

Comfort Care at Home Limited

Radfield Home Care Richmond, Kingston and Hounslow

Inspection report

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Date of inspection visit:
22 May 2019

Date of publication:
25 June 2019

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 Richmond, Kingston and Hounslow is a domiciliary care agency and registered for 'personal care'. This service provides personal care to people living in their own houses and flats. At the time of this inspection six people were 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:

Risks to people's health and safety were not sufficiently assessed but the provider took immediate action to address this to ensure they supported people safely. Care records lacked information related to people's end of life wishes. The management team told us that from now on they would include this information as necessary.

Staff were aware of the provider's policies and procedures to support people safely if they noticed them being at risk of harm or when incidents and accidents took place. There were no allegations of abuse or incidents and accidents having taken place since the service's registration with the CQC. There were robust recruitment processes in place to ensure that staff had the right values required for the job. Staff were trained and had clear guidance for infection control

The staff team had a good understanding of the Mental Capacity Act 2005 (MCA) principles which they applied in practice to support people in the decision-making process. 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.

Systems were in place to optimise staff's knowledge and skills in all areas required for their role. Staff took initiatives to prevent medicine errors taking place and to support people safely Healthcare professionals were involved and guided staff where people required additional support to meet their nutritional needs. Staff observed and addressed people's changing health needs quickly as required. Information was available on the support people required to enhance their well-being. People's care records were person-centred and individualised.

The feedback received about the service was exceptionally positive. People and their relatives praised staff for their dedication and caring nature. Staff were carefully selected and matched with people to ensure they shared the same interests and skills. People's choices were continuously reviewed to ensure they had a say as to how they wanted to be supported. Continuity of care was an important aspect of the service. The management team ensured they introduced new staff to people and they provided the same staff to support people safely. People's privacy was enhanced and they had help to continue living in their homes independently for as long as possible. Staff took initiatives to engage people in conversations which

encouraged their social interaction.

People felt confident in raising their concerns should they have any. There were shared values, beliefs and rules within the organisation aiming to provide high quality services for people. The management team were dedicated and promoted kind behaviour in its employees that lead to high concern for the people they supported. The staff team took a proactive approach in educating the members of the community and supporting charity organisations which showed their focus on people's well-being.

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 23 July 2018 and this is the first inspection.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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?

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 Richmond, Kingston and Hounslow

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. 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:

This inspection was carried out by one inspector.

Service and service type:

This service is a home care agency. They provide care and support 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 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available on the day of inspection. Inspection activity started and ended on 22 May. We visited the office location on 22 May.

What we did before the inspection:

Before the inspection, we looked at information we held about the service including notifications they had

made to us about important events. 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.

During the inspection:

We spoke with the registered manager and director of the service. We reviewed three people's care records, two staff files, training, recruitment and medicine records and other relevant documents relating to the service.

During the inspection, we spoke with two people and one relative asking for their feedback about the service delivery. We also spoke with two staff members working for the service.

After the inspection:

After our inspection, we contacted one healthcare professional asking for their feedback about the service delivery.

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.

Assessing risk, safety monitoring and management

- People had risk management plans in place to ensure they were provided with safe care. Individual risks to people were identified and guidance for staff was provided on how to mitigate the potential risks to people, for example in relation to their mobility, nutrition and health needs. This helped the staff team to promote people's independence where possible, rather than restrict people's activities to keep them safe. Staff were aware of the potential risks to people and knew the actions they had to take to provide safe care for people.
- However, people's risk management plans did not include an assessment of risks to inform staff of how the risks impacted on people in relation to severity and likelihood. This was discussed with the management team who told us they would immediately address this and at the time of writing this report, they sent us copies of the updated risk assessments.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of how they were required to protect people from potential harm and abuse. A staff member said, "I look for signs of abuse and the abuse can come from families or carers. I would speak to the manager if I saw something concerning and they would raise this further."
- Safeguarding policies and procedures were in place and easily accessed by staff to ensure safe care delivery for people.
- There were no safeguarding concerns raised since the service's registration with the CQC.

Staffing and recruitment

- There were comprehensive recruitment procedures in place to ensure staff's fitness for the role. The management team told us they employed staff based on their values and provided them with opportunities to gain qualifications as necessary. The registered manager said, "If we would not trust the person with our mum, we would not employ them. We ensure 100% that staff have the right values for the job."
- Staff were required to pass a telephone screening interview, two face to face interviews, numeracy/literacy and video tests, a criminal record check and provide four references before they started working with people.
- People told us that they did not have any concerns about staff's lateness. One person said, "[Staff's] time keeping is extraordinary. They stay for all duration of calls and fill in their sheets."
- Staff were required to sign in and out for their shifts using an electronic system as well as the paper work and these were checked by the registered manager for accuracy. Staff followed the provider's procedure to call people if they were running late so people would know when staff would be arriving for their visits.

Using medicines safely

- Robust systems were in place to ensure the safe management of people's medicines. Electronic medicine administration records (MARs) were completed by staff to confirm that people had taken their medicines as

prescribed. The management team were immediately notified and took actions if they saw a staff member not recording the task as being completed.

- The staff team took initiatives to ensure that people were taking their medicines safely. They developed a monitoring chart so that a person who was self-administering the medicines could keep a track of the medicines taken.
- The service had only recently started supporting people with their medicines and they planned to check staff's competency to administer the medicines every 6 months.

Preventing and controlling infection

- Staff knew the actions to take to avoid the risk of infection. A staff member said, "I make sure I wash my hands before I start supporting clients. I wear gloves when giving medication to clients."
- Systems were in place to check staff's compliance with the infection control requirements. Staff were provided with guidance on the actions they had to take during every visit to protect people from cross contamination and their performance was observed during the spot checks.

Learning lessons when things go wrong

- Staff were required to complete an incident form should they witness an incident or accident taking place. The incident form was automatically sent to the management team who ensured that all actions were taken as necessary. The director told us, "Staff are encouraged to be honest and transparent when things go wrong so that we can learn, and prevent errors happening in the future."
- There were no incidents or accidents reported since the service's registration with the 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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- The staff team understood the principles of the MCA and told us how they supported people in the decision-making process. A staff member said, "It is assumed that individuals can make their own decisions. We can only help people to make their decisions if they cannot understand, communicate and remember the information given."
- The registered manager was confident in applying the MCA principles in practice. They recently carried out a mental capacity assessment, followed by a best interest's decision, to help a person to decide on the least restrictive option concerning their safety.

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

- A comprehensive initial assessment was carried out to identify people's care needs and choices in all aspects of their daily living, including finances and medicines.
- People were provided with a copy of their care plan to ensure they agreed with the proposed support.

Staff support: induction, training, skills and experience

- The management team ensured that staff were provided with the necessary training to meet people's care and support needs. A staff member told us, "The managers are available if I have questions and they are very informative. The [registered] manager is very patient and takes time to go through the policies and procedures."
- There was a robust induction process in place to prepare staff for their role expectations. Staff were required to complete 13 e-learning modules and attend three days face-to-face training. At the end of the training, staff's competency was checked to ensure they understood the information provided. New employees had to shadow more experienced staff members before they started working with people

independently.

- The registered manager told us they planned to carry out supervisions every six months and to appraise staff yearly. Records showed that most staff had not yet been working for the service long enough to have the supervision and appraisal meetings but their performance on the job was regularly checked to ensure they were fulfilling their role expectations.

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

- Staff supported people with the preparation of food where they required such assistance.
- Any support people required with their nutrition was identified and the service used external resources such as the healthcare professionals to provide them with guidance on how to support people safely, including dietary recommendations for a person because of their health condition. Staff maintained food and hydration logs where it was identified a person being at risk of malnutrition.

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

- People had assistance to meet their health needs as required. Staff helped people to arrange, attend and follow-up on their health appointments when they needed such support. We saw the staff team had taken the initiative and made a referral to review a person's medicines to optimise the impact of medicines on the person's health.
- Records showed that people's health needs were identified, and staff were provided with guidance on how to enhance people's well-being. Information was available regarding the specific health conditions people had and how it affected people's everyday lives.
- The staff team worked in partnership with other healthcare professionals to provide effective care for people, including GP surgeries, community nurses and occupational therapists.

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; equality and diversity

- The overall feedback received about the service was very positive. People told us that staff attended to their needs with care and compassion. People's comments included, "I am very satisfied with the care provided. [Staff] are caring, interested, attentive and concerned" and "I find carers very friendly and helpful." A relative said, "[Staff] go above and beyond in my experience. They are passionate and genuinely care." A healthcare professional said that the registered manager was "patient, helpful and respectful" towards the person when they supported them to attend their medical appointment.
- We were provided with examples of how the staff team took extra steps to support people with their interests which encouraged people's engagement. This included a staff member taking pictures of a person's garden, so they could see what it looked like when they were not able to access the garden themselves.
- Staff allocated to people were chosen carefully to ensure they had something in common to talk about, including hobbies and leisure activities. It was successfully identified where people and staff had the same interest in gardening and art. This helped people to build relationships with the staff that supported them.
- People's cultural, spiritual and religious beliefs were identified and promoted to assist people from diverse cultural populations. A person was allocated a staff member who spoke their second language to enhance their linguistic preferences and encourage conversations.
- The management team told us they aimed to provide continuity of care for people and only had two staff members allocated for each person, so they could develop relationships. When a new staff member was assigned to a person, one of the managers had always accompanied them to people's homes to make the introductions.
- The management team told us they bought birthday cards for people to congratulate them on their special occasion.
- Staff were booked to attend an external event on cultural awareness to enhance their understanding in this area.

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

- People were encouraged to express their views, so they could receive the care that was based on their preferences. One staff member said, "I support my clients' choices, for example I ask them what they want to wear. If needed, I help clients to choose and give them options to choose from." Another staff member told us, "We do what clients want us to do and not what we want them to do."
- There was a thorough review process in place to ensure that people were involved in the decision-making process. Six yearly review meetings were carried out to identify and address any changes required to people's support needs.
- The management team told us they carried out a visit to people's homes to support them with personal

care, so they could check that the care plan had fully reflected people's chosen care needs.

- The staff team worked together with the families to ensure that people had the necessary support to make decisions about their care. The service provided a family with Dementia Awareness training to enhance their understanding in how to support their relative in making everyday choices, for example in relation to their nutrition.

Respecting and promoting people's privacy, dignity and independence

- One person said they received "as much privacy as I require. If we have a guest, [staff] excuse themselves as necessary." A relative told us that in relation to the privacy they had "absolutely no concerns."
- Staff assisted people to maintain their independence and supported them to be safe in doing so. A staff member said they "encouraged clients to do things for themselves rather than carrying out personal care tasks for them as they would lose their independence." A staff member encouraged a person to buy more suitable kitchen equipment, so they could continue using it independently and in a safe way.

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

- A person said, "I am very pleased with the service. [Staff] make sure I do not fall if I have a bath." A healthcare professional told us that the registering manager was responsive and effective in the way they supported a person to arrange and attend their health appointment.
- People's care plans were person-centred and written from the person's perspective. Information was provided on the support people required to carry out their chosen daily activities, including tasks related to personal care and meal preparations. Care plans included information on what was happening when staff were not at people's homes to support them, for example with their medicines.
- Staff responded to people's changing care needs quickly when required. This included escorting a person to the hospital when their health had deteriorated, advising a family member about the actions they had to take when their relative had a fall and requesting for the broken manual handling equipment to be replaced to ensure a person's safety. A staff member took the initiative and had bought coloured key chains when they saw a person being confused as to what key to use.

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 was meeting the AIS. People had their communication needs identified and staff were aware of how to support people to get involved in conversations. A staff member told us they observed a client on the day to find out how they felt which helped them to decide on how to approach the person to ensure optimum communication.
- The management team had purchased a dementia toolkit for the staff to be able to communicate with a person using images and memory triggers. Staff also used music to support their interaction with people.

Improving care quality in response to complaints or concerns

- People told us they were confident in raising their concerns as necessary. One person said, "I would certainly speak up if needed. I would talk to carers and the managers." Another person told us they had "nothing to complain about." A relative said, "If I had any complaints, I would be very comfortable raising it."
- People were asked to complete feedback surveys to review the service delivery. The last survey results showed that people were satisfied with the support provided and felt safe in the care of staff.
- Records showed that there were no complaints received since the service was registered with the CQC. There was a number of compliments collected from people and their relatives which were positive and

complemented the staff team for their hard work and good care provision.

End of life care and support

- Since the service's registration with the CQC, they had not provided end of life care. The management team told us they were equipped to provide such services should they receive a referral.
- In the initial assessment, the management team asked people if they had made wishes relating to 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR). The registered manager told us they planned to use a different colour folder for the care plans where people had made DNACPR decisions to ensure staff's on-going attention.
- However, there was no information recorded on people's spiritual and psychological needs relating to the end of life care. This was discussed with the management team who told us they would address this immediately after the inspection. We will check their progress at our next comprehensive inspection.

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; and how the provider understands and acts on duty of candour responsibility

- Staff received support from the registered manager and director of the service who shared responsibilities to guide staff on the job.
- Everyone that we talked to had highly praised the management team for their dedication in providing high quality care. One person told us that the management team was "first class, very experienced and clearly competent" in their job. A family member said that the managers were "very professional, compassionate and honest towards me, for example when there were concerns about [my relative] they talked to me about it, so we could address it. The [agency] has made an enormous difference to my life. I would highly recommend them." The registered manager told us, "Every client is a VIP [very important person] for us."
- From the conversations with the management team we found them transparent and highly valuing of the staff team for their hard work. The registered manager told us how they observed staff's performance and supported their strengths aiming to provide them with more responsibilities in the future. A staff member said that the management team was "really lovely and very supportive. They made me feel comfortable doing this type of work." The director said, "One of our core values is 'we are a family'. We believe that by treating our staff with kindness, dedication and respect, they will then show the same values to our clients."

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

- Last year the service had won three awards, one of which was first place in the People's Choice Award. This award gives members of the public a chance to recognise outstanding care and treatment.
- We saw that the management team was working in a proactive way and that they had a list of resources available should they require them, for example contact details of translation services for visually-impaired or hearing-impaired people.
- Overall records viewed were comprehensively completed and well organised which ensured easy access to data as necessary.
- Effective communication practices were followed to ensure that everyone had access to the same information and at the same time. Individual group chats were created for people and their circle of support to share information quickly when required.

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

- People and their relatives felt involved in the care delivery. A relative told us, "I am very happy with [the service]. [The staff team] are incredibly thorough and the communication is excellent!"

- People and their relatives had access to the service's electronic daily notes if they wanted to check the tasks being completed by staff.
- Staff were empowered to contribute to the service delivery. They were asked to provide feedback which was used to devise action plans to improve the care delivery where necessary. The director told us they welcomed feedback from "staff as we always strive to improve. We ask staff what they could do differently to allow them the opportunity to self-reflect and come up with areas of improvement and development on their own." Regular staff meetings took place to update staff on important matters concerning the service and to review the policies and procedures.
- It was planned to reward staff for good performance. A care staff bonus scheme had been designed by the staff for the staff. The management team asked staff to decide on the criteria to be measured against for the awards.

Continuous learning and improving care

- Quality assurance processes were in place to monitor the care being delivered to people. People's care plans were regularly checked to ensure they were meeting people's current care needs. Audits took place to review people's medicines and staff's training needs as necessary.
- Any improvement required, such as staff using the correct language in peoples' care records, was identified and addressed to ensure safe care delivery.

Working in partnership with others

- The staff team were involved in making positive difference to people and were trained in Dementia, hoarding, friends against scams and dignity in care champions. Staff used their training to raise awareness and educate members of the community. They delivered talks to charity organisations, ambulance services and day centres.
- We were provided with examples of how the staff team supported and raised money for different charity organisations.
- The management team told us they were registered with the Skills for Care, which is a strategic body for workforce development in adult social care in England, and CQC for updates about the changes taking place in the health and social care services.