

Radfield Home Care Ltd

Radfield Home Care Ltd - Worcestershire

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 27 April 2016 and was announced. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was Radfield Homecare provides personal care for people who live in their own homes and we needed to be sure that someone would be available at the office.

At the time of our inspection 28 people used the service.

There was a registered manager in place at the time of our 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 2008 and associated Regulations about how the service is run.

People lived in a safe environment as staff knew how to protect people from harm. We found that staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

People told us there were enough staff to help them when they needed them. Staff told us there were enough staff to provide safe care and support to people. Advanced planning meant that staffing levels were reviewed and reflected the needs of people who used the service. People's medicines were checked and managed in a safe way.

People received care and support that met their needs and preferences. Care and support was provided to people with their consent and agreement. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and were supported with enough fluids to keep them healthy. We found that staff supported people with access to healthcare professionals, such as their doctor or hospital appointments.

We saw people were involved in the planning around their care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

We found that people knew how to make a complaint and felt comfortable to do this should they feel they needed to. Where the provider had received complaints, these had been responded to. Learning had been taken from complaints received and actions were put into place to address these.

Staff felt supported by the registered manager to carry out their roles and responsibilities effectively.

We found that the checks the registered manager completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practice.

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 were cared for by staff who had the knowledge to protect people from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this.

Is the service caring?

Good ●

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs. People's concerns and complaints were listened and responded to.

Is the service well-led?

Good ●

The service was well-led.

People were included in the way the service was run and were listened too. Clear and visible leadership meant people received quality care to a good standard.

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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 27 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

As part of the inspection we 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 reviewed the questionnaire feedback that the CQC had sent to people who used the service prior to our inspection.

We spoke with four people who used the service and one relative. We also spoke with four staff, the deputy manager, compliance manager and registered manager. We looked at four people's care records. We also looked at staff schedules, complaints and compliments, satisfaction survey, three staff recruitment records, three staff performance reviews which included spot checks and staff training records.

Is the service safe?

Our findings

All the people we spoke with said they felt safe because the staff who supported them knew their needs well. They told us this gave them confidence that their care and support would be provided in a right and safe way. One person said, "I'm very happy with them, they always come when they are supposed to and arrive on time." Another person told us, "They make sure I have my pendant [call alarm] before they leave." Another person said, "I need two [staff] and I always get two".

Staff told us how they supported people to feel safe. For example, one staff member told us that when they would leave the person they ensured they had what they needed to hand. Another staff member said, "We get updates sent to us about people, so we are always aware of their most current needs". People told us that staff arrived at a time they preferred to support them with their needs. Staff told us they worked as a team to ensure they would be able to keep to the times scheduled for people. People we spoke with told us that if staff were running behind schedule they would always be notified.

We spoke with staff about how they protected people from the risk of harm. Staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. Staff told us about safeguarding training they had received and how it had made them more aware about the different types of abuse. Staff told us they had access to safeguarding information should they need this and went on to say that they would contact people in the office or the registered manager without hesitation. We found that where there had been potential safeguarding incidents these were reported to the local authority and the provider had followed the correct procedures to ensure people were kept safe.

We saw that the registered manager had assessed people's individual risks in a way that protected people and promoted their independence. For example, when one person's care needs had to be increased due to changes in their personal circumstances, the registered manager promptly arranged extra care calls to ensure they remained safe throughout the day.

The registered manager told us that all personal care calls were a minimum of 30 minutes. They told us this was because any less than this would mean there was not enough time to ensure people were cared for safely, without having to rush them. They told us that with a minimum of 30 minute call time staff were able to ensure they had offered the right support in the right way. We saw an example where staff had reported to the registered manager that one person's 30 minute call was not enough to meet all of their needs in a safe way. We saw from the care records and from speaking with the person that their time had increased and it was working better for them.

People told us they had regular staff who supported them. They told us that if there was a new member of staff, they worked with a more experienced staff member before they worked alone. All people we spoke with raised no concerns about staffing levels. We spoke with people who required two staff members to attend to their needs. They told us that there was always two staff present at all times.

We saw records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

People we spoke with did not have any concerns about how their medication was managed. We spoke with staff who administered medication. They had a good understanding about the medication they gave people and the possible side effects. People's choices and preferences for their medicines had been recorded within care plans. One staff member told us that the new computer system the provider had put in place provided extra safety measures. For example, changes in a person's medication were immediately brought to their attention.

Is the service effective?

Our findings

All the people we spoke with felt that staff who cared for them knew how to look after them well and in the right way. One person said, "They are fabulous, I can't fault them, they are all very good". Another person said, "They know what they are doing". A relative told us, "They are brilliant, they do what [the person] asks them to do".

Staff told us they had received training that was appropriate to the people they cared for, such as safeguarding and medication. Staff gave examples of how learning and sharing experiences helped them to understand why and how to provide the right care for people. For example, a staff member told us how they felt they required more information about supporting people with diabetes. They went on to say that the registered manager had organised this for them and they had found the training to be useful in continuing to support people.

We spoke with a staff member who had recently begun working for the service. They explained to us how they were supported in their role and how their knowledge was developed. They told us that they shadowed an experienced staff member. They told us they would only work alone when they and the registered manager felt confident to do so. They told us how they felt "Nervous" about administering medication and were given additional training and support before they felt ready to do this. We spoke with a staff member who provided support to new staff and were able to give examples of how they recognised when new staff may need extra support. They told us that the registered manager put extra support in areas that were specific to their learning needs.

Staff told us how communication was key to ensuring people received the right care. For example, they would spend time talking with people to get to know them and also ensure they received detailed information about people's care needs from the registered manager and staff. They told us they had regular one to one conversations with the registered manager which was a good opportunity for them to discuss their learning and development. Training was provided and encouraged for further development. A staff member told us they were well supported by the registered manager and their peers and felt confident to ask questions.

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 we spoke with told us that staff sought their agreement before carrying out any personal care and staff respected their wishes. One person told us, "It's just how I want it to be done". Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care. One staff member told us that they always asked first and that if the person refused they would

offer them an alternative. The registered manager had an understanding of this process and how the assessments were to be completed.

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. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

The registered manager had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

People we spoke with had different levels of need for support with meal preparation and cooking. People said they were supported according to their individual needs. One person said, "They are very helpful at my lunchtime call". One member of staff said, "I know [the person] well, I know what they enjoy to eat and how they like their tea". Staff we spoke with knew what level of support each person needed. Staff told us they always offered a choice of meals where possible.

People we spoke with felt confident that staff would support them with their health care when they needed it. People told us that staff supported them to appointments, or ensured they provided them with their personal care needs so they were ready in time for their appointments. One person told us, "They took me to the doctors today and brought me back". We found and staff told us that where people required further support from other health care services these were made. For example, a staff member told us that when they found a person's skin was becoming sore they contacted the district nurses to seek advice.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said, ""They are absolutely brilliant". Another person said, "They are all very respectful towards me."

Staff we spoke with knew people well. They spoke about people as individuals and told us about how people's independence was promoted, for example, making their own meals. Staff told us that caring for the same people on a regular basis meant that they got to know people and their families well. One staff member said, "We do things together, I give them little prompts, but I don't interfere, I want them to be as independent as possible".

People told us that staff supported them to make their own decisions about their care and support. People told us they felt involved and listened to. One person told us that the registered manager spoke to them about how they felt about a staff member of the opposite sex supporting them with their personal care. The person told us that they had the option to refuse this, but while a little apprehensive, was willing to have support. They told us, "They were very good, made me feel comfortable". They went on to say, "I'm very happy with the [the staff member], they make sure I am safe in the shower".

People told us that staff were flexible and worked with them to ensure they received the support when they required it. One person told us "If I have an appointment early in the morning, the staff come earlier to help me so I am ready in time". Another person spoke about how staff supported them to the doctors' appointments and told us, "I don't know how I would manage without them".

Staff told us that they were not only there to provide personal care, but to also provide a social aspect for people, to help maintain a positive well-being. They told us that they wanted to make their time with them meaningful and would spend any extra time talking with them.

All people we spoke with told us that staff respected their privacy and dignity. One person told us, "There is no shouting or telling me what to do". All people we spoke with told us that staff never rushed or hurried them and always took their time. People told us they were always given a choice and staff respected their decision. People told us that staff maintained their dignity and ensured the doors and curtains were closed when providing them with personal care. One person said, "They use two towels to cover me to make sure I'm not embarrassed". Staff spoke respectfully at all times about people when they were talking to us or when talking with other staff members.

Is the service responsive?

Our findings

People told us they were involved in the development and review of their care. One person told us how they could talk to staff at any time, or ring staff in the office if they needed too. People told us that they had an initial assessment before they began using the service. People told us that after that the registered manager would visit them to see if they were happy or wanted to change their care plan. They said that following this they had six monthly reviews where the registered manager would check if they were happy with the arrangements and if there was anything else they wanted to change. People told us they felt staff understood their needs and provided appropriate support in response to them.

People we spoke with told us that staff always respected their decisions about their care and that their individual needs were met. We found that people's needs were assessed and reviewed where required. Staff we spoke with knew about the needs of the people they cared for. Staff told us that they would always speak with the person to ensure they were providing care to them the way in which they preferred. We looked at care records for four people and could see people's likes and dislikes were recorded for staff to be aware of. Where more complex needs were identified, staff were aware of how to support the person.

We found that the registered manager was aware of people's changing needs and ensured that staff were informed of any changes. For example, one person had suffered a fall and staff could not gain entry to their home. Following this the registered manager discussed with the person different options available to the person to ensure they remained safe when in their home while maintaining their independence. The person told us they had been involved throughout and was happy with the outcome.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had provided information to people about how to raise a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome.

People and staff felt confident that something would be done about their concerns if they raised a complaint. One person we spoke with said, "I'd soon tell them". Another person told us, "I would speak to [the registered manager's name] if I had any problems, she would definitely do something about it". All people, relatives and staff we spoke with believed the registered manager would resolve a complaint should they have to raise one.

We looked at the provider's complaints over the last twelve months and saw that six complaints had been received. We found that five had been responded to with satisfactory outcomes for the person who had raised the complaint. One complaint was still being responded to, which was within the provider's timeframe for responding to complaints. We saw that lessons were learnt through these complaints and this information was shared with staff members to improve practice. For example, a person had raised a complaint regarding the way a staff member had delivered certain aspects of their care. Following a meeting with the registered manager a detailed care plan and discussion with the staff member took place which

covered all aspects of the person's care needs so that staff had clear direction.

Is the service well-led?

Our findings

We spoke with the registered manager who knew people who used the service and staff well. People who we spoke with told us they found the registered manager and the deputy manager were approachable and responsive to their requests where it was required. People confirmed that they had met people who worked in a management role. All people we spoke felt confident that any questions they may have would be answered by people who worked in the office or the provider. One person told us that the staff who cared for them were able to respond to their needs.

We spoke with staff about the service they worked for. One staff member said, "It doesn't feel like a job, you have time to provide the care and not rush people, it's very individual and that's what I like about Radfield". Another staff member said, "I'm happy working here, I have just been promoted to, so that is good for me". A further staff member said, "I love it here, I have lovely clients and communication between the staff and the office is good".

Staff we spoke with told us that the registered manager knew people's needs well and were able to listen and help should staff have any questions. One staff member said, "I can talk to her at any time". The registered manager and deputy manager also provided care to people. They told us that this meant they understood what people needed, how much time they needed so were able to ensure staff were receiving the right amount of time with people and the right travel time to get between calls.

Staff told us that they had regular team meetings which were useful. Staff told us that they also had regular contact with the registered manager and deputy manager who worked in the office and were kept updated this way. One staff member told us that the team meetings were useful to keep updated. Another staff member spoke about a suggestions box which staff could use if they felt they needed to. We spoke with the registered manager who told us that for the month of March they had received two new suggestions, one being for snacks in the office between their calls, which we saw they had implemented. The second suggestion was for an 'employee of the month award'. They told us that this would be discussed at the next team meeting to gain further understanding into staff thinking around this to be able to implement this into practice.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. They told us that they visited people to check that the service was meeting their needs. We found that through these visits actions were sometimes needed. Or where a staff member had raised concerns around the practice of another staff member spot checks were put in place to monitor how the staff member worked.

The registered manager showed us the results of an annual quality of care survey that had taken place in 2015. The provider had received 28 response, the responses were overall positive. Where people had asked for further clarification around how they could find the providers complaints policy, the provider had ensured they informed people that this information was in their service user guide.