Bellfred Limited

Radfield Home Care Liverpool North

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

The inspection took place on 13 November 2018 was announced.

This was the first rated inspection for Radfield Home Care. The service has been registered for almost 12 months and has been providing personal care since January 2018.

Radfield Home 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 adults. At the time of the inspection 20 people were using the service.

Not everyone using Radfield Home Care receives regulated activity; Care Quality Commission 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.

There was no registered manager at the service. 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.

The last manager had left in July 2018. The current manager had been in the post for seven weeks and had started the process to be the registered manager.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. There was enough staff employed by the service to help people with their day to day support needs at the times they wanted.

There were systems and processes in place to ensure that people who lived received a service were safeguarded from abuse. This included training for staff. Staff we spoke with confirmed they knew how to raise concerns.

There was a process for recording, reporting and analysing incidents, accidents and general near misses to determine what could be improved within the service provision.

Risk assessments and support plans had been completed for everyone who received care to help ensure people's needs were met and to protect people from the risk of harm.

There was personal protective equipment (PPE) available for use, such as gloves and aprons. Staff confirmed they had good supplies of gloves and aprons when supporting people with personal care.

The service supported people with medication. Medication was administered by staff who had the correct

training to enable them to do this. Records were kept in line with current guidance.

The service was operating in accordance with the principles of the Mental Capacity Act (MCA) and consent was sought in line with people's best interests. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff received training to enable them to support people safely and training records confirmed this. Staff engaged in regular supervision with their manager.

People were treated as individuals, and their choices and preferences were respected by staff.

People's care plans were person centred and contained details about the person, their likes, dislikes, how they wanted to be supported and what they could do for themselves.

People's dietary needs were managed with reference to individual preferences and choice.

There was a complaints process in place which. There had been no complaints since the service started providing support.

A quality assurance system was in place; on-going audits and checks were completed to ensure standards were monitored effectively.

Checks were made to people who used the service by telephone or in person to ensure the care was safe and was meeting people's needs.

The service worked in partnership with other professionals such as the local authorities, and district nurses.

Further information is in the detailed findings below.

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.

There were systems in place to assess and monitor any risks to people's safety.

Staffing numbers were satisfactorily maintained to support people. Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff were supported through induction, supervision and the service's training programme.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed.

We saw people's dietary needs were met with reference to individual preferences and choice

Is the service caring?

Good

The service was caring.

People said staff were caring and friendly.

People told us their privacy was respected and staff were careful to ensure people's dignity was maintained.

People told us they felt involved in their care.

Is the service responsive?

Good

The service was responsive.

Care plans were completed and were being reviewed when needed so people's care could be monitored.

People's preferences were recorded in respect of personal care routines, getting up and going to bed and likes and dislikes for food and drinks.

A process for managing complaints was in place. People knew how to complain.

Is the service well-led?

Good

The service was well led.

The manager had made an application to the Care Quality Commission to become the registered manager.

There was a clear management structure with lines of accountability and staff responsibility which helped promote good service development.

There were a series of on-going audits and checks to ensure standards were being monitored effectively.

Radfield Home Care Liverpool North

Detailed findings

Background to this inspection

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

This inspection took place on 13 November 2018 and was unannounced. We gave the service 24 hours' notice of the inspection visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available for the inspection.

Inspection site visit activity started on 13 November and ended on 16 November 2018. It included speaking with people who used the service and staff who worked at Radfield Home Care. We visited the office location on 13 November 2018 to see the manager and director; and to review care records and policies and procedures.

The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held about Radfield Home Care. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people who used the service. We also accessed the Provider Information Return (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We also contacted the local authority commissioning team. We used this information to populate our planning tool. This is a document which helps us plan how the inspection should be carried out.

We spoke with four people who received support, the manager, the director and three care staff. We

received feedback from healthcare professionals who had worked with the service. We looked at care plans for five people and other related records. We checked the recruitment files for four staff. We also looked at other documentation associated to the running of the service.

Good

Is the service safe?

Our findings

People we spoke said they felt safe when being supported by Radfield Home Care staff. A person who needed staff to support them using equipment to mobilise said the staff were confident using the equipment and did not rush them.

There were processes in place to help make sure people were protected from the risk of abuse. Staff had completed safeguarding training. A 'safeguarding vulnerable adults' policy was available to support staff with aspects of abuse and the procedure to report suspected abuse. Staff we spoke with understood how to recognise abuse and how to report concerns or allegations.

Risk assessments and support plans had been completed for everyone who received care to help ensure people's needs were met and to protect people from the risk of harm. We saw risk assessments had been completed for medication, mobility, including using hoisting equipment and falls, nutrition and pressure area care.

The service managed safety incidents well. Staff reported accidents and incidents. Reports we checked documented the date and incident type so that each incident could be easily located. Accidents and incidents were analysed and an action plan was attached to each audit. This meant that any themes and trends could be identified to prevent further occurrence.

There was a process for recording, reporting and analysing incidents, accidents and general near misses to determine what could be improved within the service provision. Any changes to people's health or support needs was reported to the appropriate health care professional for reassessment.

Care staff we spoke with had a good understanding of how to keep people safe in their own home. This included the use of equipment such as hoists to transfer people safely or stand aids to support them to move with some independence.

Assessments were reviewed regularly by the manager to help ensure any change in people's needs was reassessed so they received the appropriate care and support.

Medicines were administered and managed safely and effectively. Staff were trained and their competency was checked. An electronic system, was used to monitor and administer medication to people. Body maps were used to demonstrate where a person required prescribed creams, to ensure staff applied it consistently. Information was recorded in people's care records which included a full list of their current medication.

A thorough recruitment and selection process was in place. We found copies of application forms and references. Staff had been subject to a Disclosure and Barring System (DBS) check. The DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people.

There were appropriate numbers of staff employed to meet the needs of people who received a service and to ensure they received the support at a time when they needed it. Everyone said the visits by the care staff were on time and staff always stayed for the full time. Staff were given time to travel to each person; this meant that staff arrived at the expected time and staff were able to support people with all the care and support they needed.

At times of staff sickness or holiday leave the manager or the director would carry out the support to people. The manager and director operated an 'on-call' system to take calls out of office hours from people who received a service and staff in cases of emergency. This meant that emergency situations such as providing additional staff cover or cancelling a service could be addressed.

The director and manager told us new referrals were not started until staff were available to support people when they needed it. This helped ensure support could be provided to the people who needed it.

People told us that staff always arrived as expected. The manager explained to us how the PASS system helped to ensure nobody missed a call. Staff were expected to log in and out each time they visited a person's home. This information was transferred to the electronic system. If a staff member had not logged in 15 minutes after the expected time of arrival a message was sent to the manager to alert them. This meant that in the event of a staff member not arriving the manager would check up on the staff member's whereabouts.

People told us that staff used protective clothing, for example aprons and gloves as well as anti-bacterial gel, when working in their home. We saw evidence that staff were regularly supplied with aprons and gloves. This helped to promote good hygiene and prevent any cross contamination and infection.

Good

Is the service effective?

Our findings

People's needs were assessed to ensure they received the right support. Care plans were completed following the initial assessment and commencement of the service; these included, medication, personal care, communication, mobility, diet and fluids.

People told us they received very good support. A person told us, "The staff are very good. They do exactly what is needed." Another said, "The staff support me with what I need."

The registered provider used an electronic system called 'PASS' to record a person's service, which included their assessed needs, care plans and risk assessments; staff rotas and any updates or messages regarding people's health and support were sent though a different system, called 'Care Free'. The two systems linked together to share information. Staff had access to the system information via the application on their mobile telephone. This informed them of people's needs and any changes to their care needs. Staff we spoke with confirmed this and said they found this helpful as the information they required was readily available to them.

The service's training programme provided a good basis of learning for staff and provided them with the skills, knowledge and confidence to care for people safely. Training was provided in subjects considered mandatory. This included moving and handling, fire safety, infection control, and safeguarding.

Training was managed by the registered provider's training department. Staff we spoke with had a good understanding of people's needs. Staff told us they mainly visited the same people, so they were familiar with their needs. People we spoke with confirmed this to be the case.

Staff completed training when they commenced their employment at Radfield Home Care as part of their induction to the service. The manager used a training matrix to show when staff had completed each training course and when they were due an update. We found that all staff members had completed training in subjects relevant to the needs of people they supported. For example, health and safety, basic life support, moving and handling, infection control, fire safety, food safety and safeguarding vulnerable adults.

Each member of staff had completed a full day's induction at the company head office; in addition, staff completed shadow shifts with an experienced member of staff; a checklist evidenced the activities they had completed. Some staff who were new to working in the care industry had begun the Care Certificate as part of their induction period. The Care Certificate is the government's blue print for induction standards which included a practical and competency framework for employees to follow.

Staff received regular supervision from the start of their employment. Records we saw confirmed this. The registered provider's supervision policy stated supervision would be held every three months. Staff we spoke with said they felt well supported by the manager and director.

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. Applications must be made to the Court of Protection. The service was not supporting anyone where an application had been made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. People had signed documents giving their consent to receive the care and support needed. A written record was kept in people's individual care records.

Staff received training regarding people's mental capacity to consent to care during their induction.

The Mental Capacity Act 2005 is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff confirmed they always asked a person's consent before carrying out any support or care. Care records showed that people had signed care plans to consent for the provision of care and support with medication.

We saw from care records that people were supported to eat and drink regularly by staff. Their care plans clearly documented what food and drinks should be provided at particular times and people's preferences, likes and dislikes. People told us they were happy with the meals and snacks staff prepared for them.

Where appropriate, staff supported people to maintain good health. Staff sought the input of health and social care professionals if people's needs changed. For example, we heard that the manager had contacted the local authority on a person's behalf when more time was required to meet their care needs during each visit because their health had deteriorated.

Good

Is the service caring?

Our findings

Everyone we spoke with during our inspection told us that the staff who visited them in their home were caring and kind.

Some people we spoke with had been receiving a service from Radfield Home Care for 10 months, others for just a few weeks. For some people this was their first experience of having care staff in their home. For others, they had previously received support from other service providers. One person told us that they had received a service from another care agency after being discharged from hospital They said they asked to have staff from Radfield Home Care to support them again as soon as it was possible because they had got to know staff well and liked them.

Everyone spoke positively about their experience with Radfield Home managers and care staff. One person said, "I'm quite impressed with the service. I find them all very approachable." People said they were always treated with dignity and respect.

Staff we spoke with demonstrated a genuine positive regard for the people they supported. They told us they provided care to a number of the same people on a regular basis which meant they had the opportunity to develop good relationships with the people they supported. One staff member said, "I love this job, it is so rewarding. I would do it for free. The smallest thing you do means so much to people."

Staff told us the information recorded in the care records also helped them understand what support people required. They had access to this information from the 'PASS' phone application. They were informed of any change in people's needs or circumstances by a text message. This information was updated through consultation with people or their relatives and there was evidence that people were involved in discussions about their care. Care staff also used the application to update records when they found a change in a person's health or care needs.

Personal information relating to people who received support and staff was recorded on the PASS system; staff had an individual log in password to ensure access was restricted. Paper records kept in the office were stored in locked cupboards.

People told us that staff supported them in a respectful and dignified manner and their privacy was maintained when being supported with personal care. People said they did not feel rushed when being helped to wash or dress. When asked, staff were able to give examples of how they maintained a person's dignity when supporting them and offered them privacy. For example, covering people with a towel before carrying out any personal care.

Some people supported by Radfield Home Care had communication needs. We found details to support and communicate with people were recorded in care plans. However, we found a person who had limited verbal communication did not have a lot of detail recorded. Staff we spoke with were familiar with the person; staff described how they engaged with the person using humour and discussed areas of interest

with them. This meant that people could communicate directly with staff to express their needs and wishes. At the end of the inspection the manager had set up a meeting with the person's relatives to review and update their communication care plan.

Good

Is the service responsive?

Our findings

People we spoke with told us they received care when they wanted it and staff did what was required of them. One person said, "They are absolutely great. The staff are very pleasant. I can always have additional hours when I need them. It's never too much trouble to arrange them for me."

People's needs were assessed before receiving a service. Care plans had been developed with each person, identifying the care and support they required. Records contained information about people's preferences and daily routines; their likes and dislikes and some had completed social histories. This gave staff some personal information about the person so they could be supported in their usual and preferred way.

A range of care plans were completed to identify people's needs and the support required during each visit. For example, care plans were completed for health, medication and personal care. Particular attention was made by staff, ensuring people who required them had their hearing aids and glasses on or to hand. This meant that people were able to effectively communicate with staff and other people they met throughout the day.

We found people's preferences had been recorded in respect of personal care routines, and likes and dislikes for bathing and any particular products they used. Some people received support with meals; their food and drinks preferences were recorded as well as any allergies and other medical information.

Staff used the computerised Pass system to record any notes about the support they had provided or any changes in a person's health or wellbeing. This meant that staff had access to up-to-date information via their mobile phone when visiting a person.

The manager had visited each person receiving a service since they came into post seven weeks ago. However, they said they planned to review each person's service every three months, going forward.

The registered provider had a complaints policy in place and available to people. People said they knew how to make a complaint if they were unhappy. They told us they would feel comfortable raising a concern or complaint should it become necessary and would speak to the manager or Director. No complaints had been received since the service began. Everyone we spoke with told us they had no complaints about the service.

Good

Is the service well-led?

Our findings

There was no registered manager at the service. The last manager had left in July 2018. The current manager had been in the post for seven weeks and had started the process to be the registered manager. 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.

The manager carried out the initial assessment and information gathering to establish if a service could be started and to ensure the person was supported correctly. The service did not begin support packages until they had the care staff available to support them. This meant that existing packages of care were not compromised or rushed.

People who received a service told us that they did not feel staff were rushed or hurried when providing their support in order to get to another person. We received feedback from a health care professional, they told us, "I have found [Radfield Home Care] to be professional, but also very caring with a good knowledge of the service users they support. They seem happy to go at the service users pace. They seem to be able to provide consistency of carers."

The service provided an out of hours on-call service for people and staff in case of an emergency. We found that the manager and director communicated well with the staff so they were kept up-to-date about any changes. Staff rotas were available to staff electronically on the PASS system.

Meetings were held to keep staff updated. All staff received regular supervision. Staff we spoke with told us they felt supported. One staff told us," I am very happy working for Radfield. They [manager and director] are always at the end of the phone. There's the 'On Call' if I need to contact them out of hours. The phone is always answered."

The governance arrangements provided a clear and accurate picture of the service. There were systems in place to monitor the quality of the service provided. The manager had completed a complete audit of all records, including training, staff recruitment, care records and reviews and policies. They had completed an action plan, which identified any shortfalls requiring action to improve.

The organisation had systems in place to gather the views and opinions about the service from the people who received the service or their relatives. The manager had only been in post for seven weeks but had already sent out questionnaires to people to gather their views on the service. We saw that most people had rated the service 'excellent'. Comments included, "Everyone who calls are excellent at their jobs, including [Director]. More bosses should step in and do some work to get to know what the staff see in our homes", "You can always speak to someone at the end of the phone" and "I very much appreciate having the same carer. I would like to stress how important I feel continuity of care is". Everyone who returned a questionnaire said they would recommend Radfield Home Care to a friend.

The manager had visited people in their own home to ensure the care package was meeting the person's needs. Unannounced spot check visits were carried out to check whether care staff were working according to the person's care plan and in a safe and professional manner. We saw examples of both home visits records and spot checks in people's care records. People we spoke with said they knew who the new manager was and confirmed they had met with them.

Policies and procedures were in place and provided guidance to staff regarding expectations and performance. These included policies for safeguarding vulnerable adults, infection control, staff supervision and medication management.

The manager was aware of incidents that required the Care Quality Commission to be notified of. There had not been any requirement to submit any notifications.