Worley Belle Limited

Radfield Home Care Havering & Brentwood

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 2, 3 and 6 August 2018 and was announced. This was the first inspection of the service since it was registered in July 2017.

The service is a domiciliary care agency. It provides personal care to older people living in their own houses and flats. Not everyone using Radfield Home Care Havering & Brentwood receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of our inspection, there were 22 people receiving personal care from the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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 and relatives told us they felt safe when receiving care and support from the service. Each person had a risk assessment, which identified possible risk to people and provided guidance for staff on how to minimise the risk. Staff had completed training in safeguarding of adults and were aware of their responsibilities for keeping people safe, and reporting incidents of abuse.

Staff were appropriately checked to ensure they were suitable to work at the service. Arrangements were in place to ensure there were adequate staffing levels at all times to meet people's needs.

Staff were kind, caring and passionate about their roles. Staff maintained people's privacy and treated them with respect and dignity. They enjoyed good support, supervision, motivation and training to gain skills in order to deliver effective care and support.

Equality and diversity was embedded in the ways the service operated from staff recruitment, training and delivery of service.

Care plans were based on the assessed needs of people, which meant that people received personalised care and support. The registered manager ensured that people's preferences of communication were recognised and appropriate support provided so they had access to information.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and people's capacity to make decisions was assessed when required. They encouraged and promoted people's rights to make their own decisions about their care.

There was a clear complaints procedure in place. People and relatives knew how to make a complaint if

they had concerns.

Staff supported people with nutrition and hydration, when needed. Also, staff supported people with their medicines safely, when required.

Incidents and accidents were recorded, reviewed and lessons learnt to improve the service.

The provider worked in partnership with relatives, groups of people in the community and local charities. They also actively sought feedback from people and relatives and carried out regular audits to make sure there was improvement in the quality of the service.

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.

The staff team kept people safe from avoidable harm.

Risks associated with people's care and support were minimised because risk assessments were completed and followed by staff.

Appropriate recruitment processes were in place and suitable numbers of staff were deployed to meet people's needs.

There were good systems and practices to ensure medicines were safely administered and people were protected from the risk of infections.

The registered manager drew lessons from incidents and made improvements to minimise the risk of re-occurrence.

Is the service effective?

Good

The service was effective.

People's needs were assessed and met by staff who completed training to provide effective care.

People were supported to maintain their health and well-being.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to make their own decisions.

Staff received training, supervision and support to provide effective care.

People were supported with their nutrition and hydration needs when these were required.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and compassionate, and involved people

in their care and support.

People's privacy and dignity were promoted and protected by the staff team.

People had access to their care plans and information about advocacy was communicated to them.

Is the service responsive?

Good

This service was responsive.

People received personalised care that was planned and updated to meet their assessed needs.

Staff supported people to take part in events and activities.

The registered manager used various means of communication to make information available to people.

People knew how to complain if they had concerns. Staff were aware of the procedures to follow to manage complaints.

Is the service well-led?

Good

This service was well-led.

There was clear management structure in place to ensure people received good care.

People and relatives were able to give feedback and influence the quality of the service.

The registered manager carried out audits of aspects of the service such as care plans and medicine administration to check they were being provided as required.

Survey questionnaires were used to obtain the views of people to improve the quality of the service.

Radfield Home Care Havering & Brentwood

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 checked 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 comprehensive inspection of Radfield Home Care Havering & Brentwood place on 2, 3 and 6 August 2018. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received on the day of the inspection and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

During our inspection, we visited the office to look at records and talk with the registered provider, the registered manager and an office manager. We looked at the care records for five people who used the service and records relating to the management and running of the service. These included four staff recruitment files, induction and training records, supervisions and appraisals, service users' guide. the employee handbook, quality assurance audits and complaints records. After the office visit we spoke by telephone with two people who used the service, nine relatives and four care staff.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe when receiving service. One person said, "I feel so relaxed with them, like I've known them for years." Another person told us, "They are very comprehensive, anything I asked for they can assist. I trust them 100 percent." One relative said they were impressed with the staff because they not only followed the care plan but also "made a suggestion when [my relative] had a fall to make changes to the care plan. We trust them, they have lifted a big weight from us. We can leave [our relative] with them."

People were protected from avoidable harm and abuse because staff had received training in safeguarding adults and knew how to report any concerns. One staff member said, "I had safeguarding training when I started work. I would talk with the manager about any concerns I had. I've never had to report any concerns but I wouldn't hesitate if I needed to." Another member of staff told us that if they felt their manager did not fully investigate an incident, they would report it to the local authority safeguarding team or CQC.

Records confirmed that staff had been provided with safeguarding training. The provider had a safeguarding policy along with a copy of the local authority adult safeguarding policy available to staff for guidance. The provider was aware of their responsibility to submit safeguarding alerts to the local safeguarding team as required. A flowchart of the safeguarding policy was included in staff handbook and a copy displayed on a wall in the office for easy reference for staff.

Risk management plans were in place to promote people's safety and to maintain their independence. A person said, "Yes, [staff] came around to do the [risk] assessment; we were involved." One relative informed that staff completed a risk assessment and referred the person using the service to a district nurse. Another relative said, "[Staff] go through everything, they always put the brakes on the wheelchair, they check the temperature of the water, they check the sling is on properly before they hoist [my relative]."

People's care files showed that they had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed on a regular basis to ensure the care people received was appropriate for each person. Environmental risk assessments were also in place to guide staff. Records showed, and the registered manager confirmed, that referrals were made to appropriate agencies or responsible individuals to manage potential risks to people, for example, to maintain hoists or fire alarms.

All the staff we spoke with told us they had received face-to-face, practical training in moving and handling and first aid. They also told us they had read and knew each person's risk and how to support them.

There were sufficient number of suitable staff to keep people safe and meet their needs. One person said, "They try to keep the same carers, same three or four. I feel very confident about the carers." Staff told us they felt there were enough of them to support people. They told us they never felt rushed. The registered manager told us they continuously recruited staff and gave them a minimum of guaranteed time contract so that there was low staff turnover and enough staff to ensure continuity of care.

Staff told us they could contact the registered manager if they were running late or unable to turn up for work. The registered manager explained the arrangements in place to cover emergencies such as staff being late or not able to turn up. They showed and told us about a digital system they used to monitor if staff were late or missed visits. The registered manager informed us that the system would alert them if people did not log on it. They gave us an example when a support worker forgot to log on and the registered manager rang them to find out that they were already at the person's house. We noted that there were no missed visits since the service started providing personal care. They said they had a pool of care staff they could send to people to cover emergencies. At the time of the inspection 21 staff provided personal care and we judged these were sufficient to meet people's needs.

The provider had systems in place to ensure safe recruitment practices were followed. The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work. Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and this helped to ensure people were not exposed to staff who had been barred from working with people in need of support. There were copies of other relevant documentation, including employment history, written and verified references, evidence of personal identification, and job descriptions in staff files to show staff were suitable to work at the service.

Systems were in place to manage people's medicines safely. People told us they received their medicines when they expected them. One person told us staff supported them with their medicine and suggested "medicines are kept in a locked box". Staff and people's care files confirmed that most people managed their own medicines. However, where staff supported people with medicines they recorded on the medicine administration record sheets (MARS). These were audited by senior staff and the registered manager. We saw samples of MARS and found that they were recorded and signed by staff. Staff told us they attended training on medicine administration and this was confirmed in their training records.

People were protected by the prevention and control of infection. All people we spoke with told us staff wore uniforms, gloves and aprons, and were well presented. Staff received training in relation to infection control and food hygiene. The staff handbook contained contact details of the registered manager as an infection control lead for staff to contact if they had a query. There was also guidance and policies that were accessible to staff about infection control. We saw samples of personal protective equipment (PPE) the provider supplied staff with to protect people from the spread of infections.

There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated to the staff through team meetings and supervisions. For example, there was a situation when a member of staff forgot to log on the system to confirm they had arrived and were attending to a person's needs. This was picked up on the monitoring system by the registered manager from the office and was communicated to all staff to ensure they logged on to confirm they were with the person using the service to avoid similar errors. This showed the registered manager drew a lesson from an incident and made an improvement to the service.

Good

Is the service effective?

Our findings

People's care was assessed to ensure their needs could be met effectively. They told us they had received good information before the service commenced. One person said, "I did indeed receive information, they [staff] said what they could and couldn't do, I asked questions [and] the answers were satisfactory." One relative said, "[Staff] visited [my relative] in hospital to assess [their] needs." Another relative told us they were involved in the assessment of a person and were satisfied with the process. They said, "There was lots of information, about the services, prices, lots of questions in the care plan about what [my relative] wanted, we set up routines which they follow. [My relative] felt [they were] part of the process."

The assessment covered people's health, wellbeing, social support and network. People's preferences of what support they needed and how they liked to be supported were included in their assessment. People told us and records confirmed that staff reviewed the assessments regularly and updated care plans. The reviewed care plans were communicated to staff through an electronic real time system, which meant that any changes to a person's needs were updated immediately and staff delivering care would be aware of the changes and to provide appropriate care. This meant people received care based on their needs. The review of care plans could result in changes to the time people needed staff support. For example, one person's support hours were reduced to reflect their health improvement after their review assessments, whilst another person had to have increased support time due to changes to their needs.

The registered manager told us the assessment process. This included initial telephone assessment where people made enquiries and explained their support needs. This was followed by the registered manager or field supervisor visiting people to undertake detailed assessment of needs and risk assessment. The registered manager told us that they offered service only if they felt they had capacity to meet people's needs. They stated they had turned down some referrals when they felt the service could not meet people's needs.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One relative commented, "I would recommend them to the Queen or anyone, all the girls are lovely...They all know what I want, they wrote down all my requirements, any changes they adapt. I just tell them [and they do] what I want." Another person told us, "All the ones [staff] I have talked to have come from a caring profession and are experienced." A relative praised staff knowledge and skills when they wrote, "I have been extremely impressed with the professionalism and level of care given to [my relative]." Staff told us they had "in-house, face-to-face and online training in various subjects relevant to their roles. The training matrix and certificates of training in staff files confirmed that staff were appropriately trained.

Staff told us they were supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. Records confirmed staff had received an induction and regular on-going training that was appropriate to their roles and the needs of people.

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. A

member of staff commented, "Yes, I have regular supervision; and can talk to the manager to discuss any concerns." The registered manager confirmed each staff member received regular supervision, appraisal and spot checks. Records confirmed this.

Where appropriate, staff supported people to have sufficient food and drink when they visited. They knew the importance of ensuring people were provided with the food and drink they needed to keep them well. One person told us, "[Staff] do the meals properly, they remind me if there's some shopping needed." Care plans described people's preferences of how they liked to be supported with their meals. Staff told us they spoke with people and followed care plans to prepare meals when needed.

The service sponsored a 10 thousand metre run in support of a local community and have hosted events to raise funds for Alzheimer's' society and Dementia UK. This was well attended and achieved its aim of raising. The provider told us that they were a dementia friend champion and had delivered speeches on different occasions to raise awareness and make a positive difference to people living with dementia in the community. Another event organised by the service included the coordination voluntary workers to clear a garden of a person using the service. An article describing the voluntary work organised by the service was featured in a local paper. This showed the service worked actively with individuals and groups in the community.

Staff sought people's consent when supporting them. One person said, "[Staff] asked if I wanted full access to their system, [and I said, Yes]". Relatives told us they were happy with the staff because they always asked their consent and supported people according to their needs. Staff we spoke with explained that they gave people choices, asked them how they wanted to be supported and promoted independence by encouraging people to do for themselves whenever this was possible. Staff told us, and records confirmed that they had training in Mental Capacity Act 2005 (MCA).

The MCA 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered manager and provider had a good understanding of the principles of the MCA and when to make an application.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. A relative told us staff were good at contacting emergency services and alerting them when people were unwell. One relative said, "[Staff] notice if there are changes [in people's health], like they were worried about [my relative's] skin. They arranged for the district nurse to reassess [them]." Care plans detailed people's health needs and guidance for staff how to support them.

Good

Is the service caring?

Our findings

People had a good relationship with the staff and experienced positive caring relationships with them. One person said, "It's an easy relationship, we bring things up [and] they do the same; there's no awkwardness. It's a two-way conversation, I don't know what I would do without them." Other comments by people and relatives included, "Staff are lovely; they are very good; and I can't praise them enough."

Staff were kind, caring and compassionate. They were able to demonstrate their knowledge of people, what was important to them, their likes and dislikes, and the support they required. Staff knew how to promote people's dignity and privacy. A member of staff told us they closed curtains and blinds, and placed a towel on people's bodies when carrying out personal care to ensure people's privacy was maintained.

People were involved in decision making and their preferences of how to be supported were recognised in their care plans and were respected by staff. For example, one person's care plan stated, "I will need full assistance washing myself normally in the morning. I will need the carer to wheel me into the shower; once showered please assist me with…" Another person's care plan commented how they liked to be called and advised staff what was important to them. Staff followed this information when supporting people. This was confirmed by people, relatives and staff we spoke with. Care plans were signed to confirm people were involved in developing them. There were arrangements in place for people and relatives to have access to their care plans and staff notes on their visits. This ensured people and relatives knew what their needs were and how staff met them.

Care plans recognised and promoted people's independence. One person's care plan noted, "I like to make decisions on what clothing I would like to wear. Promote my independence, give encouragement when needed." Care plans contained guidance for staff in relation to people maintaining their independence. Staff also supported people to attend social events in the community.
Details of advocacy services were included in 'Client Handbook' (Service User Guide and given to people using the service). Advocacy services represent people where there is no one independent, such as a family member or friend to represent them. At the time of the inspection people did not require an advocate.
The provider employed a diverse staff team. Equality and diversity was also a mandatory training which staff had to attend before starting work with the service. Staff we spoke with had good understanding of equality and diversity and how to meet people's needs. The registered manager told us, and the PIR confirmed, that they were actively working in partnership with a local lesbian, gay, bisexual, and transgender (LGBT), which "are assisting us to look at our assessment processes".

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. People and relatives told us they were fully involved when their care was planned. One relative said, "[Staff] visited [my relative] to assess [their] needs and to develop a care plan." Another relative told us that their views were included in the care plan and people's support was tailored to their needs. This showed people received support that was appropriate to their needs.

People were supported by staff who knew them well. People told us they knew all the staff that supported them and staff also knew them and their needs. One person said, "[Staff] all know what I want, they write down all my requirements and [provide me with appropriate care]." We noted the registered manager had arrangements in place to make sure people had continuity of care so that, as far as possible, the same staff visited people. This was confirmed by people and relatives who stated that the registered manager tried to ensure they had [the same staff visiting people], and if there was a change to the weekly staff rota, this was communicated to them by telephone or text to let them know who was coming. They told us that when new staff came, they were introduced and shadowed the regular staff whilst they became familiar with people and their needs. A relative said, "[Person using the service] reads the rota and knows who is coming, [the person] looks forward to having a chat with the staff."

People's care plans contained information about their past lives, interests and people that were important to them and staff were able to use this information to deliver personalised care and support. The PIR stated, "As part of the assessment process we capture the preferences for all aspects of our client's life and involve them in every step of the way in designing the care that they want to receive." Care plans detailed people's background and gave information about their lives. It was evident from speaking with people and relatives that people enjoyed conversations about their lives with staff.

Staff supported people with activities. A relative told us, "[The service] have celebration events and take [my relative] to cream tea afternoons. They will pick [my relative] up and bring [them] back." The registered manager listed a number of activities, such as sing-along, theatres, and 'carers' forum' which they supported people to attend. Pictures taken of people during these activities were displayed on the wall in the office. We noted also that the staff sent each person a card on their birthday.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The PIR stated that at the time of the inspection all people using the service had English as their first language. However, the registered manager gave some good examples of how they met this standard. For example, the registered manager said, they could use a language interpreter or translator if the person using the service did not use English. The care plans also required staff to identify methods of preferred communication for each person. We noted some people liked emails, other people chose texts or telephone calls as their preferred ways of contact with staff.

People we spoke with knew how to make a complaint. One person told us that they knew how to complain but they did not have a reason to make a complaint. Another person said, "I have no complaints. I was worried when we had the heavy snow, but the managers came in and helped the [staff] get to the calls, it was well covered. I was really pleased." The service had a clear complaints procedure in place and this explained the role of the local authority, the Ombudsman, and the Care Quality Commission in dealing with complaints. The complaints procedure was presented in an easy-to-read flow chart for people to understand. A survey undertaken by the provider showed that all the respondents who returned a questionnaire felt staff responded to their queries or concerns. We noted staff were aware of the complaints procedure and how to manage complaints. The registered manager saw complaints positively when they wrote in their PIR, "We take all feedback very seriously whether in the form of a complaint or not, and we will act on the issues raised as soon as possible to improve the care we provide to our clients." There were no complaints recorded at the time of the inspection. However, we noted examples of compliments sent by people and their relatives to the registered manager. All these compliments explained how people and relatives were satisfied with the staff.

At the time of this inspection, the service did not routinely support people with end of life care; however, it was clear in people's care plans if they had made advance decisions or statements and what these decisions were. This enabled the service to ensure people's advance wishes and decisions were adhered to. An advance decision or statement is a written statement that sets down people's own preferences, wishes, beliefs and values regarding their future care. We noted one person had a Do Not Resuscitate (DNR) decision in their care plan.

Good

Is the service well-led?

Our findings

People and relatives were positive about the management of the service. One person told us, "When things happen, I pick the phone up [and contact them]. They don't wait [for things to go wrong], they want it right from the start. I count myself fortunate. I recommend them to people. It's quality, not quantity with them. I don't know what I would do without them." Another person said they were satisfied with the management of the service but their "biggest worry is that they will expand and not give the same quality of service, so far so good." A relative wrote explaining how happy they were with Radfield Home Care which provided "such a high standard [of care] we have never experienced before". The provider and the registered manager explained to us that they would not compromise the quality of the service if they were to provide it to more people than they currently had.

The registered manager was present during the whole time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was aware of their responsibility to submit notifications and other required information.

The provider and registered manager were committed to improving the service. They stated in their PIR that as from August 2018 they had created a quality improvement team which would give them an opportunity to discuss improvements that needed to be made each month. We noted that the registered manager and provider carried out regular audits of various aspects such as incidents, care plans, policies and procedures of the service to drive improvement.

The service had a clear management structure in place. This included the provider, who also worked full-time supporting the registered manager and carrying out hands-on support covering for staff who could not attend to people. The responsible individual was actively engaged in promotion of the service by attending external meetings. There were two office staff responsible for administration tasks including ensuring policies and procedures, for example, recruitment, were properly followed when staff were employed. Another person was responsible for training, induction and spot checks of staff. At the time of the inspection a new care co-ordinator was being recruited.

Staff were satisfied with the management of the service. They told us the provider and manager were approachable, supportive and there was a positive and open culture with the organisation. A member of staff said they could talk to the registered manager or office staff if they had any concern. Staff also told us they attended team meetings and were able to discuss any queries they had. We noted the provider had various systems in place to motivate staff. This included an award of a voucher to "star of the month". The provider explained that this process was transparent and each month the name of a winner was announced to all staff to encourage them to be the next winner. We noted the provider paid for staff travel expenses, their travel time and attending training. All these were to motivate and raise the morale of staff.

Feedback from people and relatives was collected in different ways. These included talking to people in person by telephone and through survey questionnaires. People and relatives confirmed that they gave feedback to the registered manager regarding their views about the service. The last survey questionnaires were sent to people in July 2018 and most of them were completed and returned to the registered manager. We saw that people gave positive feedback and no areas for improvement were identified. The registered manager told us they would analyse all the feedback and produce a report with an action plan.

People and relatives had other opportunities of reviewing the quality of the service. This included postal cards (asking to rate the service on area such as overall standard of care, staff, management and value for money). We saw the outcome of this review was positive in all the areas people were asked. We noted that people and relatives had opportunities to review the quality of the service on Facebook. We looked at this and noted people and relatives made good comments about the standard of service they received.

There was effective communication systems in place. The registered manager showed and explained to us the special software and application they were using to effectively run the service. Through this system, information was communicated to staff and the registered manager was able to monitor if staff were delivering care as planned on their rota. We noted the provider covered expenses related to the system online. Staff and the registered manager told us the online system was effective and easy to use.