

M J GILLEN LTD

# Radfield Home Care Wakefield & Dewsbury

## 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Radfield Home Care is a domiciliary care service based in Ossett, near Wakefield. It provides personal care and support to people in their own homes.

People's experience of using this service:

People said they felt safe using the service and staff showed a good understanding about how to protect people from the risk of harm.

People were safely supported with their medicines and staff were confident in how to support each person according to their needs and abilities.

Recruitment processes were robust and appropriate checks carried out to help ensure staff were suitable to support people using the service. The provider assessed staff's approach and attitude to caring as part of the recruitment process in order to ensure staff had the right values for their role.

There were enough staff to care for people safely and consistently. People said they enjoyed having care delivered by consistent staff who they knew and trusted.

Accidents and incidents were recorded and monitored to identify where improvements could be made. Any areas for learning from these were shared with staff.

People received the support they needed to eat and drink. People's particular dietary needs were recorded on the electronic system which staff had continuous access to.

Appropriate systems were in place regarding the mental capacity act (MCA) and people's rights. Staff understood the legislation and were interested to develop their knowledge further.

People using the service and their relatives spoke highly about Radfield Home Care.

People said staff treated them with dignity and respect and promoted their independence and confidence.

Staff demonstrated the core values of the service and had a compassionate and caring approach towards their work.

Complaints and compliments were managed in an open, transparent and proactive way.

Audits and quality assurance systems were robustly in place and well organised. There was clear, enthusiastic and effective leadership of the service which supported the quality of people's care delivery within a person-centred culture.

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:

This was the first inspection of the service since it was registered on 7 September 2018.

Why we inspected:

This was a routine comprehensive inspection and in line with our timescales to inspecting services.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for Good rated services, however if any further information of concern is received, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below

### Is the service caring?

Outstanding ☆

The service was exceptionally caring

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well led

Details are in our well led findings below

# Radfield Home Care Wakefield & Dewsbury

## **Detailed findings**

### Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Radfield Home Care is a 'domiciliary care service' where people receive care and support in their own homes. Therefore CQC only regulates the care provided to people and not the premises they live in.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced on 19 August 2019 to ensure there would be someone available at the location office.

What we did:

Prior to the inspection we reviewed information we already held about the service through our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

We also viewed the provider information return (PIR). This is information providers are required to send us

with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

We contacted Wakefield local authority for feedback from stakeholders who had involvement with the service. During the inspection we spoke with the provider, the registered manager, and six care staff. Following the inspection, we spoke by telephone with four people who used the service and three relatives. We reviewed four care plans, two staff personnel files, medicine administration records (MAR) and other records about the management of the service to help inform our inspection judgements.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Assessing risk, safety monitoring and management; preventing and controlling infection; using medicines safely

- Each person using the service had individual risk assessments for staff to be able to support them safely according to their needs. Where potential risks were identified, there were details about how they needed to be mitigated.
- Staff were confident to care for people safely and there was very clear information about the use of individual equipment to support people's care needs.
- People received their medication safely and we saw medication administration records (MAR) were completed accurately by staff. These were audited regularly by management to help ensure the quality of support people received.
- Staff used personal protective equipment, such as disposable gloves and aprons where necessary, to help protect people from the risk of infection.

Systems and processes to safeguard people from the risk of abuse

- Staff confirmed they received training in safeguarding and confidently described the signs of possible abuse and how to report concerns.
- The provider was aware of ensuring safeguarding incidents were identified, recorded and reported in line with local safeguarding protocols.
- People and relatives said they trusted the staff to work within their own homes and ensure their safety and well-being.

Staffing and recruitment

- There were enough staff working within the service to care for people safely and consistently. The provider used values-based recruitment systems to ensure careful selection of new employees. The provider told us only staff who demonstrated the right values of the service were accepted into the roles.
- Staff told us their rotas were managed to enable them to offer the full agreed time for care and support, and to travel between calls. Staff said where timings needed to be adjusted, this was discussed with management and acted upon to ensure adequate staffing.
- People and relatives said on the unusual occasion staff might run late, they were always kept informed in advance.

- Staff were recruited safely, and we found all relevant checks had been carried out prior to them working with people who used the service.

#### Learning lessons when things go wrong

- Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with actions identified to prevent re-occurrences.

# 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.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

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

- Staff received training in MCA and there was information on display within the location office, although some staff said they would like to improve their knowledge further. Staff understood how to ensure people's rights and how to work in people's best interests if they lacked capacity.
- Signed consent forms were within people's care plans where people had given their permission to be supported by Radfield Home Care.

Staff support: induction, training, skills and experience

- Staff engaged in an induction programme when they joined the service to ensure they had a thorough understanding of what was required within their role. Staff told us they were given plenty of time to get to know people properly before supporting them with their care.
- Staff spoke with enthusiasm about the training provided and said this supported them effectively in their work. Training had been completed by staff who said they were confident the provider would support them in any further learning and development they might need. Systems were in place for the provider to identify training needs before staff training expired, in order to ensure skills were up to date.
- Where one person needed assistance with their particular specialist equipment, staff had been shown how to do this by the person and their relatives. The provider explained more formal training had been unavailable. We recommended the provider seek to establish appropriate training and we received assurance from the provider this was being acted upon.

- Staff were engaged in regular supervisions and had continuous opportunities to discuss their work with their peers or their managers. Communication and teamwork were evident throughout the service; people, relatives and staff said this was a particular strength.

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

- People's needs were thoroughly assessed as part of the pre-admission process, so the provider could be sure they could meet them properly. Staff used a digital care planning system which recorded people's care in real time. This was accessed by managers and also used to promptly update information about individual people's care needs and outcomes

- The provider explained they would only agree to deliver care if they were able to offer skilled and trained staff to meet each person's specific needs.

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

- People and relatives told us staff gave good support to help and remind people to eat and drink.
- Staff understood the importance of ensuring people had enough to eat and drink and they told us this was something they spoke with people about at each visit.
- The digital care planning system was able to produce graphs to closely monitor food and fluid intake which the provider was able to share with dietitians or other healthcare professionals.

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

- Staff understood people's needs and how to ensure the involvement of other healthcare professionals as required.
- Staff said they offered support to individuals in order for them to access healthcare and attend appointments if necessary.

# 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

Ensuring people are well treated and supported

- People overwhelmingly said staff supported them very well and were kind and caring throughout each visit. One person said, "I've never met a set of people I could take into my own home as I would my own family. They are the best. They are all marvellous."
- We saw a wealth of evidence of staff caring within people's care plans. For example, staff placed one person's clothes and towels on a radiator to warm up, staff blow dried a person's hair to attend church, staff stayed on their own time when a person was feeling upset, collected a parcel from a neighbour and helped someone put their shirt on the right way round.
- Staff demonstrated a compassionate and caring approach to their work. There was a strong commitment to a person-centred culture and staff were dedicated to support each person as an individual. Staff clearly knew each person they cared for and had established strong and positive relationships with them and their families.
- Staff told us they themselves felt the management team cared for them as individuals, which in turn helped them care well for the people they supported, and each other.
- Caring gestures were demonstrated by the management team so people, staff and relatives felt they mattered. An 'over and above' folder highlighted a wide range of examples of how the service had exceeded expectations. For example, birthday cards were sent to people, flowers sent to staff who had been in hospital and another in an accident, flowers sent for a staff bereavement, and a relative who had fallen and broken their wrist and flowers for a person's 90th birthday.
- People's relatives said their family members consistently received an exceptionally high quality of care and staff all had extremely caring values, attitudes and a professional manner. One relative said, "They treat me like I'm special. HRH couldn't be treated better. If anyone says a bad word about Radfield, I'll sue them."

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

- People and relatives said they felt fully involved in their care and had personalised opportunities to discuss this regularly with staff and management.
- People told us they were consulted in all aspects of their care and they felt they were in control of any decisions made.
- Reviews of people's care were carried out regularly and every time there was a change in their needs. The digital planning system recorded information as it happened and therefore was always current and relevant.

Respecting and promoting people's privacy, dignity, independence and equality and diversity

- People spoke highly about the way staff supported them without them feeling embarrassed. One person said, "It's not easy having to let people help you with the personal stuff, but the way staff approach it, it's not an issue at all."

- People said staff encouraged them to do things for themselves. One person said, "That's what I like, they know I'm capable, so they don't try to take over." Another person said, "I have a right laugh with them [the staff]; that's what it's all about. They're not pushy and I get to do things in my own time." One relative told us, "There's a lovely lad who talks 'boy talk' with [my family member] and that's just right, they love it. They have given [my family member] back their dignity."

- Staff understood people's equality, diversity and human rights needs and these were detailed in each care plan. Staff told us they responded to people as individuals and respected any particular care needs and preferences at each visit.

- Staff were matched with people, according to their skills and abilities. For example, one person who was Polish, was assigned to a member of care staff who could also speak Polish. The provider said where staff had similar ages and backgrounds to people, they were matched together to better empathise and relate to people's needs.

# Is the service responsive?

## Our findings

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

Supporting people to follow interests, maintain relationships and take part in activities to avoid social isolation.

- Staff knew people as individuals and made sure the support they received was reflective of their interests and took into account people's relationships with others. Staff said they had consistent visits to the same people, which enabled them to build up good relationships and better understand their needs day to day.
- People said staff knew their social histories and their life stories. One person said, "They know what I like to do, what I'm interested in." One relative said, "They talk to [my family member] about the war because they know that's interesting to them. They love it, it brightens their day."

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

- Staff told us how care was tailored to people's individual circumstances to ensure people received the care they needed.
- People had their own care plan in place which provided information for staff about their unique care and support needs and preferences. Staff used the digital planning system to record whether they had met people's preferred outcomes at each visit and this could be updated as soon as people's needs changed.
- People's care plans contained person-centred information about their life story and included details about what was important to them, for staff to understand them as people.
- The provider understood their responsibilities to meet the requirements of the accessible information standard (AIS). This is used to ensure people with any particular sensory impairments have their needs met by staff. People's individual communication needs were discussed and assessed during the initial visit before care was agreed. Staff understood people's individual communication needs and made sure any support they needed was in place, such as glasses and hearing aids. Information given to people, such as copies of staff rotas, was available in other formats such as large print if needed.
- The accessible communications policy showed a commitment to make information accessible by promoting the availability of alternative formats to support people to make informed choices about their care. For example, Braille, BSL, large print, plain text, audio and easy read.
- The provider told us staff were matched to people, according to their skills and abilities. For example, one person who was Polish, was assigned to a member of care staff who could also speak Polish. The provider said where staff had similar ages and backgrounds to people, they were matched together.

Improving care quality in response to complaints or concerns

- A record of complaints was maintained, along with details about how each one had been responded to. Compliments received outweighed complaints, and people had expressed their satisfaction about their experiences of using the service. Complaints and compliments were discussed with staff and used effectively to identify what the service did well and what they could improve upon.
- The provider shared information from suggestions made in a 'you said, we did' format, and welcomed continuous feedback from all those receiving and involved in the service.
- People knew how to provide feedback about the care they received, and they were confident any concerns would be quickly addressed. One person told us, "I'd talk to the gaffer, it'd get sorted straight away." Another person said, "I can stick up for myself and they'd know if I wasn't happy, but everything is fine, it's a great service."

#### End of life care and support

- Radfield Home Care had provided some support to people at the end stage of their life, or with a life limiting illness. Staff knew how to establish links with other relevant healthcare professionals such as district nurses and palliative care teams if necessary.
- The provider's end of life policy referred to the National Institute for Health and Care Excellence (NICE) guidelines.

# 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.

Managers and staff being clear about their roles, understanding quality performance, risks, regulatory requirements, continuous learning and improving care

- The core values of the service were embedded throughout, and staff were very clear about the purpose of their roles.

- Systems were in place to monitor the quality of service provided through regular audits and checks of practice. Where the provider's audits identified areas to improve, these were actioned without delay. For example, medication training was amended following recording errors highlighted through the audits. The provider used a service improvement plan to show action identified, planned and taken to improve the quality of the service.

- Spot checks and observations of staff were undertaken as well as competency assessments to ensure staff were able to meet people's needs properly. Managers were active in people's care, which helped them to understand the quality of service being delivered and hear people's views first hand.

- Records of people's care were maintained electronically and updated in real time, which meant managers had continuous oversight of how the care was being delivered.

- Confidential information was stored securely and documents such as care plans and staff recruitment files were stored in a locked office. The signing in book was designed so as not to openly reveal names of people who had been to the service before.

- Statutory notifications were submitted as required when any incidents had occurred within the service.

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

- Staff meetings enabled staff to discuss their work and improve the service people received. These took place regularly and minutes were available after the meeting, recording what had been discussed. Staff teams did interactive exercises such as ice breakers and communication scenarios, testing staff knowledge of core values and the importance of recording care. Staff were welcomed and encouraged to call in to the office at any time and they said they felt a valued part of the team.

- The provider ensured staff knew they were doing a good job by recognising and rewarding good practice. They nominated staff for the Great British Care Awards and held regular team events and social activities. Staff successes were celebrated through social media platforms.

- Surveys were sent out and showed positive results about the quality of care being delivered and received.

Staff said their views were always taken seriously and their ideas were welcomed, which helped to motivate them in their work. Comments in the staff survey included, 'great place to work', 'amazing staff and management', 'like being in a little family' and 'you get the training that is really needed'.

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

- The registered manager promoted best practice in person-centred care. The service was registered to receive regular updates from relevant bodies within the social care sector. There was a clear and open culture based on achieving positive outcomes for people. Care plans were person-centred and empowered people to be independent as possible.
- Staff demonstrated the core values of the service in the way they spoke about caring for people and working together. All the staff we spoke with told us they thoroughly enjoyed working for the service, they felt motivated to do a good job and they enjoyed the team work with their colleagues. One member of staff said, "I could not wish to work for anyone better, it's a great company."
- People told us the staff knew them well and responded to their needs in a person-centred way. They said the main strength was in staff consistency as this meant they received meaningful care from staff who knew them well.
- People using the service and their relatives said the service was well-led, with a high standard of care delivery.
- People told us the registered manager often came to visit them at home to see how their care package was progressing and to help review their care when changes were needed.
- The management team were enthusiastic about providing good quality care and continuously considering ways in which people's lives could be enhanced through the service they delivered.

Working in partnership with others

- The registered manager attended regular local registered manager meetings and engaged sharing good practice with others.
- The service was involved in the Dementia Friends Champions through the Alzheimer's Society and planned to deliver some sessions within the local community. There was an established partnership with a local hospice and the provider engaged with the staff team in their fundraising events.
- The provider worked closely with hospital and community based occupational health teams, district nursing & continence care teams to ensure people received the best possible care and treatment and had access to all relevant aids, adaptations and equipment.