role by the registered manager and told us they had access to records and the provider's policies and procedures.
- Both the care manager and care coordinator demonstrated a good understanding of their responsibilities such as in relation to the reporting of safeguarding matters to both the Care Quality Commission [CQC] and the local authority.
- Staff were spoken to and were complimentary about the office-based staff including the registered manager. One member of staff told us they were proud to work for the provider and having the feeling they had done a good job.
- The care manager told us of plans for the future to develop further the support offered to people and meet social needs such as having a knitting group, a gardening club and supporting people to go out.

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

- Staff told us they liked working for the registered manager and were motivated and felt involved.
- Staff told us they felt able to make suggestions about the service provided for people

- Records showed the registered manager worked in partnership with others including the local authority and healthcare professionals.
- Staff and people who used the service were involved in a monthly draw to win a prize.
- The newly appointed care manager was introduced to people and family members within a newsletter.