

Radfield Home Care Ltd

Radfield Home Care Limited - Shrewsbury

Inspection report

7 Frankwell
Shrewsbury
Shropshire
SY3 8JY

Tel: 01743245555
Website: www.radfield.co.uk

Date of inspection visit:
07 September 2016

Date of publication:
20 October 2016

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

This inspection took place on 7 September 2016 and was announced.

The agency provides personal care for people in their own home. There were 55 people using the service when we inspected.

There was a registered manager in post who was not available during this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe when staff came into their home and felt protected from the risk of potential abuse. People risks during personal care had been identified and plans showed the steps staff needed to take to manage them. People had their calls at a time that reflected their preferences and the required number of staff attended. People who had support with their medicines had them administered when needed, with staff who were competent to do so.

Staff had received training to ensure their skills and knowledge reflected the needs of the people they cared for. Staff were supported with regular supervisions and the management team checked that staff were working as expected. Where people needed support with their meals they told us they were happy that staff gave them a choice or provided the assistance needed to enjoy their meal.

People were involved in making decisions about their care and plans were in place detailing how they wished to be supported. People's consent was obtained by staff when caring for them. People told us they arranged their own healthcare appointments as required, however staff would help with telephone calls and reminders if needed.

People knew the staff and were comfortable with staff providing a personalised service in their home. Staff spent time chatting with people while providing care. People felt the care they had received met their needs and had been able to tell staff how they wanted their care. People felt the staff were considerate and supported them in maintaining their dignity.

People's views and decisions they had made when planning or making changes to their care were listened to and recorded in care plans. People knew how to make a complaint and felt comfortable to do this should they need to and felt these would be dealt with. Information was provided to people who used the service should they wish to raise a complaint.

People, their family members and staff felt the management team were accessible and could speak with them to provide feedback about the service. The management team had kept their knowledge up to date

and they led by example. The provider ensured regular checks were completed to monitor the quality of the care that people received and to action where improvements were needed.

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.

People received care and treatment from staff who understood how to keep them safe and free from the risk of potential abuse.

There were enough staff to meet the care and social needs and manage risks. People were supported by staff that understood how to administer and managed their medicines.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support. People were supported to maintain a healthy balanced diet and fluids to keep them healthy.

Is the service caring?

Good ●

The service was caring.

People were happy that they received care that met their needs. The care provided reflected individual preferences and maintained people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed people's support needs.

People's relatives were confident to raise any concerns. These were responded to and action taken where required.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

Radfield Home Care Limited - Shrewsbury

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 September 2016 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by one inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with six people who used the service and two relatives by telephone. We also spoke with five care staff, one supervisor, the deputy manager and the area manager. .

We looked at three records about people's care, care reviews and staff observations. We reviewed minutes from staff and people's meetings and feedback questionnaires, three complaints and number of compliments and quality audits that the provider had completed. We looked at a selection of people's care details on the providers computerised system to show the care people had received and when, this included medicine records.

Is the service safe?

Our findings

People we spoke with said they were happy with how staff helped them stay safe at home. One person said, "I never worry, I know they always turn up". People we spoke with said that staff were able to access their home safely and leave it secure when they left. All people we spoke with said that staff were safe when provided their care in their home.

People's relatives told us that care staff made their family member feel safe when they were providing care for them. Relatives said they were comfortable when leaving care staff in their home whilst they went out. Care staff told us they were respectful of people's homes and possessions and understood their responsibility to provide support in a way that kept people safe while in their home.

All staff we spoke with knew their responsibility to report and protect people from the risk of abuse and harm. Staff told about how their training helped them understand the signs people may display if they at risk from, such as a change to a person's behaviour or unexplained bruising. They were assured their management team would take action to deal with any reported incidents or concerns. We saw the provider had a safeguarding procedure in place and concerns would be reported to the local authority and to the Care Quality Commission [CQC]. The topic of safeguarding adults had been discussed regularly at staff meetings and the relevant safeguarding process staff would follow.

People told us that care staff supported them in their home to minimise the aspects of risk in their daily living activities while receiving personal care. People's risks were assessed before staff worked with them which had been regularly reviewed. Care staff told us these provided them with the information needed to help reduce the risk of harm to people. Care staff also told us they worked closely with people and, where appropriate, their families to review the risks such as environmental changes to the home

People told us the staff arrived within the set timescales and stayed for the agreed amount of time. People said that while staff were rarely late, when they were, they were contacted so they knew. People told us that staff were consistent, and covered for holidays and sickness by staff who they knew and trusted. The care staff and registered manager told us they ensured people received care from staff they knew or preferred. One person told us, "I have a favourite, and they [management] have tried to make sure I get her as often as possible".

All staff we spoke with told us there was always enough staff to cover the calls to meet people's needs. The provider used an electronic system which sent an alert if staff were late attending a call. The office staff were then able to speak to the staff or send another if needed. Staff told us the registered manager made sure the staff met the care and safety needs of the people they supported.

People told us they received their medicines when they should. Staff told us they had received training in medication and that their ongoing competency was regularly checked by the management team to ensure people received their medicines safely. Staff recorded where they had given or prompted a person to take their medicine. The electronic system would alert the office staff if a staff member had left a person's home

without completing all the medicines records.

Is the service effective?

Our findings

People we spoke with told us the staff were confident and knowledgeable when providing their personal care. Three people we spoke with told us the staff had regular training in how to support them. One person said, "I know the head of training and they are good". All care staff we spoke with were happy that the training gave them the skills to provide people with the care they needed to meet their needs. One care staff said, "Good training with practical aspects to it".

All care staff we spoke with felt supported and had regular supervision meetings with their manager. This was to discuss their role and how they were providing care to people. Care staff said that they were also observed to ensure they were providing good care. People were involved in this process and were asked for their feedback on the member of staff.

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. We checked whether the service was working within the principles of the MCA. People told us that the care they wanted had been detailed in the care plans which they had signed to show their consent. Records showed the involvement of the person wishes and needs.

All care we spoke with understood the principles of the MCA and what this meant for people they cared for. They told us it was always about a person's choice and that they would never go against their wishes. They would raise any issues or concerns with the management team to ensure the correct procedures were followed.

People told us they had their choice of meals or snacks and that staff would happily prepare something for them to eat later in the day. Staff told us that support varied from heating prepared meals to providing freshly cooked three course meals. Relatives we spoke with told us they would prepare the meals and care staff would then ensure the person received them. Where identified care staff told us they were aware of any additional needs such as making sure they reduced the risk of a person choking by cutting up their food. Care staff also told us they made sure people had drinks available to ensure they had enough fluid to between calls. .

People we spoke with told us they were not currently supported to contact or visit external professionals by staff. Staff said that they worked alongside other health care professional on occasions, such as district nurses. Relatives told us that staff would also tell them if they felt a person was unwell and suggest arranging appointments with their doctor or consultants which was in line with the person's consent. Staff told us that in an emergency situation they would contact the emergency services.

Is the service caring?

Our findings

All people we spoke with, and two relatives all said that they got on well with their regular care staff. One person told us that, "I do have my favourite, but they all care". People told us how staff would ask them about their lives and spent time chatting about everyday things that were important to them. One person said that staff, "Always ask how you are and want to know you're okay". One staff member said, "We chat, but sometimes people are quieter and that's their preference". Staff explained people's care plans contained information about the person and acted as a guide so they could talk about things that people were interested in. One staff member told us that they were supported on their first few visits to people, by going with a member of staff who was more familiar with the person and their routines.

One person and one relative said that there were occasional changes in the staff sent to provide care, for example, because regular carers were on annual leave, or ill, One person said, "I am happy to see different faces, I like the socialising".

All people we spoke with told us they were able to maintain their independence, were involved in their care and were able to guide staff daily to how much help or support they needed. People said that staff would also offer encouragement as a way to keep them involved. All staff we spoke with said that the amount of support people needed could vary day to day. They told us they listened and responded to the person on the day. One person told us that, "They [staff] always stay as long as they are supposed to and never rush you through". People also felt that where staff knew them very well, that they got into a routine that suited their preferences. One person said, "They are flexible when they are here".

People said when they had requested care calls the registered manager came and talked about their care needs and when they needed it. People told us they were happy that this was the care they received at the times agreed. All people we spoke with told us staff listened to their choices and wishes and respected their choices

People had been asked by the management team about what dignity meant for them. This has been collated and displayed (anonymously) on a 'dignity tree' in the office as a reminder to staff about people's dignity. Staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. Staff described how they made sure that people were covered during personal care, and that they ensured that curtains were closed when required, so that people's dignity and privacy was maintained. One relative said, "They [staff] are very respectful with my husband during personal care".

Staff told us that people's personal lives and histories were not always shared and they respected a person's right to privacy. They told us that whilst they openly worked with relatives they carefully ensured that only information that they needed to know was shared. When speaking with staff they were considerate and respectful about people they cared for.

Is the service responsive?

Our findings

People told us that their plan of care was reviewed every six months and that minor changes were made as needed. These included changes in medicines, the length of call time or changes to the times of the calls. People said they would happily contact the office when needed to make changes to any planned calls or care needs. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs.

The provider used an electronic care planning system that made instant changes so staff were able to see immediately any changes to their calls, a person's care needs or if the person had any changes in their medicines. Staff we spoke with knew the type and level of care and support people needed and the information was current. They understood people's health condition and what this meant for they were to be supported. For example, if a person had a certain diagnosis such as dementia they knew how the person would react to certain situations or requests. Staff also confirmed that any immediate changes were sent thorough to them with a telephone call or text messages. Staff told us that any changes in people's day to day health needs, such as infections or illness were reported to the office and acted on if needed.

We looked at three people's care records which had been updated regularly or when a change had been identified. The records showed people had been involved in the decisions around the care and support they needed. The care staff knew each person well and responded to their needs in a way the person preferred and in line with their plan of care.

People we spoke with told they had not had any cause to make a complaint. However, people were happy to approach the staff or ring the office to raise issues or concerns. One person said, "If I call the office they always listen, I would not worry about calling them if I needed to". Relatives told us they would be happy to approach staff to talk about a concern. One relative said, "If it's a small thing then it's just done".

The provider had a formal complaints process in place and this had been included in people paperwork when they joined the service. The information gave people details of who to contact and the steps that would be taken to address their concerns. We saw that where people had raised a complaint, lessons had been learnt and an apology offered. For example, we saw that concerns were shared at team meetings so staff were able to avoid repeating mistakes. The provider had also recognised that further improvements were needed in how the out of hours responded to calls in the evenings in response to late calls.

The deputy manager said that alongside formal complaints received they used a 'book' to capture and record people concerns and what action had been taken. For example, people had requested a change to their call times and one person had asked staff to check the expiry date on food. We saw action taken had looked at how the same incident could be prevented from occurring in the future. For example, providing staff with further training or support.

Is the service well-led?

Our findings

People spoke positively about the provider and the care they received. One person said, "Nothing but praise for the company". Another person told us, "Absolutely excellent. Staff are caring, helpful and sympathetic". People told us they also had access to a contact telephone number that they could use to access help or assistance at any time. These calls had been recorded and showed that this had worked well for people when used. One person told us, "Even if it's just that I've had a bad night's sleep, I can ring and tell them".

The provider and deputy manager had managed the agency for a number of years and spoke passionately about ensuring people were looked after to the best of their ability. People and relatives we spoke with told us they had been asked for their views about their care. The responses were positive about the care and support provided. Staff told us they had input into how the agency was run, and were confident in the leadership.

The provider also offered people the opportunity to be involved in day trips and activities. There had been a recent boat trip arranged, coffee mornings at the office and a trip to the garden centre. The provider supported people to attend these trips by using staff to facilitate transport and accompanying people on the trips. People we spoke had either enjoyed the trips or appreciated the opportunity to be invited. Other activities were in progress such as developing a 'cook book' with recipes from people who used the service and a gardening club.

People told us there was an open and positive culture that focused on positive outcome for them. The provider and deputy manager listened to and encouraged people and members of staff to share their ideas. The provider had developed partnerships with external stakeholders to support their goal to improve quality outcomes in response to people's feedback. This had led to the provider seeking additional support from the local Lesbian, Gay, Bisexual and Transgender (LGBT) group. The provider was developing their literature and staff awareness in these areas to demonstrate their inclusivity and the way the provider met the diverse needs of people. In addition, the registered manager and staff had developed working relationships with the local hospice and were planning to provide a specialist group of staff who would provide end of life care to people at home.

The provider understood their responsibilities and conditions of registration. The provider kept CQC informed of formal notifications and other changes. The service was regularly checked by the senior staff and we saw the latest audits that had been completed. The checks recorded issues, and areas of good practice were identified and then actions identified to make improvements. We saw how actions were delegated to individuals who had responsibility for actioning them and timescales were set. In addition to these the management team regularly visited houses to see how staff were providing care. They fed back to staff directly and the provider spoke of the value of audits and was keen to ensure continuous learning and improvement. Audits seen reviewed areas such as health and safety, medicines, care plans and the input from external agencies. They reflected that the service was well led.

The deputy manager told us they were supported by the registered manager and provider to keep their

knowledge and skills up to date. The provider also referred to Social Care Institute for Excellence, the CQC and Skills for Care for support and guidance about best practice and any changes within the care industry. They also worked with specialists within the local area to promote positive working relationships. For example the local authority commissioners and people's social workers. In addition the registered manager was involved in meetings with the providers other service's registered managers to discuss what was working well in each of the agencies or if there were any changes being made.