

Radfield Home Care Ltd

# Radfield Home Care Limited - Shrewsbury

## Inspection report

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11 June 2019

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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 Shrewsbury is a domiciliary care agency providing personal care to 54 people in their own homes at the time of the inspection.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and relatives we spoke with told us that overall, they felt staff provided safe care and support. One person told us, "That was the whole idea, for them to make sure I am alright, and they do that well." We discussed with the service a few areas for review when it came to supporting people with their medicines and managers were responsive to this feedback. On balance we heard and found that people's experience of using the service was very positive.

People and relatives told us that staff were usually on time and no care calls were missed. Staff were aware of their responsibilities to keep people safe and had confidence in managers to address any concerns. People using the service, their relatives and staff were involved in the development of the service through regular reviews and meetings. We discussed how these, alongside a variety of quality checks and audits, could further support the service to make and maintain improvements.

The service was led by a very well-respected management team who were knowledgeable about people and their needs and particularly supportive of their staff. People and relatives spoke very well of the staff and told us that most were very good, kind and caring. People and relatives knew who to speak to if they needed to complain, but most told us they had never had a reason to.

Staff understood the value and importance of providing company and social contact for people, while also completing all tasks people needed them to. The service had developed connections with other professionals and organisations. This helped to continuously develop their best practice and achieve positive outcomes for people.

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.

At the time of inspection, individualised care was supported through brief electronic care plans that gave basic information and reminded staff which tasks to carry out. The service was developing care plans to become much richer in their information about people's life stories.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 20 October 2016).

#### Why we inspected

This was a planned inspection based on the previous rating. We inspected to check whether the service had maintained its Good rating and overall found that they had.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 Limited - Shrewsbury

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we were calling people at home 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 10 June 2019 and ended on 11 June 2019. We visited the office location on 11 June 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the provider, the governance and operations manager, the registered manager and care workers.

We reviewed a range of records. This included three people's care records and different medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management and quality assurance of the service were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Most people who used the service and relatives told us that staff ensured that people got their medicines at the right time.
- Following feedback we received, we checked whether one person was receiving an important medicine at the right intervals. As there appeared to be different information around this, the provider completed a full investigation and identified learning from this for the future. Following our inspection, the provider sent us evidence that they had consulted with the person and their GP to ensure medicines were taken at a time that was right, but also person-centred.
- Staff completed electronic Medication Administration Records, although we highlighted information in these as well as completion at times needed to be more detailed. We saw that the service was addressing this and supervisors assessed staff's medication competency regularly.

### Staffing and recruitment

- People who used the service and relatives told us overall there were enough staff, care calls were not missed and staff were generally on time. People said if staff were late on occasion, the office provided support and people always received an apology.
- Staff had been recruited using appropriate checks. We highlighted that where checks revealed risk, recruitment decisions and safety measures taken needed to be documented more robustly. We were satisfied that this had not resulted in risk or compromised service quality for people.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe with the support from staff. One person said, "That was the whole idea, that they would come and make sure I am alright. And they do that, they do it well."
- People and relatives knew who to speak to if they had any concerns.
- Staff were aware of safeguarding responsibilities and had confidence in managers to address any concerns.

### Assessing risk, safety monitoring and management

- People had a basic assessment of risks to their health and wellbeing included in their care plans.
- Electronic care plans reminded staff what steps to take to reduce identified risks for people, such as regular repositioning and recording thereof. We considered that at times written information could be more person-specific and detailed, although staff were able to describe what steps to take for individuals.

### Preventing and controlling infection

- Personal protective equipment, such as gloves and aprons, was readily available. Staff had been trained in how to maintain good standards of hygiene and infection control

#### Learning lessons when things go wrong

- The governance and operations manager analysed incidents and accidents to identify what steps needed to be taken to prevent reoccurrence. We saw examples of the service having taken such steps.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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

- The service focussed on achieving positive outcomes for people, For example, one person had started using the service on an end-of-life pathway, but with care and support their wellbeing had stabilised.
- The registered manager ensured they supported families and worked with stakeholders to assess people's needs and continue to meet them. The provider was developing people's initial assessments to become more detailed. They explained their support to people with diverse needs at assessment stage.

Staff support: induction, training, skills and experience

- Staff felt well supported and took part in a variety of training. Staff received an induction mapped to the Care Certificate, a recognised set of standards for those working in health and social care.
- Staff received regular supervision, but staff confirmed support was also available whenever they needed it.

Supporting people to eat and drink enough to maintain a balanced diet

- The service provided basic support for people to eat and drink enough, which currently included preparing quick meals or snacks.
- People and relatives confirmed staff helped them in this way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- The service worked together with a variety of professionals to promote people's health and wellbeing. This included working with specialist nurses to continuously develop the service's dementia specialism. The service was introducing new, detailed 'This Is Me' books particularly, but not only, for people living with dementia.
- Staff helped people to see a doctor when they needed to and changes in people's health were communicated effectively.

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and found that they were.

- Staff had a basic understanding of the MCA and promoted people's choice and control over their lives. Electronic care plans included reminders for staff to seek people's consent before providing care.
- There were no current applications to the Court of Protection and the registered manager confirmed none were required. Where appropriate, people's representatives had legal authority, such as Lasting Power of Attorney.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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

- We received overall very positive comments from people who used the service and their relatives regarding the staff team. Everyone we spoke with confirmed that staff treated people with kindness, respect and dignity.
- One person told us, "They are doing a good job. Their attention is good. I have no problems with the carers and we get on well."
- Another person said, "All the carers are lovely. They are happy, very nice and it has been a big help."
- One relative said that sometimes there was some variation in the quality of staff but "the majority of staff are excellent."
- Another relative told us, "They are very good actually, we are very pleased with them."
- Relatives told us that staff members knew their relatives well and considered that at times newer staff did less so, but this was understandable.
- Staff we spoke with talked with pride and dedication about their jobs and caring for people. Some staff came to speak with us although they were on a day off.
- It was clear from staff descriptions that they knew people, their likes, dislikes and individual needs well.
- We discussed that the development of more detailed person-centred plans could help share this knowledge, particularly with newer staff.
- Developing staff's understanding of equality and diversity was a focus for the provider. Staff had completed training around this. The service was also working with a local organisation to raise awareness around Lesbian, Gay, Bisexual and Trans matters.

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

- People using the service and their relatives had been involved in the planning of and decisions over care.
- Where appropriate the service signposted to local independent advocacy services, when people needed someone to speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Staff gave us individualised examples of how they supported people to maintain their independence and as much as possible and preserve their dignity.
- People's confidential records were stored in locked cupboards or accessed through password protected applications. The service had sought the consent of people or their legal representatives regarding the storing and sharing of information.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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

- People and relatives told us that overall care and support were responsive to people's needs.
- One person said, "They do everything I need them to do."
- A relative told us the service's responsiveness compensated for variation in call times. They said, "They are very accommodating to anything, if anything needs to be changed quickly, they are very good at that. They are very good at staying longer if necessary."
- People and their relatives at times commented that knowledge of details in people's care plans varied between long-standing and newer staff.
- Staff we spoke with were knowledgeable about people and their needs. We considered that the development of care plans would help to share this knowledge in more detail, to be clearer to all readers.
- When we inspected, electronic care plans included basic information about people's backgrounds and needs. Care plans included reminders that staff needed to acknowledge, of what they needed to do when visiting people.

Meeting people's communication needs; Improving care quality in response to complaints or concerns  
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received a service user handbook of important information about their care, including the complaints procedure. Information was made available in different formats to be accessible and easier to understand. Care plans included information on how to support good communication with people.
- People and their relatives knew how to make a complaint and who to speak to. Most of them told us they had never had a reason to complain. The service kept a record of all comments and complaints made, as well as actions taken to rectify them. At times these improvements needed to be maintained more consistently.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood the importance of providing company and meaningful interaction with people during their visits. Relatives commented positively about staff's interaction skills and how this helped to reduce isolation.

End of life care and support

- We saw examples of the service caring for people at the end of their life, to follow their wishes to remain in their own home.
- We read several thank you and compliment cards, that praised how staff had been there for people at the end of their life and provided dignified, respectful care.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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 commented very positively about the registered manager and their team, praising them for being easy to talk to. One relative said, "They make you feel as if nothing is too much trouble."
- Managers actively led by example by carrying out care calls, to meet with people rather than, as the registered manager described, "being a voice at the end of the phone."
- Managers acknowledged staff's hard work through recognition schemes and regular gifts to say thank you. The branch had also been accredited as a living wage employer.
- Staff told us how supportive and encouraging the provider was, particularly when staff joined that had never worked in social care before. Staff gave us examples of this support and described the culture of the service by saying, "It is a family run company and that really does show between the staff and the clients."

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

- A registered manager was in post. Staff spoke highly about the registered manager. They told us the appointment of this manager had lifted staff morale and helped the branch to regain stability following a number of changes.
- Ratings from our last inspection were displayed on the provider's website and within the branch, in line with regulations. We confirmed that prior to inspection there had been no events that the provider needed to notify us about.

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

- People who used the service and their relatives told us and we saw that the service regularly sought their feedback through visits or phone calls.
- The provider had also recently carried out a survey for people who used the service as well as staff. We saw that overall comments were very positive. Managers explained what actions they had taken in response to comments about improvement needs.
- Staff had regular team meetings and told us these were well attended. Staff told us these led to improvements, although at times they felt these could be maintained better.
- The service was working with a local Lesbian, Gay, Bisexual and Trans organisation to help develop equality and diversity practice. We heard examples of how the service supported and promoted staff's

diversity.

#### Continuous learning and improving care

- A variety of audits and quality processes were in place to improve the quality of the service.
- We considered with the provider that audits and checks at times needed to be improved to more robustly identify and act on issues, such as relating to medication or recruitment.
- We saw that through monthly updates and action plans the locations overall compliance had improved. Due to changes in the branch, planned developments to person-centred plans and governance arrangements had been delayed, but we saw these had been initiated now.

#### Working in partnership with others

- Although the service was still looking to develop their connections with the wider community and other organisations, we already saw some very positive examples of this.
- The provider and registered manager were part of a variety of networks, to support learning and sharing of best practice.
- Staff supported dementia nurses at a local hospital in the running of a dementia café, for people who used the service, as well as their partners or family. This was a particularly positive partnership.
- Commissioners from the local authority told us they had no concerns about the service. We saw many stakeholder compliments that praised the service and its staff for their kindness and helpfulness.