

Holmes Care Solutions Limited

# Radfield Home Care Bexhill, Hastings & Battle

## Inspection report

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13 April 2022

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Radfield Home Care Bexhill, Hastings & Battle is a domiciliary care agency providing personal care to people in their own home. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of our inspection there were 60 people using the service, of which 36 were receiving the regulated activity of personal care. People receiving a service were older and living with dementia, frailty and other age related conditions

### People's experience of using this service and what we found

We found areas of outstanding practice in the care provided by Radfield Home Care Bexhill, Hastings & Battle. The use of pioneering technology used in a person centred way ensured that people received outstandingly effective care that met their current and changing needs.

The provider had developed innovative and effective systems that promoted people's health, improved their independence and enabled them to live in their own home for as long as possible. People and staff universally had their equality, diversity and culture celebrated, and their rights promoted and respected. The service was inclusive, educational and empowering.

People using the service were consistent in their view that the service was unique in its delivery of care and delivered outstanding care. Typical comments included, "What a fantastic team Radfield are, from the Manager to the office team, a true credit to the care staff, they are all very supportive of all my friend's care needs." There was a culture of embracing learning and development within the service. People and their relatives felt confident in the skills of the staff and they received effective care that met their needs.

The registered manager and dedicated and enthusiastic staff demonstrated an exceptional commitment to enabling people to live well with dementia and grow old with dignity. People received outstandingly high-quality care that met and exceeded their needs, and improved their wellbeing, independence and happiness. Staff treated people with respect, dignity and compassion. They were motivated, passionate and proud of their jobs and people had a regular team of care workers and felt they had become part of the extended family. People and their relatives felt respected, valued and listened to.

The service had built an outstanding model of care and support provided to people. People told us they thought the service was well managed and they received high quality care that met their needs and improved their wellbeing from dedicated and enthusiastic staff. A relative stated, "I have found Radfield Home Care to be outstanding in their care of my mother. All aspects of the company, management, support staff and carers have exceeded my expectations, which were high." Innovative and practical technology was used to enhance peoples care, but also to entertain and teach people and staff new skills and increase their knowledge.

People told us they felt safe having carers support them in their own homes. People's physical, mental health and emotional needs were assessed before they began using the service. Care plans were written with people and focused on their individual specific needs and preferences. The management team completed checks and audits on the quality and safety of the service to make sure they had good oversight.

People were supported by staff who had been safely recruited, and they were protected from the risks of discrimination, abuse and avoidable harm. Risks to people's health, safety and welfare were monitored and reviewed. Measures were in place to reduce risks.

People told us staff always wore the appropriate personal protective equipment (PPE). Staff had access to PPE stock and completed training about how to use it appropriately.

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 told us they knew how to complain but had no complaints about the service they received. They felt confident they would be listened to, should they need to complain. Complaints and compliments were shared with staff to address areas for improvement and to celebrate successes.

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

The last rating for this service was Good (published 02 November 2018).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

# Radfield Home Care Bexhill, Hastings & Battle

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. They were supported by the provider.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 07 April 2022 and ended on 13 April 2022. We visited the location's office/service on 07 April 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

#### During the inspection

We spoke with six staff, including the provider, the registered manager, a care co-ordinator and care staff. We reviewed a range of records. This included four people's care plans and associated risk assessments and medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, satisfaction surveys and policies and procedures were also reviewed.

#### After the inspection

We spoke with nine people and one relative over the telephone about their experience of the care provided. We further spoke with the registered manager and gathered additional evidence in relation to the care delivery people received and how the service was run.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, discrimination and avoidable harm by staff who were trained to recognise the potential signs of abuse. One member of staff told us, "I'd recognise any signs of abuse and raise them".
- The registered manager raised concerns, when appropriate, with the local safeguarding authority and the Care Quality Commission.
- People told us they felt safe using the service. One person said, "I feel perfectly safe, I have never felt anything other than safe when they are helping me."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed and managed. When a risk was identified, action was taken to ensure people were referred to the relevant health care professional.
- When people used special equipment, such as a hoist, to help them move safely, this was risk assessed. There was step-by-step guidance, which staff told us they followed, to ensure people were moved safely and comfortably. When people needed to be repositioned regularly to reduce the risk of developing pressure areas, charts were completed to make sure people were positioned correctly.
- When people lived with diabetes, there was guidance for staff about what a person's normal blood sugar levels were, what action should be taken and when.
- People's home environments were risk assessed. There was guidance for staff about how to enter the property, for example, using a key safe. People told us they felt safe having staff letting themselves into their homes.

Staffing and recruitment

- People were supported by staff who had been safely recruited. Recruitment processes were robust. Reasons for gaps in employment were explored and recorded to make sure a full employment history was obtained. The registered manager made sure Disclosure and Barring Service (DBS) criminal record checks were completed to ensure new staff were safe to work with people and at least two references had been obtained before staff began their induction. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by regular staff who knew them well. One person told us, "I know all my regulars very well, I couldn't be happier." The registered manager said, "We continually look at consistency and see where we can improve it."
- People told us care staff were usually on time and stayed for the right amount of time. When staff were

running late due to unforeseen circumstances, people were contacted to inform them. People told us they did not feel rushed. One member of staff said, "I have experience of other care companies and Radfield isn't like that. They never overload you with work and respect the amount of work we can do. We want to do the job properly." Office staff closely monitored any late calls to identify themes and make changes where needed.

#### Using medicines safely

- People were supported to take their medicines as prescribed.
- Staff completed training about the safe administration of medicines. Staff competency was checked regularly to ensure they followed best practice.
- Records showed there was guidance for staff about what medicines people needed, what they were for, and any potential side effects.

#### Preventing and controlling infection

- People were supported by staff who understood the importance of infection prevention and control measures. Staff completed regular training and had competency checks to make sure personal protective equipment (PPE) was put on, taken off and disposed of safely.
- People and their relatives told us staff wore PPE when they were supported.
- Staff told us they had plenty of PPE and could collect more stock whenever they needed it.
- The office was clean and spacious which allowed social distancing when required.
- The provider had a robust infection prevention and control policy which was shared with staff. COVID-19 risk assessments, for people and staff, were in place and regularly reviewed.

#### Learning lessons when things go wrong

- The management team recorded and monitored any accidents and incidents. When required, information was shared with the local authority safeguarding team and the Care Quality Commission.



# 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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- We found areas of outstanding practice in the effectiveness of the care provided. The use of advanced technology used in an innovative and person-centred way ensured that people received outstandingly effective care that met their current and changing needs. The provider used an extremely effective electronic care system to plan and deliver care to people. This system was used as an app on mobile devices by staff, people and their relatives.
- Staff recorded care given when it happened in real time, so that care records were 'live' documents. Any issues or alerts were raised in real time with office staff. This enabled office staff to continually monitor and audit care delivery as it happened to ensure people's needs were met. For example, some people required their care delivered at a specific time to coincide with their medication. The system showed they had been met on time and delivered correctly, meaning that people with complex health needs were supported and empowered to stay in their own home.
- Furthermore, with permission, designated family members were able to access the system to see exactly what care was taking place and comment and interact with staff. This led to a truly flexible, inclusive and effective care service, which enabled care calls to be added or removed in line with people's preferences and needs. For example, during the COVID-19 pandemic lockdown, one person could not be visited by their family for a significant period of time. Assisted by staff this person was able to update their care notes in real time, including photos of activities they had been doing in their home, like flipping pancakes. Their family had accessed the system daily, so they could see their relative was being well cared for. This was an excellent source of comfort for the person and their family. A relative stated, "We can view Mum's care plan and see any changes made. We log on to see the care notes, and to see what kind of day Mum has had and what she's been doing. If [the provider] are concerned about anything they let us know and update the care plan. We can then follow it on the care notes."
- We saw an example, whereby the software of the app had highlighted a person had irregular blood glucose levels. This was not routine for the person, so staff contacted their GP and gave them access to monitor the persons records and make changes to their health requirements. This had enabled the person to receive medical care in their home and had prevented them being admitted to hospital.
- To be able to monitor people's conditions in real time, change people's care, share urgent and routine information about people's specific conditions with health professionals and allow family and advocates to check and comment on people's care remotely, enhanced people's experience of care and ensured their changing needs were met.
- Staff communicated with each other using a secure messaging system on their phones. This meant people received highly effective, individualised care, as staff had access to the most up to date information and the

provider ensured that all care visits met people's assessed needs. Staff could log completed activities and updates, identify risks and trends, and securely share information with managers, health professionals and designated relatives using computers and hand-held devices.

- People's needs were assessed before their care visits started. These assessments were completed by a small number of senior staff. The initial assessment was very comprehensive and included details of the person's health and care requirements, as well as family and social history and information about the things they liked to do. This in-depth, thorough and person centred assessment was a way for the service to check they could care for the person and to determine specific additional training needs for staff. The registered manager told us, "We set aside a significant amount of time for pre-assessments, to ensure we can meet people's needs and deliver the exact care they want."

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

- The service had a truly holistic approach to assessing, planning and delivering care to ensure that people remained healthy and independent. The service encouraged the use of innovative approaches to care and support. For example, the provider had implemented a system of regular health and wellbeing checks for people. Staff had received specific training from health professionals and were issued with a portable kit that checked people's observations and vital signs. This information was sent in real time to senior staff where it was analysed and sent on to healthcare professionals, such as GPs and community nurses.

- A healthcare professional stated. "As a geriatrician my aim is to keep people out of hospital and at home. To do so, carers not just need to show sympathy and kindness whilst caring, but also be knowledgeable and experienced to follow on my medical instructions and recommendations. I feel that the staff at Radfield Home Care have all of the above and over the last two years' they have helped me to manage a number of patients at home and keep them out of hospital, where frail people usually deteriorate and decondition further."

- The service supported people to be involved in decisions about their care and health needs. The provider had trained six members of staff to be 'champions'. These champions were specialists in specific areas including, dementia, mental capacity, wellbeing, medicines and dysphagia (difficulty swallowing). The champions worked closely with people to help them understand their health conditions, in order for them to be able to make informed decisions in respect to their care and any treatment required. The champions also worked closely with healthcare professionals, such as speech and language therapists and dieticians to share information and learning about people's specific health needs.

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

- The provider supported people in unique and person centred ways to ensure they ate and drank enough to stay healthy. The provider had developed the 'Aim for Champagne' hydration campaign. This campaign became well known in the local area, and attracted local sponsors and media attention. This campaign raises awareness of the risks of dehydration and promotes good hydration through education and advice. Staff visited people with ice creams and ice lollies and used the time to ensure that people were drinking enough fluids.

- Staff supported people to choose the foods they enjoyed and developed meal planners for them. Staff then assisted people to order the ingredients online or supported them to visit the shops. One person told us, "They get everything I need and make me my favourite things."

- Staff followed advice and guidance for people with special diets, but also wanted to ensure people had food they enjoyed. For example, the provider gave everyone using the service a chocolate Easter egg. However, some people could not eat this as they required a soft diet. Therefore, the provider gifted them chocolate desserts in keeping with advice from the Speech and Language Therapy team. This meant they were still included in the festivities, but in a safe way.

Staff support: induction, training, skills and experience

- People were supported by a team of skilled, knowledgeable and experienced staff. One person told us, "They are all very knowledgeable and competent, they are very well trained."
- Staff told us their personal development was important and they were supported to achieve additional qualifications. One member of staff told us, "The training is excellent, and it is really relevant to what we do, it's of a really high standard." The provider routinely held 'lunch and learn' sessions, where staff were provided with a free lunch at the office and the time was spent learning about specific aspects of care.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff gained their consent before supporting them with their care and support.
- The management team and staff had a good understanding of their responsibilities which made sure people were supported in line with the MCA. When people were not able to make a decision about their care and support, meetings were held with the relevant people, such as relatives and health care professionals, to make sure decisions were made in the person's best interest.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were supported by kind and caring staff who knew them extremely well. Staff ensured people were treated in an individual and equal way, irrespective of their beliefs, opinions and lifestyle. For example, staff had noticed that one person's emotional wellbeing had declined. After exploring this, they found that the person had needed to rehome their beloved cat, as they felt they could no longer look after it. Staff met with the person and their family and explained how they could support them to have their cat at home. This was agreed, and staff arranged for equipment to be purchased and had the cat collected and returned. This person's care plan and risk assessments were updated to support them to care for the cat. This intervention had an instant positive impact on their emotional wellbeing, happiness and sense of purpose.
- Staff demonstrated a strong commitment to providing outstanding care. They knew people well and had a good understanding of how best to support them. They excelled at providing consistency which had a positive impact on people's wellbeing, reduced their anxiety levels and provided stability. People had a regular team of care workers and felt they had become part of the extended family. One person told us, "I love all my carers, they are like the nieces I never had." A relative added, "They've done so much. I can completely rely on them, which has helped immensely and taken the pressure off."
- People unanimously told us they were treated with kindness and respect when receiving care and support. They said staff supported the wellbeing of both them and their families. They spoke of how close they were to staff and how they had built up positive and meaningful relationships together. One person told us, "They are the kindest people, I couldn't ask for more." A relative said, "They care for my husband, but every day they will always ask how I am doing, and do I need anything."
- The service had celebrated the cultural diversity of both people and staff, and staff had a good understanding of equality and diversity reinforced through training. The registered manager ensured that policies and procedures were read and understood, and that staff were aware that EDHR made up a principal part of people's assessments of their care and support needs before they began using the service.

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

- People were consistently consulted and involved in decisions about their care, and staff worked with them to provide the care they wanted. People were empowered to take responsibility for their own lives, achieve goals and make their own decisions. One person told us, "Every part of my care has been guided by what I want and when I want it."
- We saw examples of outstanding individualised support given to people. In-depth assessments highlighted to staff potential 'matches' of people and staff. People chose who supported them, and the service ensured that this was done in line with people's preferences around age, gender, ethnicity, faith or

interests.

- We saw that people had requested that staff of a specific faith assisted them. The provider ensured they matched them with care staff that have their faith in common. They had built a strong bond and staff would take time to support people to follow their faith both at home and in the community. This has brought much comfort to people and they fed back they often enjoy singing along to Christian radio stations, and how they felt comforted by the emotional support given when they wanted to discuss religious matters. At the request of one person, the provider ensured that these care workers attended their evening calls, so they could pray together.
- Choices in all aspects of people's lives were encouraged and promoted. One person told us, "They always ask what I want to do, nothing is ever just done to me, I am fully consulted with." A member of staff said, "We are guests in their home, we are there to support them how they want to live."

Respecting and promoting people's privacy, dignity and independence

- People were supported in empowering and original ways by staff who were exceptional at helping them to be as independent as possible. For example, one person had suffered a stroke. Through in-depth assessment, staff realised there were elements of care whereby this person could take control back themselves. Staff introduced this person to a range of easy to use smart plugs and bulbs and demonstrated how to use them. This person now controls their lights, blinds and thermostat from their phone.
- This initiative proved so successful, that many other people using the service have been assisted by staff to embrace technology to enhance their independence. This holistic approach to care planning, use of innovative technology and always looking to improve, has enabled people to carry out daily living tasks for themselves, achieve further independence and increase their wellbeing. The registered manager told us, "We keep our knowledge current on the latest technologies that are available."
- Staff had a common aim to achieve positive outcomes for people. They gave us examples of individual personalities and character traits and staff ensured they were able to communicate with people effectively. One member of staff told us, "We get to know about people, their history and what they like. We can then provide the care they need." This was supported by an example whereby a person who had been in the army was matched with a member of staff who is from a military family. Through their shared experience, they formed an excellent bond, which encouraged the person to gain confidence and reminisce regularly about their time in the army. This renewed confidence enabled them to take part in a reminiscence session that is run by the provider called 'Radfield Remembers' which greatly improved their wellbeing. Through staff understanding people, their backgrounds and experiences staff have delivered outstanding person-centred care.
- People's privacy, dignity and independence were respected by staff. One person told us, "I was very self-conscious knowing that they would need to shower me, but I needn't have worried, everything is done in such a dignified manner."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw outstanding examples of how the service was flexible and responsive to people's individual needs and preferences. They found innovative and creative ways to enable people to live as full a life as possible. People continued to enjoy living their lives how they wanted, taking part in interests, activities and being a part of the communities they grew up and identified with.
- Staff understood what was important to people and what mattered to them individually. For example, a member of staff recognised that one person living with dementia had a love of letter writing. The person and the member of staff started writing letters to each other, which brought great comfort and enjoyment to the person and their family.
- This experience was shared with others working at the service, and in light of this learning, staff recognised what was important to people and what their passions were. For example, all people using the service received individualised gifts from the provider. One person received matching blankets for them and their cat, and another received a subscription to a specialist steam railway magazine, as they were an enthusiast on the subject.
- People received an exceptionally high standard of personalised care that was responsive to their needs. The care delivered and attention to detail ensured people received outstanding care that increased their sense of worth and improved their wellbeing.
- For example, staff recognised the importance of supporting people to regain or maintain their hobbies, what is important to them and what they want to achieve. Staff recognised that one person had a distinguished career in agriculture and was passionate about growing plants. The person was living with dementia, but staff gave them the confidence and the ability to continue with this hobby. Staff filled small pots with compost and filled small watering cans to enable them to comfortably tend to their plants. When challenges arose with growing the plants and the person needed to research the issue, staff supported them to use a computer to find the answer through the internet.
- This exceptional level of support enhanced this person's quality of life. They stated, "[Staff member] is a delightful and practical friend and will gladly help to explain a computer problem, manage a fish tank or any of my other interests."
- Learning from this person's experience, the provider made it a priority to support people's interests and created a gardening club for people using the service, their families and staff to join. This initiative attracted attention locally and they received donations from local garden centres and nurseries. This enabled staff and people to fill their gardens, patios and balconies with plants. The club continued to evolve and seed swaps were organised for people to meet and discuss how their plants were growing and to socialise. Staff had worked with people to help them overcome barriers and enable them to once again access the

community safely.

- The provider offered bespoke care and support to people with diverse needs and individual requirements. We saw examples of ongoing and consistently outstanding care, such as staff supporting people to attend important events in their life. The provider recognised that for some people, not being able to take part in celebrations that they once used to was hard to come to terms with. Through staff getting to know people, they were able to identify those who wanted to bring back the joy of Valentine's Day with their loved one. Staff aided this with complimentary roses and Valentines meals for two. This was very well received by people, and staff enjoyed preparing them a special meal to help celebrate and to promote healthy romantic relationships.
- Practical and imaginative technology was used to entertain people and support them to receive timely care. People were being issued with a tablet device designed specifically for older people. The tablet had large buttons and sensitive touch screen making it easy for older people to use, even if they were reluctant to use technology or had never used technology in the past. The tablet would enable people to stay in touch with their loved ones and also their care workers and office staff at the service. Furthermore, the tablet would provide stimulation through games, photo sharing and music.

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

- People praised the provider's commitment to person centred care and the exceptional results this achieved. One person told us, "They are marvellous, they know me inside out. Whatever I need or want, they give me."
- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's choices around what they did during the day, for example what they liked to eat, their preferences around clothes and personal grooming. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. One person told us, "We talk all the time, they always ask if I'm happy with everything and listen to me".
- People received care from a consistent and regular staff team. One person told us, "I have my regular girls, but they are all brilliant". Staff had an excellent understanding of how to support people to live well with dementia and other health conditions. Staff gave examples of how they responded in a personalised way to people's individual needs. Where people needed additional care, this was provided. Examples were seen in the care records where staff stayed longer with a person, for example at their request to accompany them to an appointment.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The management team understood the need to comply with the Accessible Information Standard. People's communication needs were assessed, monitored and regularly reviewed.
- People were supported in a way that suited them best. For example, people's care plans and rotas could be provided in larger print when people required this.

Improving care quality in response to complaints or concerns

- People and their relatives told us they did not have any complaints about the service they received.

People knew how to complain and felt confident any complaint would be listened to and acted on appropriately.

- The registered manager recorded and monitored complaints and compliments. Complaints were investigated and responded to in line with the provider's policy. Compliments were shared with staff to celebrate areas of good practice.

End of life care and support

- People's wishes for their end of life, including any spiritual and cultural wishes, were discussed and recorded. This ensured staff were aware of people's wishes and that people would have dignity, comfort and respect at the end of their life.



# 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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others; Continuous learning and improving care

- The provider was involved in numerous community initiatives, in partnership with other organisations. These were all based around supporting people to remain independent and to feel part of the societies they lived in.
- For example, the provider had developed reminiscence sessions, and an initiative with a local school and football club, where people and students became pen pals and learned about each other's lives. Furthermore, the provider put people who had served in the war in touch with local school children who were studying the Second World War. The children wrote in curious questions they had, and people wrote back answering them. This intergenerational work was collated into a presentation that was given during an assembly.
- These initiatives and others developed by the provider enabled people and their families to meet, learn, have fun and have their health and wellbeing improved.
- We were shown numerous testimonials from stakeholder organisations including East Sussex County Council, local dementia charities, local LGBTQ+ organisations, mobility and assisted living services, as well as corporate retailers who provided donations that were raffled by the provider to fund outings and community initiatives for people. Feedback from people involved included, 'I feel that the partnership between us has helped to develop many positive links across the two generations. The pupils have experienced an invaluable wealth of opportunities to help them gain understanding and knowledge and to develop their empathy and kindness skills.' and 'When we learnt about Radfield Pen Pals, we knew it was something we wanted to be involved in. The children at Hastings Wanderers Football Club are enjoying learning the skill of letter writing and creating mini masterpieces to send to their pen pals.'
- The provider demonstrated an exceptional commitment to enabling people to live well with dementia. They worked with dementia charities within the local community to deliver awareness sessions for people and their families to increase understanding of dementia and how they can help people.
- The service had a track record of being an excellent role model for other services. The registered manager worked in partnership with other providers and organisations including Skills for Care to create learning and share experiences of care delivery based on good practice and people's informed preferences.
- This outstanding practice of participation with the local community, its organisations and events had significantly increased people's confidence, skills and wellbeing, and had also assisted to educate the local community about the service, the condition of dementia and growing older with dignity.
- The service had a strong emphasis on team work and communication sharing and staff commented they all worked together and approached concerns as a team. One member of staff told us, 'We get all the support we need, we are a very close knit-team. Everyone is very approachable and we share information

and learn from each other, so we know exactly what our clients want."

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

- People and their relatives told us the service was exceptional and distinctive. One person told us, "This is my first experience of care, but from speaking with others, I know I'm onto a winner with Radfield." There was an open culture at the service. Leaders and managers made themselves available, led by example and modelled open, co-operative relationships.
- The provider prided themselves on having a culture of high-quality sustainable care. With feedback from people, their relatives and staff, the provider developed their own set of visions and values. These were based around providing outstanding care to people and supporting staff to be the best they can be. These visions and values have been shared with all stakeholders involved with the provider.
- To ensure they employ staff with these values, they use a values based recruitment process that demonstrates empathy and compassion and where people are passionate about making a positive difference to people's lives. A member of staff told us, "We go above and beyond for our customers, we find the little things that don't seem big or important but actually make a world of difference."
- People and staff spoke extremely highly of the service and felt it was well-led. Staff commented they felt totally supported and had an excellent understanding of their roles and responsibilities. One member of staff said, "[Registered manager] really knows how to look after us and make us feel part of a team, she has taken her previous experiences and moulded it into everything she knows a manager should be. The support through COVID-19 has been and continues to be amazing. We have weekly reminders on how important it is to comply with testing, PPE and hand hygiene, and to also remind us we are all doing an excellent job. We all create such a close bond with our customers."
- The provider stated that they like to 'Celebrate big at Radfield'. This was clearly put into practice at the Great British Care Awards. These awards were to help to celebrate the very best in social care. Eight members of staff were finalists at the event, and two members of staff won a national care award for the service they deliver to people in the community.
- We saw that every person's and member of staff's birthday was celebrated, and that all received a personalised birthday card. The provider had built an alert into the system to notify them when a birthday or anniversary is due to ensure that no one gets missed.

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

- The provider told us how they were proud to be a role model for raising equality of care in the community. They worked to ensure that people lived in connected communities and feel they strongly belong to their neighbourhood as being connected to others is fundamental to wellbeing.
- The provider focused on raising awareness and promoting health in older age, and worked with their staff, people and their families to plan and design quarterly newsletters. These newsletters have been distributed to over 100,000 people in the past year. Each newsletter promotes a certain area of importance around older people's care. They were used as a way to share good news stories, inspire future care professionals into social care and promote a positive experience of ageing well.
- Staff had creatively and informatively ensured that equality, diversity and human rights (EDHR) was promoted and understood and celebrated by staff and people using service. The provider had engaged with a local LGBTQ+ charity who had provided education and guidance to people and staff to raise awareness of LGBTQ+ issues and lifestyles. Staff and people using the service organised learning events for people, their families and staff. The events were described as open, transparent and inspiring. Staff were looking to educate older people around the different LGBTQ+ definitions and to help them understand the correct terms and language.

- There were consistently high levels of constructive engagement with staff and people who use services. Feedback was used to drive improvement. People were regularly asked to provide feedback about the quality of service they received. Annual survey responses were generally positive, and feedback obtained during spot checks and assessments was also positive. Client surveys were completed and the responses reflected that care workers were of high quality, and delivered a person-centred and professional service.
- Staff meetings and staff satisfaction surveys were carried out, providing management with a mechanism for monitoring the service provided. The provider told us how they encouraged staff to engage with the service and continually improve.

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 completed regular checks and audits to monitor the safety and quality of the service delivered. Senior staff completed spot checks to monitor staff competency and people's satisfaction of the service. Staff received constructive feedback about their actions, behaviours and performance.
- The registered manager and provider worked as a cohesive team. They led by example, coaching and mentoring their staff team.
- The management team understood their responsibilities in relation to duty of candour. This is a set of specific legal requirements that services must follow when things go wrong with care and treatment. The Care Quality Commission and local authority safeguarding team were informed of notifiable incident in a timely way and in line with guidance.