

Aurora Dawn Limited

Radfield Home Care Bromsgrove and Redditch

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 16 June 2017 and was announced. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because Radfield Home Care provides personal care for people who live in their own homes and we needed to be sure that someone would be available at the office.

At the time of our inspection two people received personal care in their own homes.

There was a registered manager in place at the time of our inspection. 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.

Relatives told us their family members received safe care. Staff had good knowledge in how they were to protect people from harm. We found staff recognised the signs of abuse and knew how to report this. There were risk assessments in place and staff understood the importance of these and took actions to reduce the risk to people without taking away people's right to make decisions about their care. Relatives told us the service ensured there were enough staff to support their family member when they needed them. Staff told us that the small service meant they were able to deliver safe care and support to people. People were supported with their medicines in a safe way.

People received care and support which met their needs and preferences which was in line with their consent and agreement and staff understood the importance of this. We found people were supported to eat a healthy diet which was tailored to their individual preferences. Staff were aware of external healthcare professionals input and how this affected the support the person received.

People's views and decisions they had made about their care were listened to and staff acted upon these. Relatives felt the staff team treated their family members in a kind and friendly way, which was done so respectfully.

The registered manager had provided people with information around how to raise a complaint should they need to. Relatives we spoke with had not needed to raise any concerns but knew how to do this should they need to. The provider had not received any complaints at the time of our inspection. The registered manager told us that they had regular contact with people which they felt reduced the likelihood of people needing to complain about the service provision.

Staff felt supported by the registered manager to carry out their roles and responsibilities effectively, through training and daily contact. We found checks the registered manager completed on the service focused upon the experiences of people.

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 were cared for by staff who had the knowledge to protect people from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this. People were supported with maintaining a healthy diet. Staff were aware of people's health care needs and supported them with their healthcare.

Is the service caring?

Good ●

The service was caring.

People were involved in their care and made decisions about they were supported. People were supported by staff who were kind and caring towards them and their family members. People's privacy and dignity were maintained throughout.

Is the service responsive?

Good ●

The service was responsive.

People received care that was in-line with their individual preferences and needs. People and their relatives had information available to them should they need to raise a complaint.

Is the service well-led?

Good ●

The service was well-led.

People were included in the way the service was run and were listened too. Staff were supported by clear and visible leadership so people received quality care to a good standard.

Radfield Home Care Bromsgrove and Redditch

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 16 June 2017 and was announced. We made telephone calls to relatives on 19 June 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority to understand if they had any relevant information to share with us.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed the questionnaire feedback that the CQC had sent to people who used the service prior to our inspection. We spoke also spoke with the local authority about information that may be relevant prior to our inspection of the service.

The two people who used the service were unable to speak with us over the telephone, so we spoke with their family members who supported them with the management of their care. We also spoke with two care staff and the registered manager. We looked at aspects of two people's care records and medication records. We also looked at complaints and compliments, one staff recruitment record and checks of records completed by management.

Is the service safe?

Our findings

Both relatives we spoke with said they felt their family member was safe because the staff who supported them knew their needs well. They told us this gave them confidence that their care and support would be provided in the safest way for them as individuals. One relative said, "It is a small staff team, so they know [the person's name] really well." A further relative told us, "They [staff] look after [person's name] very well." Staff showed a good understanding of different types of abuse and how they could protect people they supported from harm. Staff explained they would report any concerns to the registered manager or other external agencies if they needed to. Staff told us they had access to safeguarding information should they need this and went on to say they felt confident the registered manager would take action.

A relative told us their family member's care needs had increased due to their reduced mobility. They told us how they worked with the staff team to better support the person so they could safely stay in their own home. The relative told us this had meant a lot to them and their family member as they were keen for them to remain at home. The relative continued to say how the staff team recognised the person required further support and worked with the family to ensure their home was safe for the person's needs. Staff told us about the person's potential risk of falls and how they supported them in their home while adapting to the person's home environment. The registered manager told us how they had signposted the family members to other agencies where they could seek further aids to assist the person to remain as independent as possible in their own home. They continued to say how they closely reviewed the person's health and well-being to ensure the staff team were able to continue to support the person in a safe way. For example, they had discussed with the family to extend the hours of support, so the length of time the person was on their own was reduced. The family member told us that this was now working well for the person as it had further reduced the risk of their family member falling, as there was a staff member there to support them.

Relatives told us because it was a small staff team, they had staff who they knew well and at times that suited the person. Relatives told us that when a new member of staff started working for the provider they worked alongside an experienced staff member before they worked alone. A newer staff member we spoke with confirmed they had been supported this way, which they told us helped them to understand not only the person's care needs, but the home environment in which the person lived. Relatives told us that they had no concerns around staffing levels, one relative told us, "Staff are very accommodating and flexible in the times they visit [family member's name]." The registered manager was involved in the care and support for the people and understood the staffing levels required to support people safely. The staff team communicated with each other on a regular basis so the registered manager had good assurances they had sufficient staff to meet people's needs.

We looked at one staff's recruitment record and saw checks were completed by the registered manager to ensure they were suitable to deliver care and support before they started work. Staff we spoke with told us they had completed application forms and were interviewed to assess their abilities. The registered manager had made reference checks with the staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable staff from working with people. The registered manager used this information to ensure that suitable staff

were employed, so people using the service were not placed at risk through recruitment practices.

Relatives told us the staff were competent at managing their family member's medicines and did not raise any concerns about this. Staff we spoke with told us they had received medication training and their practices were checked before they began working alone and on a regular basis to support their continued competency in supporting people with their medicines. Staff had a good understanding about the medication they gave people and the possible side effects. Medication chart audits were completed monthly; the monthly checks looked at areas such as missed signatures. The registered manager told us they also provided care to the people they supported, so were able to check they had been receiving their medications in the right way.

Is the service effective?

Our findings

Relatives felt staff knew how to look after their family member in the right way. One relative said, "They [staff] deliver proper personal care, working around the home environment to support [family member's name] in the right way". They continued to say, "[Family member's name] health has improved. People tell me that [they are] looking really well". A further relative said, "They look after [family member's name] very well. I'm very happy with what is being provided".

Staff told us they had received training that was appropriate for the people they cared for, such as safeguarding and understanding the mental capacity act. One staff member we spoke with told us the training was tailored to the people they supported and gained their knowledge by working alongside more experienced staff. They told us that working alongside other staff members enabled them to spend time talking with people they would care for and get to know their care needs. Staff told us and we saw from people's care records, that information was detailed in how the staff were to support the person in the right way.

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.

Relatives we spoke with told us that, where appropriate, staff had discussed with them how their family member wished the care to be delivered that was in the person's best interest. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant and how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care. One staff member told us they assumed that people had the capacity to make their own decisions and would always seek consent from the person first. They told us that should the person refuse, they would respect their choice.

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection. The registered manager had not identified any person having their freedom restricted, they were aware of this legislation and were happy to seek advice if they needed to.

We saw from people's care records that they were supported with meal preparation and cooking. Relatives told us how the staff prepared meals for their family member the way that the person would like it. One relative told us how their family member were particular about how a certain food was cooked and felt that staff understood the importance of what this meant to the person. We saw from the care records this was detailed for the staff to ensure they prepared meals in the way the person would enjoy. A further relative told us that staff, "Support [family members name] by making the meals for the whole family, the way that they

used to when they were well enough". Relatives told us that staff checked to make sure their family members had enough to drink. One member of staff said, "If I felt someone wasn't eating or drinking I would let the [registered] manager know".

A relative told us staff were very good at looking for signs of infection, they told us this was particularly important due to their family member's specific health condition. They continued to tell us staff had sought assistance from the district nurses where this has been necessary, to support the person's health care needs effectively.

Is the service caring?

Our findings

Relatives we spoke with told us, staff were kind and caring towards their family member. One relative said "[staff member's name] is a very good people person. They have very good one-to-one interaction with [family member's name]". Another relative told us, "[Family member's name] has built a good relationship with [staff member's name]. [Family member's name] has told me they are very happy and comfortable with their care".

Staff spoke about people with compassion and felt they knew people well because they had time to get to know them. Staff told us caring for the same people on a regular basis meant they got to know people and their families well. One relative said, "[Staff member's name] interacts with all of us in the family home. They have coped very well adapting to our busy life". Another relative told us, how the staff spent time with their family member and that they had confidence staff supported them in a kind and caring way.

Staff spoke about people as individuals and told us about how they promoted people's independence. One staff member said, "Keeping people's independence is important and I feel good that I can provide a service which supports and encourages people's independence". The registered manager shared an example of how they supported one person to be independent with their medicines, they said, "[The person's name] takes their own medicine, we see that they are taking them, but we stand back and let them do this for themselves". They told us this was important as the person maintained their independence however staff ensured the person took these in the right way.

Relatives told us staff supported people to make their own decisions about their care and how their support was to be delivered. For example, one person wanted to continue to wake up at a time that they used to get up in the morning. Their relative told us this was because their family member wanted to be, "Up and about early" as it was their normal routine to be up at this time. They told us staff respected this and supported the person to be up at this time. Staff told us they were not only there to provide personal care, but to also provide a social aspect for people, to help maintain a positive well-being. They told us they wanted to make their time with people meaningful and would spend any extra time talking with them.

Relatives felt their family members were treated with respect and dignity. One relative said, "The staff are always respectful in the way they talk to [family members name]". They continued to say staff maintained their family member's privacy at all time. Staff provided us with examples of how they promoted people's dignity. Staff spoke respectfully at all times about people when they were talking to us.

Is the service responsive?

Our findings

Relatives told us their family member and where appropriate, themselves, were involved in the development and review of their care from the start. Relatives confirmed the registered manager discussed with the person and themselves how they would like their care provided. Relatives told us communication with the registered manager was very good following this to ensure people received care that was appropriate to their needs. Relatives said where there were any changes in care, such as changing the times of calls, or increasing the length of calls this was done in agreement with all involved. Both relatives told us how they could talk to staff at any time, if they needed to.

Relatives found the registered manager was responsive to their requests. One family member spoke about how the times of support were increased during the day to further support the person. They told us this was working well for the person. The registered manager told us, "We are managing the future needs of [person's name]. As they want to remain at home we have supported the family to get the right equipment to future proof the home". They continued to tell us that while safety was a priority, they maintained daily contact to ensure the staff were meeting the needs to the person. Another relative told us how the registered manager was responsive to any "last minute" calls, for example, if they needed reassurance if they were unable to visit their family member themselves. The relative told us, "They are so efficient, they have reduced my anxiety about knowing [person's name] is having the right support".

Staff we spoke with knew about the needs of the people they cared for. Staff told us they would always speak with the person to ensure they were providing care to them the way in which they preferred. Staff were aware of people's changing needs and ensured the registered manager was informed of any changes, for example, if one person's mobility had reduced. Staff told us any changes in people's care, was promptly communicated and care plans were updated to support people in receiving consistently responsive care.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had given information to people about how to raise a complaint. Relatives we spoke with confirmed they had this information available to them and felt that if they had any concerns they could raise them. Both relatives we spoke with told us they had no concerns about the service provision. We looked at the provider's complaints over the last twelve months and saw no complaints had been received. The registered manager told us that because of the close working links with families and open communication it reduced the likeliness of receiving a complaint as they were able to deliver a personalised service.

Is the service well-led?

Our findings

Relatives we spoke with felt enabled to make decisions in how the service supported their family members. Both relatives told us, they felt included and that the registered manager listened and responded to them. One relative told us how they had good communication with the registered manager and kept in regular contact, for example, by use of a communication log. While a further relative said the registered manager was, "Very accommodating". Staff we spoke with told us the registered manager was very approachable and supportive. One staff member said, "Everything is going really well. There isn't anything I would change [about the service]". They told us that the registered manager provided personal care for the people they supported, so knew people's needs very well, they felt this knowledge helped when there maybe changes with people's care. A further staff member said, "[Registered manager's name] introduced me to people before I worked with them. She [registered manager] did not expect me to go into people's homes without meeting them first".

Staff told us they had good support from the registered manager, with one staff member saying, "I can ask [registered manager's name] for anything, she is always very supportive". Staff told us that whilst they were supported in their role, they also felt the registered manager had equipped them with the right knowledge to understand the role of external agencies that were available for additional advice.

Radfield home care was a small bespoke service which supported two people with personal care, because of this the registered manager knew the people who used the service and their families well. They had recruited staff based on their values and approach to people. The registered manager told us managing a small service meant they were able to meet people's needs in a way which suited the person's needs and not the needs of the service. Relatives felt this small personalised service meant their family members received good care from a service provision which had the right values. Both relatives knew the registered manager really well, who maintained contact with them frequently which ensured people were happy with the service provision.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. They told us they spoke with care staff daily to ensure they were aware of any potential concerns, for example, if they were unable to make the call, or whether they required further support while attending to a person. They told us all people and their relatives had their direct phone number so they could contact them if they needed to. The registered manager told us communication with people, their relatives and staff was important in ensuring the service was delivering good quality care. They also supported people with their personal care where they would ask to ascertain if they were happy with their support. They told us this also gave them an opportunity to see how their staff interacted and supported people. The registered manager also completed monthly checks on people's care records, to identify potential shortfalls in records.

The registered manager explained they were supported by the provider which gave them support and advice, to training and staff development. They told us if people's needs changed or they were to support a person with specific care needs the provider had the resources to ensure the staff were fully trained before

delivering care to people.