

RadiantLife Ltd

# Radiant Life Care

## Inspection report

183 Cherry Tree Lane  
Rainham  
Essex  
RM13 8TU

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28 November 2017

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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 28 November 2017 and was announced. At the last inspection on 5 October 2016, the service was rated as requires improvement. We asked the provider to take action to make improvements with regard to care planning, risk assessments, people's capacity and notifications. This action has been completed.

Radiant Life Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older and younger adults. At the time of our visit, 22 people were using the service.

There was a registered manager in place. 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 felt safe when staff visited them. They had built a good relationship with staff who they mentioned were caring and respected their privacy and dignity and treated them well.

There were processes in place to minimise risks to people's safety. Staff were aware how to protect people from abuse and had received training in this area. They knew when they should escalate concerns to external organisations.

The recruitment procedures were thorough with appropriate checks undertaken before new staff members started working for the service. Newly appointed staff completed an induction programme which included attending some training and shadowing experienced colleagues.

There were enough staff working for the service. People were usually supported by the same group staff and helped with consistency of care.

People told us staff were friendly and had the right skills to provide the care they required. Staff received regular training and this equipped them to undertake their role. They felt supported by the management team and received regular one to one meeting with their line managers.

Staff knew the principles of the Mental Capacity Act 2005 (MCA). They respected decisions people made about their care and gained people's consent before they provided care and support.

Staff were aware of people's needs and ensured people receive the care and support as per their care plans. We saw care plans provided clear guidance to staff about people's care needs and instructions of what they needed to do on each visit. People told us their care plans were discussed with them.

Where necessary, staff supported people to eat and drink and helped them to take their medicines safely.

People and relatives felt able to make a complaint and were confident that their complaints would be listened to and acted on. The provider ensured that any issues raised were resolved to the satisfaction of the person.

There were regular audits carried out to monitor the quality of the service and drive improvements.

The provider continually sought feedback about the service from people, relatives, staff and other professionals. Where improvements were needed, they implemented changes as necessary.

## 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 told us they experienced safe care.

There were processes in place to ensure people were protected from the risk of abuse. Risk assessments were completed for each person who used the service.

There were sufficient numbers of staff to meet people's needs and staff recruitment processes were robust.

People were supported to receive their medicines safely.

Staff had a good knowledge of infection prevention.

### Is the service effective?

Good 

The service was effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were supported by a system of induction, training and supervision.

People who needed support were given the assistance they needed to eat and drink.

The management team worked in partnership with other health professionals to ensure people received effective care and support.

The staff team had an understanding of and acted in line with the principles of the Mental Capacity Act 2005.

### Is the service caring?

Good 

The service was caring. People and their relatives were positive about the service and the way staff treated the people they supported.

Staff respected people's privacy and dignity and supporting them as individuals. □

People were able to make choices about their care and were encouraged to be independent.

Staff understood the importance of ensuring confidentiality.

### **Is the service responsive?**

**Good** ●

The service was responsive. Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People and their relatives were involved and encouraged to do so in the care provided.

People were aware of the complaints procedure. The provider took any issues seriously and responded to them in a timely manner.

### **Is the service well-led?**

**Good** ●

The service was well led. People who used the service, their relatives and staff told us the management team was approachable and supportive.

Staff were aware of their responsibilities in ensuring the quality of the service was maintained.

There were regular audits carried out to monitor the quality of the service and drive improvements.

The provider had links with the wider community in order to help ensure a joined-up approach to people's support.

# Radiant Life Care

## 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.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve to at least good. We did receive a comprehensive action plan within the time allocated to them. We asked the provider to take action to make improvements with regard to care planning, risk assessments, people's capacity and notifications. This action had been completed and the provider now met legal requirements.

This announced inspection took place on 28 November 2017 and was conducted by one inspector. We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, we checked the information that we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the care manager who was responsible for coordinating the care and support people received. The registered manager was not available due to having to travel for personal reason however we spoke to them on the telephone. We looked three care plans, three staff recruitment files, staff training records, staff rota and a range of records about people's care and how the service was managed. These included medicine administration record (MAR) sheets, satisfaction surveys, quality assurance audits, complaints, compliments and policies and procedures.

After the inspection we spoke on the telephone with five people who used the service and two relatives to gain their views about the service. We also contacted five members of staff to confirm what we were told during our inspection and also to ask them some questions about their work, people they looked after and about the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe when staff were in their homes. One person said, "I am happy with my carers and I don't have any concerns when they are around. I look forward to them coming to see me." Relatives also commented that they felt their family members were looked after in a safe way.

At our last inspection, we noted people were not always protected from potential risks related to their care needs. Two care plans did not have comprehensive risk assessments in place despite the risks being referred to in other sections of the care plans. This meant people were not always protected against risk of harm.

During this visit we found care plans had risk assessments in place. The risk assessments were comprehensive and gave staff guidance on the action to take to protect people from harm. For example, we saw risk assessments were completed where people had difficulty with their mobility. One person said, "The carers always make sure I am safe before they leave."

We saw the provider also checked the safety of the environment staff worked in to ensure they were safe. Staff were encouraged to report any concerns or potential hazard to the office staff so action could be taken to rectify the situation, for example staff would report any faulty or lack of equipment. Risk assessments were reviewed regularly to ensure people continued to be safe and staff were able to meet their needs.

There were enough staff available to assist people with their needs. People were very complimentary of the staff who cared for them. One person told us, "The carers always come on time and if for any reason they would be late, they call me to let me know." Another person said, "I get the same carer everyday and I like that."

At our last visit we noted that although people were happy with the service, the arrangements for monitoring visits to people were not working well and this left people were at risk of not receiving the care and support they needed. During this visit we found that the provider was using a new system to monitor if people had been visited when they were scheduled to. Staff had to log in and out on an application on their smart phones when they arrived and left a person's home. The system was monitored by a dedicated member of staff in the office and this helped to avoid any missed visits to people. We saw the system was working effectively.

From staff rotas we found people were allocated the same care staff so they were familiar to them. This helped with consistency and people knew who would visit them. Staff felt there was enough time allocated to them to be able to meet people's needs.

The provider had a thorough recruitment and selection process in place for new staff. This helped to ensure people were protected from the risk of receiving care from unsuitable staff. We looked at staff recruitment files and found relevant checks had been carried out before staff started to work for the service. These included obtaining written references, proof of identity, and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on prospective staff to help employers make safer



recruitment decisions. Staff confirmed they did not start work until all their checks were completed. They also had an interview to ensure they had the right skills and experience to provide care and support to people.

The provider had policies and procedures in place to keep people safe from abuse. We saw staff had received training in this subject which was also discussed during one to one meeting and team meetings. Staff had a good knowledge of safeguarding and were able to give us examples of the types of abuse and actions they would take if they had any concerns.

The registered manager was aware of their responsibilities on how to protect people from abuse. We noted they had reported safeguarding concerns to the local authority and these were investigated. They were proactive in keeping people safe.

The provider also had a whistleblowing policy and procedure which staff were aware of. Staff told us they would report any concerns to their line manager and were also aware they could approach other organisation if their concerns were not acted upon. Whistleblowing occurs when an individual raises concerns, usually to their employer or a regulator, about a workplace practices or other colleagues conduct.

People told us the staff assisted them to have their medicines as prescribed and they were happy with the arrangements. One person said, "They [staff] always give me my tablets when they come." We noted that staff had received training in the administration of medicines and were aware of their responsibility in this area. Policies and procedures were available for staff to refer to. When people received their medicines, the staff recorded this on their medicine administration records (MAR). We saw the MAR records were completed correctly. The MAR records were regularly checked by the management team to ensure staff followed the provider's medicines policies and procedures and people had received their medicines as prescribed. Staff told us how they supported people safely when helping them with their medicines such as they made sure the dosage and times for administration were correct.

Staff were aware of their responsibilities regarding infection control and prevention. They were provided with personal protective equipment (PPE) such as gloves and aprons to protect the spread of infection. The provider had policy and procedure in this area for staff to refer to. Staff were aware of Code of Practice on the prevention and control of infection for domiciliary care services.

The registered manager had a system to record any incidents and accidents. However, there had not been any since our last inspection. The care manager explained that if there was an incident or accident, this would be investigated and actions would be taken to prevent further occurrence.

# Is the service effective?

## Our findings

People told us they were very happy with the service. One person said, "The carers know what they are doing." A relative told us, "They [staff] do a great job."

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 so that they can 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. We found the management team as well as the staff working for the service understood their responsibilities under the MCA. Staff had received training on how to protect people's rights. A member of staff told us, "I always ask the person's consent before I do anything, if for example I was going to help them with personal care."

At our last inspection, we found people's care plans did not always make reference to their capacity to understand and make decisions about their care and support. During this visit, we noted the provider had made improvement in this area. Care records showed people's capacity to make decisions was considered and recorded. We saw people had given consent to their care. Where people did not have the capacity to consent, the management team was aware of the process to follow under the requirements of MCA. The care manager informed us that no one was subject to an order of the Court of Protection at the time of our inspection. The Court of Protection in English law is a superior court of record created under the MCA. It has jurisdiction over the property, financial affairs and personal welfare of people who lack mental capacity to make decisions for themselves.

Before a person started using the service, an assessment was undertaken to identify their needs. This was done with the involvement of the person and, if applicable their relatives would contribute too. Information was also gathered from other professionals who were involved with the person support needs. The assessment was carried out using a holistic approach which covered all aspects of a person's needs, including physical, social, psychological and spiritual. If the provider felt they were able to meet the needs of the person, then a care plan would be developed. This was done in line with current evidence-based guidance, standards and best practice.

People were supported by staff that had the necessary skills and knowledge to effectively meet their assessed needs. People and their relatives felt staff had the training and skills to carry out their roles. Staff told us the training they undertook, helped them in their roles. One member of staff said "The training is very good and very informative."

Staff were able to access training to develop their skills. From the training records we saw staff had completed training in areas, such as safeguarding adults, medicine management, moving and handling, infection control, and health and safety. They also had undertaken specialist training in areas such as dementia awareness. This helped to ensure staff had the knowledge to meet people's individual needs. Staff were provided with practical training sessions too, so that they could use equipment safely. All staff were in the process of completing the Care Certificate or had done so already. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We saw new staff received an induction, which covered their familiarisation with the service, the people who used it and the policies and procedures of the provider. Staff were also given opportunities to shadow more experienced staff until such a time they felt confident to work on their own. They confirmed to us that they had received an induction when they started work and found it very helpful.

Staff were given appropriate support which helped to ensure they were able to provide effective care. We saw staff had regular one to one meeting with their line managers where a number of areas were discussed such as their training needs and people's care needs. One member of staff told us, "I find my supervision very helpful, if I have any concerns we talk about them during those meetings." We saw staff supervisions were recorded. Staff were due to have their annual appraisal at the end of this month. This helped to identify what had gone well for staff over the last 12 months and any development they needed over the coming year.

Some people who used the service were supported to have enough to eat and drink. They or their relatives would buy their foods. Staff would prepare their meals for them during their visits. One person commented, "They [staff] come and help me with my meals." We noted people's dietary needs were recorded in their care plans. Staff knew what people's preferences, likes and dislikes were. For example, one member of staff told us, "[Person] likes to have hot milk with their cereals." Staff had received training in food hygiene. They were aware of safe food handling practices such as to make sure that they wash and dry their hands thoroughly before handling food.

The management team worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. We saw evidence of people being referred to other health care professionals such as occupational therapist or GPs, where they were not able to do this by themselves. Staff understood their responsibility to ensure they informed the relatives or a member of the management team if they had concerns about a person's health. They knew they had to call for emergency services where this was appropriate. Each person had the contact details of their GP recorded in their care plans. This helped to ensure staff could also contact their doctors if they had concerns about a person's health.

We saw where people needed specialist equipment, this was requested from the appropriate organisation. For example, we noted the care manager had requested a special bed for one person to ease with transferring them and this was delivered to them.

## Is the service caring?

### Our findings

People and their relatives commented positively about the staff and the care and support provided by them. One person said, "The carers are very kind and caring." Another person told us, "I am very happy with my carers, I don't know what I will do without them." A relative told us, "The staff are excellent, they do a very good job."

People told us staff treated them with kindness and were caring. They felt staff had built up a good relationship with them. One person said, "The carers are very good and caring." People commented staff were always polite to them. Staff took time when supporting people and were not rushed.

People were supported to exercise their choice. Staff respected people's choices on how they wanted their care delivered or what they wanted to wear on the day. One person said, "I can choose to stay in my bed or sit in my chair." Another person said, "I can ask for an earlier or later visit if I want to."

People were supported in promoting their independence. People were encouraged and supported as far as they were willing and capable of doing so to wash their faces or have a shave during personal care. One member of staff told us, "I always encourage the service users [people] do things that they can by themselves." This helped to ensure people did not lose their confidence. One person said, "The carers encourage me to do things that I can, I can wash my face without help and do my hair." We saw care records included information regarding people's independence and this helped staff to support people accordingly.

Staff respected people's privacy and dignity. People confirmed to us that staff were good at maintaining privacy and dignity. One person told us, "They [staff] make sure the curtains were drawn when they wash me." Staff gave us examples of how they maintained people's privacy such as making sure the bedroom doors were closed when providing people with personal care.

People felt that staff communicated well and let them know what was happening when providing care. One person said, "The staff always have a chat with me, they are lovely." A member of staff told us how they communicated with a person by writing on a notepad as the person had difficulty with their speech.

Staff knew people well and had a good understanding of the care needs of the people they supported. They were able to tell us what people did and didn't like and what support they needed. For example, one member of staff told us how one person liked their breakfast and they made sure they happened. This helped to ensure people's individual needs were met.

Staff were introduced to people before they began to provide care for them. This meant that people were cared for by staff who understood their needs.

We noted people's personal details and other documents were stored securely, to help keep all information confidential. These were only accessible to the management team in the office. Staff understood the importance of maintaining people's confidentiality. One member of staff told us, "I made sure that I don't

talk about my clients [people] to anybody unless they have the right to know. This meant people using the service could be confident their personal information would be kept safe.

## Is the service responsive?

### Our findings

People told us the staff looked after them well and they did not have any concerns. One person said, "They are very good with me and know what supposed to be done." A relative said, "The carers are aware what needs doing and help [family member] as they like."

At our last inspection, we found people's care plans were not always complete, did not have appropriate information about people's preferences for their support, and did not contain clear guidance for staff on how to support people safely. Some information was repetitive and confusing for staff, and often entered into inappropriate sections in the care plan document. Some care plans used a mixture of first person pronouns (referring to the person in need of support as 'I') and third person (referring to the person by their name), sometimes in the same sentence. One care plan, we viewed used 'I' to refer to both the person in need of support and the author of the plan, which was confusing for the reader.

During this visit, we found people received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. The care plans were informative and gave guidance to staff to how people's needs should be met in accordance to their wishes. These were set out in sufficient detail so that staff could follow what was required. The provider ensured that Equality, Diversity and Human Rights (EDHR) were part of their care planning process. Each person was treated as an individual.

Information about people's life histories, employment histories and interests were recorded. This helped staff to have a better understanding of people's needs. For example, if a person had recently been diagnosed with a medical condition and needed assistance, this would be clearly recorded to ensure staff supported them accordingly. This meant that people received individualised care and that staff were given clear guidance on how to meet people's needs. A copy of people's care plans was left at their home for staff to follow.

People and their relatives confirmed they had seen the care plans and had contributed in writing them. We saw some people had signed their care plans. People were encouraged to express their views and wishes and these were taken into consideration when the care plans were formulated. For example, people could choose the preferred gender of staff they wanted to support them or the time they liked the staff to visit them.

Care plans were reviewed on a regular basis, to make sure staff continued to meet people's needs. The reviews were conducted by a member of the management team, during which people were asked if they were satisfied with the care they were receiving or if any changes were required. One person told us, "They [management team] do come and visit to see how things are, if I want something done differently, I tell them." Relatives felt they were kept up to date with regards to the care of their family members. One relative said, "The office staff phone me to discuss what is happening with [family member]."

During each visit staff completed a daily record to indicate the care and support they had provided to each

person and if there were any concerns. These records were kept in the person's home and helped to ensure all staff were aware of the person's condition and what support they had received. Staff told us they read people's daily notes to see if there were any changes since they last visited the person. This also helped the management team to ensure that people's needs were being met when they reviewed people's daily records.

Where it was part of the agreed care package, people were provided with opportunities to engage with meaningful activities and social interests relevant to their individual needs and requirements. For example, one person liked to go shopping on a certain day of the week. The staff made sure this happened and accompanied them to the shops in their local town.

The provider had a policy and procedure for dealing with any concerns or complaints. People and their relatives were aware of how to make a complaint. One person told us, "If there is anything wrong, I will call their office". A relative said, "They [management team of the service] have dealt with my queries before and I do not have a bad thing to say about them." Another relative said, "I have no concerns and I am happy with the agency [service]."

We saw the provider had systems in place to record when complaints were received and how they had been investigated and responded to. They encouraged people to raise concerns and saw this as a way to learn lessons and to improve the quality of people's experience. We noted the complaints procedure also included information on how people or their relatives could complain externally if they were not satisfied with the provider's response.

The care manager explained to us that normally people would inform their relatives about their last wishes upon death. However, where people had made their last wishes and preferences known to the service, these were recorded and taken into account when planning their care needs.

## Is the service well-led?

### Our findings

At the last inspection, we found the registered manager did not fulfil the conditions of their registration by not informing us about important events that affect the service and the people who use it. We saw records of three safeguarding adults' investigations involving the service, about which we had not been notified as required by law. Since our last visit the registered manager had sent us notifications to us in a timely manner.

People and relatives were satisfied with the service and how it was managed. One person said, "The agency is very good, I can talk to the office staff if I need anything to be done differently." A relative told us the registered manager and care manager were very approachable and they could talk to them if they had any queries. Relatives commented that they were always kept up to date by the management about the care of their loved one.

Staff told us the registered manager was approachable and they felt supported. One member of staff said, "The manager is very good and supportive." Another member of staff told us, "The manager is approachable, they will help you as much as they can, for example, if I need to take leave in an emergency, they would try their best to cover my visits." Staff felt supported to carry out their duties, and said that the management team was always available if they needed any advice.

Staff had a clear understanding of what was expected of them. They were aware of their responsibilities and work they were accountable for. One member of staff said, "We all work well together." They also knew the visions and values of the service. The registered manager had delegated individual responsibilities to members of the management team. This included a care manager who dealt with people who used the service and their families, and a human resources manager who looked after staff and two care coordinators who ensured all the visits to people were covered.

There were regular staff meetings held. However, not all staff were able to attend due to their shift patterns. The minutes of the meetings were shared with staff who were unable to attend. Staff told us the team meetings were a good forum to share ideas and to discuss any issues they might have. The management team had good links with the wider community and worked in partnership with other organisations to ensure people's needs were met. We saw the provider attended regular meetings which were held by other professionals where changes in practices or regulations were discussed.

We saw there were systems in place for people and their relatives to give feedback on the quality of the service being provided. These were gained through the use of quarterly satisfaction surveys or during meetings with people and relatives. We looked at some of the surveys which were completed recently and noted the feedback received was positive. One person commented, "There is nothing to complaint about, the carers are very friendly." Another person wrote, "I think the service is very good." We noted there were a number of thank you cards received by the provider from people and their relatives.

The management team carried out audits in a number of areas to monitor the quality of the service. For



example, we saw care plans, medicines charts, logging in and out records and staff files were reviewed regularly. Where any issues were identified, these were addressed promptly. We noted where staff had forgotten to log out after a visit, they had been contacted to explain why they did not do so.

The management team also carried out regular spot checks on staff in the people's homes to monitor their practice. This was done with the person's permission. During those visits staff were observed on how they gave care and support to people and if people were treated with respect. If any improvement was needed this was discussed with the member of staff concerned. Staff confirmed that they had had spot check before and felt it was a good way of learning for them.

The provider had a range of policies and procedures governing how the service needed to be run. They were reviewed and updated with the latest guidance within the health and social care field.