

St Helena Care Services Ltd

Radfield Home Care Colchester

Inspection report

The Atrium
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Colchester
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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

About the service

Radfield Home Care Colchester is a domiciliary care service providing personal care to people in their own homes. This is help with tasks related to personal hygiene and eating. The service provides support to disabled people, younger adults, and older people some who may or may not be living with dementia. At the time of our inspection there were 10 people using the service.

People's experience of using this service and what we found

People and their relatives felt safe and spoke positively about care workers because they had confidence in their knowledge and skills. Staff knew how to protect people from the risk of harm through abuse. Staff were confident concerns raised would be acted upon appropriately.

Medicines were managed safely, and people were supported by trained staff. Medicine audits were able to highlight any errors so appropriate action could then be taken to reduce a reoccurrence. Checks were undertaken to ensure staff continued to be competent to manage medicines safely.

Recruitment practices were safe, and checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff received the training they required to meet people's needs. Staff spoke positively about the support they received from the registered manager and told us they felt listened to.

People's needs were comprehensively assessed with them and were at the centre of their care and support. Care plans were personalised to meet their individual needs. People told us staff knew them well, were kind and caring, respected their privacy and dignity and promoted their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Systems were in place to monitor the quality of the service people received. The management team were committed to providing a high-quality service to people with a strive to continuous improvement. The registered manager worked well with external agencies to provide a better outcome for people who use the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 24 November 2021 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Radfield Home Care Colchester

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The service was inspected by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 March 2023 and ended on 11 April 2023. We visited the location's office on

29 March 2023.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke to 3 staff members and the registered manager.

Following the inspection, we spoke to 1 person and 2 relatives. We continued to seek clarification from the provider to validate evidence found. We looked at training and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe and supported from the risk of abuse. One person told us, "I always feel safe with the carers."
- Staff had attended safeguarding training and were able to discuss the different types of abuse which may occur. Staff knew who to report concerns to and were confident they would be addressed.
- The provider had systems in place to protect people from harm. The registered manager understood their responsibilities and any concerns were acted on appropriately.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place which met their care requirements. These provided clear guidance to help reduce the likelihood of people being harmed.
- People's care plans and risk assessments were regularly reviewed and updated. This was done on a rolling schedule, or sooner if a person's care needs had changed.
- Staff understood and could identify any potential risks to people and knew how to report this to enable the risk to be addressed.

Staffing and recruitment

- Safe recruitment procedures were in place. All staff records were held electronically. Staff files contained references and other appropriate background checks.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Enough staff were available to cover all care calls to people. The registered manager tried to maintain consistency of staffing used within each individual care package.

Using medicines safely

- Medicines were managed safely. The level of support required by people was assessed and agreed by them. People and relatives were happy with the way they received medicines. One person told us, "They [staff] always remind me to take my tablets otherwise I sometimes forget."
- Staff received training in safe medicine management and were assessed as competent before administering medication.
- Spot checks of staff competencies were regularly carried out to ensure continued safe administration and support of medicines.

Preventing and controlling infection

- People were protected from the risk of infections. Staff had completed training in infection prevention and control and were provided with the personal protective equipment [PPE] they needed.
- The provider's infection prevention and control policy incorporated regularly updated processes to reflect changes in government guidance.

Learning lessons when things go wrong

- There were systems in place for staff to share learning and experiences. Staff confirmed lessons learnt were shared in team meetings. One staff member told us, "We all talk and discuss things we find more difficult. [Registered manager] talks with us about how we can improve the service we provide to the people."
- Although no accidents and incidents had occurred, the registered manager had systems to ensure these could be appropriately recorded and lessons could be learnt. This included sharing the outcome of incidents with the staff team to further improve the safety of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they started to use the service. People and their relatives, where appropriate, participated in this assessment. One relative told us, "Yes we were all involved in the initial care planning. They [registered manager] has already booked our next review."
- The care assessments included key information on areas such as people's health, communication and nutritional needs. People and their relatives were at the forefront of care delivery. Staff were in constant contact with the office if people's needs changed and a review of care was required to ensure appropriate support continued to be provided.

Staff support: induction, training, skills and experience; Staff working with other agencies to provide consistent, effective, timely care

- Staff told us, and records confirmed, an induction programme was in place, which included shadowing experienced staff until new staff were comfortable.
- Care staff were supported and trained to ensure that they have the skills and experience to effectively support people. Staff were enrolled onto The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People and relatives told us staff had the right skills to meet their needs. Comments included, "I am extremely happy with the carers. It really has taken the burden off of my shoulders," and, "They [staff] really help me do the things I can't do by myself."
- People's care records included contact details for GPs and information about individuals' healthcare conditions. This helped staff recognise any deterioration in health so they could contact people's relatives and the relevant health and social care professionals.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- The service worked in partnership with other health professionals such as the community nurses, GP's and pharmacists to ensure people's healthcare needs were met. Where professionals made recommendations around healthcare, these were implemented in people's care plans.
- Staff ensured people's wellbeing was a priority. Daily care notes were clear, personal and highlighted the general mood of people, including any concerns. One staff member told us, "We are here to support people and make sure they are happy and comfortable. Sometimes we might be the only person they will see so we need to make it a good visit."

- Not all people receiving care and support required meals to be prepared and served by the staff as their relatives completed this. However, staff supported people with eating and drinking where they had needs in this area.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- We found the service was working within the principles of the MCA and at the time of the inspection, no one was being deprived of their liberty.
- People's rights were protected by staff who had been trained and understood the importance of ensuring people made their own choices about their lives. Staff told us they sought consent from people prior to support being provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect. People and their relatives told us staff were caring and kind. Comments included, "I can hear them chatting with [Name] and I can hear [Name] laughing with them," and, "They [staff] treat me so well. They are great."
- Staff we spoke with demonstrated caring qualities. We received a range of positive comments from people and their relatives. People told us they had formed good and trusting relationships with staff.
- The registered manager told us, and records confirmed, staff were trained to ensure people were treated with respect regardless of their sex, age, disability, ethnicity or beliefs. Staff promoted people's rights and ensured they were not discriminated against in any way.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in making decisions about their care. One person told us, "Well they [staff] always ask me what I want and what I need help doing."
- People were provided with an information booklet about the service. A copy of their care plans and agreements were kept in a file in their own homes so they had access to these at any time.
- People and their relatives, where appropriate, were given access to their individual care plans and risk assessments electronically. A specified log in allowed a review of their records and communication directly to the service.

Respecting and promoting people's privacy, dignity and independence

- People told us staff spoke to them in a respectful way and ensured any personal care was carried out in private.
- Staff who understood people's needs provided consistent support to people. Staff were able to identify when people were anxious or upset and acted accordingly to provide appropriate support.
- Staff encouraged people to regain, maintain and improve their independence. One person told us, "They [staff] really help me do the things I can't do by myself. Without them I wouldn't be able to live at home."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People were fully involved in creating their care plans with staff, external professionals and family members. Care plans were regularly reviewed. The registered manager told us, "Updates to the care plan is ongoing especially at the start. It's a live care plan really."
- People received personalised care which met their needs and took account of their preferences and abilities. Individual care plans were detailed and enabled staff to provide care and support to people in their preferred way. For example, care plans detailed people's individual goals and targets and staff supported them to achieve these such as maintaining independence as much as possible.
- At the time of our inspection there was no one receiving support with end-of-life care. Where appropriate, the service would work in conjunction with the local hospice if people needed support during the end stages of their life.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Although people supported by the service were not funded by the local authority the service were meeting the standards of the AIS.
- Care plans had communication records in place to guide staff how best to communicate with people. This included whether people required their glasses for reading or whether they needed their hearing aids in.

Improving care quality in response to complaints or concerns

- People we spoke to told us they would have no hesitation in discussing any complaints with the management team and were confident it would be addressed. One relative told us, "We have a book here which tells us how to complain but to be honest, we have had no reason to complain at all."
- Staff told us they were confident any concerns or complaints raised would be dealt with appropriately.
- The provider had a comprehensive complaints policy which included information about how to make a complaint and what people could expect to happen if they raised a concern. However, there had not been any formal complaints raised prior to the inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the service. Comments included, "We are very happy. It's worked really well," and, "Without having the carers we would have had to consider a care home for [name]."
- The registered manager sought feedback from people and their relatives through phone calls and care reviews. One person told us, "[Registered manager] regularly calls me to check everything is ok."
- Staff felt supported, respected and valued by the provider who promoted an open, positive culture putting the people at the heart of the service. One staff member told us, "It is a good place to work. I feel so supported; nothing is too much trouble."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated a good understanding of their responsibility to be open and transparent when things went wrong. People and their relatives told us they were able to go to the registered manager with a concern and were confident it would be addressed appropriately.
- The registered manager operated an open-door policy and staff were encouraged to talk to the management team about any concerns they may have. The registered manager told us, "The care staff are an important part of the service. We need to look after them too."
- Staff told us the registered manager encouraged a culture of openness and transparency and supported them to share information as and when needed.
- Where incidents had occurred, these were investigated, and apologies given where the service was found to be at fault. Any learning from incidents was shared with staff to reduce the risk of reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the requirements of notifying the Care Quality Commission (CQC) of significant events which had happened in the service. We reviewed evidence of notifications which confirmed events had been reported to the CQC appropriately.
- A range of audits to monitor the quality and safety of the service were in place and regularly completed such as medicines, care plans, staff files and spot checks. These identified areas for improvement and achieved a better outcome for people.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were

policies on safeguarding, whistleblowing, complaints and equality and diversity.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had regular individual reviews during which they could provide feedback about the care and the service received. Relatives and people all felt able to contact the management team and were confident they would get a positive response to any issues or questions.
- Staff had received training about equality and diversity to ensure they were able to support people's needs, whatever their background or preferences.
- Regular staff meetings were organised to update staff and support their continuous learning. Subjects such as safeguarding, health and safety, medicines and quality assurance were discussed. Staff told us if they were unable to attend a meeting, the information was shared via an email to ensure all staff were kept well informed.
- The management team recognised and celebrated staff achievements. Staff told us they felt they mattered. Comments included, "[Registered manager] and [office staff] call us a lot and see if we are ok and always ask how our day has been. They really care about us" and, "I only have positive comments. We are like one big caring family."

Continuous learning and improving care; Working in partnership with others

- The registered manager monitored complaints, accidents and incidents frequently. If a pattern or theme emerged, action was taken to prevent reoccurrence and improve care for people.
- Members of the management team attended provider meetings where they had the opportunity to learn from and discuss good practice, new or changing legislation and guidance, and difficulties within the social care setting.
- The service worked well and in collaboration with key organisations, such as GP's and various specialists specific to peoples 'conditions. This helped to ensure there was joined-up care provision. These were regularly reviewed to ensure peoples current or changing needs were being met.