

Gracemeres Limited

Radfield Home Care Herefordshire & South Shropshire

Inspection report

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Tel: 01531630298

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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 7 June 2018 and was announced. This was the service's first inspection.

Radfield Home Care Herefordshire and South Shropshire is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using the service 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. There were 10 people using the service on the day of our inspection.

There was a registered manager in post at the time of our inspection visit, who was also the director of 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.'

People's relatives told us staff supported their family members safely in their own homes. Staff had received training in, and understood, how to protect people from abuse or discrimination. The risks to people were assessed, recorded and plans put in place to manage these. People received a consistent and reliable service. Pre-employment checks were completed to ensure prospective staff were suitable to support people in their homes. Staff supported people to manage their medicines safely and took steps to protect them from infections.

Staff received ongoing support and training to enable them to work safely and effectively. People had the level of support they needed to prepare their meals and drinks, and any associated risks were assessed. Staff helped people to seek professional medical advice and treatment, when necessary. People's rights under the Mental Capacity Act 2005 were understood and promoted by staff and management.

People enjoyed positive, caring and respectful relationships with staff who knew them well. People's involvement in decision-making was actively encouraged. Staff respected people's rights to privacy and dignity and promoted their independence.

People received person-centred care and support, which reflected their individual needs and preferences. People's care plans were individual to them, and were followed by staff. People and their relatives knew how to complain about the service, and had confidence they would be listened to. The provider had systems in place to assess and address people's wishes for their end-of-life care.

The registered manager promoted a positive, open culture within the service. Staff felt valued and well supported by the management team in their work. Staff and management worked collaboratively with external health and social care professionals to ensure people's needs were met. Systems and procedures were in place to monitor and address the quality of the service people received.

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.

Staff recognised their individual responsibility to protect people from abuse. The risks associated with people's care and support at home had been assessed, recorded and managed. People had support from staff to manage their medicines safely.

Is the service effective?

Good ●

The service was Effective.

Staff had the skills, knowledge and ongoing support needed to support people effectively. People were supported to prepare their meals and follow a healthy diet. People were encouraged and supported to access healthcare services.

Is the service caring?

Good ●

The service was Caring.

People were treated with kindness and compassion by staff who had taken the time to get to know them well. The involvement of people and their relatives in decisions about the care and support provided was actively encouraged. People's rights to privacy and dignity were understood and promoted by staff and management.

Is the service responsive?

Good ●

The service was Responsive.

People received personalised care and support that reflected their individual needs and requirements. People's care plans were individual to them and used by staff. People's relatives understood how to complain about the service, and had confidence their concerns would be addressed.

Is the service well-led?

Good ●

The service was Well-led.

The management team promoted a positive, inclusive culture

within the service. Staff felt valued and supported in their work for the provider. The registered manager carried out audits and checks to monitor and address the quality of people's care and support.

Radfield Home Care Herefordshire & South Shropshire

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.

The inspection took place on 7 June 2018 and was announced. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office. The inspection team consisted of one inspector.

Before the inspection visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and local Healthwatch for their views on the service.

As part of our inspection, we visited the provider's office location to speak with the registered manager, the field coordinator and a member of care staff, and to review care records. We looked at two people's care files, medication administration records, incident and accident records, two staff recruitment records, staff training records, selected policies and procedures, and records associated with the provider's quality assurance. We also spoke with one person who used the service, four relatives and a further a member of care staff over the telephone.

Is the service safe?

Our findings

One person told us they felt safe receiving care and support in their home from staff employed by Radfield Home Care. They explained, "It's the type of people they [staff] are, and the fact that they are comfortable to be with." People's relatives had confidence in the safety of the care and support provided. One relative told us, "It's the fact that staff are knowledgeable and kind, and [registered manager] is on the ball with the paperwork and the regulations."

People and their relatives had been provided with information on how to report any abuse in the 'client handbook' issued to people. Staff received annual training to ensure they understood their individual responsibility to protect people from abuse and discrimination. They recognised the potential signs of abuse to look out for, including marked behavioural changes, unexplained bruising or lack of funds. They told us they would immediately report any concerns of this nature to the registered manager. The provider had procedures in place to ensure any suspected or actual abuse was reported to the appropriate external agencies, such as the local authority, police and CQC, and investigated.

The risks associated with people's care and support at home had been assessed, recorded and kept under review by the management team. This assessment took into account people's mobility and pressure care needs, their long-term health conditions, any risk of falls and any potential hazards within the home environment. Plans were in place to manage these risks and keep people and staff as safe as possible. For example, one relative described how staff helped to prevent their family member's skin from breaking down by regular application of their barrier cream. Staff demonstrated good insight into the specific risks to individuals and how these were to be managed. They kept up to date with any changes in the risks to people through reading colleagues' daily care notes and receiving regular communications from the management team. One staff member explained, "There's very good communication. They [management team] are always easy to get hold of and they make us aware of any changes straightaway." In the event people were involved in an accident or incident, staff took any initial action needed to ensure people's safety and wellbeing, informed the management team, and recorded the event. The registered manager analysed these reports to ensure lessons were learned and minimise the risk of reoccurrence.

All those we spoke with confirmed they received a punctual and reliable service from Radfield Home Care, provided by a familiar team of staff. One relative explained, "If they [staff] are going to be late, they would always let [relative] know, but I don't think they've ever been late enough to worry about that." They went on to say, "They [provider] are not chopping and changing staff. If they do introduce a new member of staff, they send them with someone else for lots of visits to make sure [relative] gets to know them." Staff told us they were allocated adequate travel time between care calls, enabling them to stay with people for the full duration of their calls.

The registered manager explained that they assessed and organised their staffing requirements based upon the total number of care hours provided. The provider carried out pre-employment checks to confirm prospective staff were suitable to care for people in their own homes. These consisted of an Enhanced Disclosure and Barring Service (DBS) Check and employment references. The DBS carries out criminal records checks to help employers make safer recruitment decisions.

We looked at how staff helped people to safely manage their medicines, where this was an agreed part of their care package. One person told us, "They [staff] keep my medicines in the kitchen and supply me with them. It's always the right amount [of medicines]." People's relatives were satisfied with the support their family members received in this area. Staff had received training in how to safely handle and administer people's medicines, and maintained up-to-date medication administration records. The level of assistance people needed to manage their medicines, and any associated preferences, were clearly set out in their care plans.

Staff received training in relation to infection control and food hygiene to help them understand how to protect people from the risk of infection. They made consistent use of personal protective equipment, in the form of disposable aprons and gloves, which they restocked at the provider's office as necessary. People's care plans contained guidance on infection control, including the use of colour-coded flannels to help people wash particular areas of their body.

Is the service effective?

Our findings

Before people's care from Radfield Home Care started, the management team met with them and their relatives to assess their individual care and support needs and develop effective, individualised care plans. The registered manager understood the importance of equality and diversity, and the need to avoid any form of discrimination in the planning or delivery of care.

Staff and management liaised with a range of community health and social care professionals, such as social workers, GPs, district nurses and occupational therapists, to achieve positive outcomes for people, and ensure they had access to the care equipment they needed. People's relatives praised the proactive manner in which the management team engaged with other professionals to ensure people's needs were met. One relative described how the management team had involved the occupational therapist in assessing the adaptations needed to their family member's new home.

People's relatives had confidence in the knowledge and skills of the staff supporting their family members. One relative explained, "They [staff] are very well trained and very professional. They are also very friendly and make [relative] feel so much happier." Another relative said, "I'm confident all of them [staff] know what they're doing."

Upon starting work for the provider, staff completed induction training to help them settle into their new roles. The provider's induction programme took into account the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. Staff spoke positively about their induction period, which included the opportunity to work alongside, or 'shadow', more experienced colleagues and initial training and competency checks. One staff member explained, "I felt confident when I started working on my own ... I had a lot of shadow shifts and a training period in Hereford."

Following induction, staff participated in a rolling programme of training, based upon their duties and responsibilities, and people's care and support needs. Staff confirmed they had received the training needed to work safely and effectively. One staff member told us, "I have asked [registered manager] for any additional training as necessary. I feel I have the knowledge to complete my job role." Another staff member described the benefits of their training on pressure care, which had helped them understand the respective roles of staff and the district nurses in preventing and treating pressure sores. Aside from training, staff attended one-to-one meetings with the registered manager, enabling them to discuss any additional support needed, and to receive constructive feedback on their work performance.

People's relatives were satisfied with the support staff gave their family members to prepare food and drinks and maintain a healthy diet, where this was an agreed part of their care package. One relative told us, "If they [staff] didn't come in and prepare [relative's] meals, they wouldn't bother to eat." They went on to say how staff cut up their family member's food, as they were no longer able to do so themselves. Another relative said, "They [staff] have given [relative] a lot of advice on eating healthily because of their health; they are really hot on that." Any risks associated with people's eating and drinking were recorded in their care

files, and plans were in place to manage these.

People's relatives praised the positive role staff and management played in helping people maintain their health. They told us staff had good insight into people's individual health needs, monitored changes in their general health and wellbeing, and encouraged people to seek professional medical advice where appropriate. In the event people needed urgent medical assistance, staff took prompt action to arrange this. One relative described how staff had recently called an ambulance out to their relative in response to a medical emergency. They explained, "They [staff] were right on the ball and noticed [symptoms] immediately."

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.

We checked whether the service was working within the principles of the MCA. We found the registered manager and staff understood people's rights under the MCA. Staff confirmed the people they supported had the mental capacity to make their own decisions. They understood the importance of supporting and respecting people's decision-making. We saw records of people's consent to care in their care files, and people's care plans emphasised the need to respect people's choices.

Is the service caring?

Our findings

One person we spoke with and people's relatives told us staff adopted a kind and compassionate approach towards their work, and had taken the time to get to know people well. One relative explained, "[Relative] is really comfortable with them [staff]. From initially not wanting any carers, they now can't wait for them to come. They [staff] have put [relative] at ease and have gone beyond what they need to do." They went on to describe how impressed they had been by the registered manager calling in on their family member, in their own time, when they were recently unwell. Another relative said, "You warm to [registered manager]; they've got a very good manner with people. You can tell they are a genuinely kind person." The registered manager and staff had a clear insight into people's individual needs and preferences, and demonstrated concern for people's continued health and wellbeing. For example, we saw the management team had recently taken the lead in requesting a speech and language therapy assessment for one person, via their GP, due to their concerns over them coughing at mealtimes.

People's relatives told us staff and management actively involved them, and their family members, in decisions about the care and support provided. They described an open, ongoing dialogue with staff and management, which enabled them to discuss any issues affecting people's care at home as these arose. People's communication needs had been assessed and recorded in their care plans. One relative described how staff promoted positive communication with their family member through the use of humour and topics of shared interest. They told us, "They [staff and family member] talk about the olden days and have a good laugh." The registered manager understood the need to meet people's communication and information needs in line with the Accessible Information Standard. The Accessible Information Standard tells organisation what they need to do make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, along with any communication support that they need. The registered manager explained that no one currently using the service required information to be presented in an alternative, accessible format, or any specific support with communication, but that any future needs of this nature would be met.

People's relatives told us staff consistently treated their family members with dignity and respect, and gave us examples of staff conduct that demonstrated this. One relative explained, "They [staff] always tell [person] what they are doing and ask them if it's ok." Another relative said, "They [staff] knock on [person's] door when they arrive; they don't just walk in." People's relatives felt staff actively promoted people's independence, and played a key role in people being able to live independently in their own homes. One relative described the significant effort staff had made aimed at helping their family member to prepare their own lunch. Staff recognised people's rights to privacy and dignity, and gave us example of how they promoted people's privacy and dignity on a day-to-day basis. These included actively offering people choices in their day-to-day care and support, and taking steps to protect their modesty during intimate care tasks.

Is the service responsive?

Our findings

People's relatives told us the service provided by Radfield Home Care was shaped around their family members' individual needs and requirements. One relative explained, "I feel they [staff] really keep [relative] in mind as a person. They really 'get' [relative] and like them." One relative described how staff carried out their family member's personal care whilst being sensitive to the effects of their severe arthritis. Another relative described how staff encouraged and supported their family member to eat their lunch in a nearby restaurant at times, as opposed to remaining in their own home, to enable them to socialise more with others.

People's care plans were individual to them, and covered key aspects of people's care and support needs, including any identified religious or cultural needs. Care plans set out what was important to people in terms, for example, of valued relationships with others, preferred daily routines and personal hobbies and interests. People's relatives confirmed they had participated in assessments and care planning for their family members. One relative told us, "It's a good joined-up approach ... We [provider and family] have really worked hard together." Staff understood the need to adhere to people's care plans in order to provide continuity of care and support. They told us they had the time to read and refer back to care plans, which they were able to access securely, at any time, on their mobile phones. People's care plans were kept under review by the management team to ensure the information they contained was accurate and up-to-date.

People were provided with information on how to complain about the service as part of the 'client handbook' issued to them. People's relatives told us they were clear how to raise any concerns or complaints with the management team, but had not needed to do so to date. They had confidence their concerns would be taken seriously and addressed. One relative explained, "If I was at all worried about anything, I would go straight to [registered manager], but I haven't needed to. I am sure they would put it right." The provider had a complaints procedure in place to ensure all complaints were handled in a consistent and fair manner. The registered manager confirmed they had not received any formal complaints to date.

At the time of our inspection visit, the provider was not supporting anyone on palliative or end-of-life care, but had done so previously. The registered manager assured us systems and procedures were in place to identify, address and review people's wishes for their end-of-life care through liaison with them, their relatives and relevant healthcare professionals.

Is the service well-led?

Our findings

During our inspection visit, we met with the registered manager who was responsible for the day-to-day management of the service. Registered providers must, in accordance with their registration with the Care Quality Commission (CQC), notify us about certain changes, events and incidents that affect their service or the people who use it. The registered manager understood the need to submit these 'statutory notifications', which play a key role in our ongoing monitoring of services, but had not needed to do so to date. The registered manager explained that they kept up to date with best practice guidelines by, amongst other things, accessing care websites and receiving internal updates from the provider.

One person told us "[Registered manager] is lovely. They're such a nice person. I don't have any problems with them." People's relatives also spoke positively about the overall management and quality of the service, and their dealings with the management team. They praised the extent to which staff and management worked in partnership with external health and social care professionals. One relative told us, "[Registered manager] is a very caring person. They would never put the business side of things above the care ... Care is the top priority. I would recommend them [provider] to anyone that needed care." Another relative said, "[Registered manager] does far more than they need to, and it's so nice to see their interactions with [relative]. It's like a family; they [staff and management] are so dedicated." All those we spoke with knew how to get in contact with the management team if they needed to, and praised the open communication they had with the service. One relative explained, "There is very, very good communication. [Registered manager] always contacts me, and [field coordinator] rings me every couple of weeks to update me ... They always let me know what's going on and will follow up with me to say what's happened since [we last spoke]."

Staff spoke enthusiastically about their work for Radfield Home Care and described a strong sense of teamwork within the service. One staff member told us, "We have a very good team ... I love my job." Staff were clear what was expected of them at work, and felt supported and valued in their work by an approachable and accessible registered manager. One staff member explained, "They [registered manager] are just lovely, very supportive and very understanding ... I couldn't ask for a better boss. They are by far the best person I've ever worked for." Another staff member said, "Somebody [management] is always there for you; back-up is always available when you need it." The registered manager organised regular face-to-face catch-ups with staff, which were being replaced by more structured staff meetings as the size of the staff team grew. Staff understood the purpose of whistleblowing, and confirmed they would follow the provider's whistleblowing policy to report any wrongdoing within the service if necessary.

The registered manager carried out audits and checks to assess, monitor and improve the quality of the service people received. These included regular audits on people's care notes, medicines records and any complaints, incidents or accidents. The registered manager and field coordinator also held weekly 'operations meetings' to review key aspects of the service, including any late or missed calls. At the time of our inspection visit, the registered manager was introducing a system of unannounced monthly spot checks on staff to ensure they were supporting people in a safe and person-centred manner. They were also in the process of carrying out a full review of people's care plans to further improve the quality of these. In

addition, the management team distributed six-monthly feedback questionnaires to people, as another means of gathering their feedback on the service. We looked at the results of the most recent feedback survey, and saw people had given positive feedback on the care and support provided.