Chiltern Aegis Ltd

Radfield Home Care Wycombe, Beaconsfield & South Bucks

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Radfield Home Care Wycombe, Beaconsfield & South Bucks is a service providing care and support to people in their own home. At the time of the inspection the service was supporting 40 people. This included both younger adults, people with physical or sensory impairments, and older people. Some people using the service lived with dementia or experienced other mental health support needs.

Not everyone who used the service received personal care. 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 families told us the service was well-managed. People indicated the management of the service was accessible, supportive and approachable. Comments from family members included, "I would definitely recommend Radfield Care to anyone", "The management always have time to speak to you" and "The management are all really good, they are always reassuring".

People's needs were assessed, and care plans provided a holistic picture of people's physical, social and emotional needs. This included information about people's backgrounds, communication needs, protected characteristics, health and nutritional needs. Where appropriate, people were supported by family members as part of assessments and reviews of their care. One relative advised, "I do get full involvement with her care plans and I'm involved in decisions made to her care".

People were supported by staff who were suitably inducted, trained and supported. Staff deployment aimed to provide continuity of care, enough travel time to deliver punctuality and matched staff where specific skills were required, such as knowledge of dementia, epilepsy or stoma care. People received a rota so they knew in advance who would be providing their support. People spoke positively about the punctuality of staff and standards of care. Comments included, "There are no issues with punctuality", "The carers have always arrived on time and cover all their duties both to my satisfaction and my husbands" and "It would always say on the rota who is coming so my mother doesn't get any surprises".

People received person-centred care which was responsive to their needs. Staff could speak in detail about people they support, with knowledge about people's likes, dislikes and preferred routines. People were supported to engage in activities they enjoy. Where people required additional support or their needs had changed, electronic systems enabled care plans to be quickly amended and updates were shared with staff. A relative advised, "I definitely feel the service has really allowed both of us to live life more independently… They respond to anything immediate in a hurry – for example; when my father needed support over the night, they were there straight away."

People told us staff were caring, compassionate and provided safe care. Staff supported people to maintain

their independence where possible and involved people in day to day decisions about their care and support. We received several compliments regarding the approach of staff. One relative advised, "My mother is bedbound but with the professional support she gets, she still feels she can still do all the things that independent people can do to an extent". A second family member advised, "My father is kept very safe from the care he receives. He looks forward to the visits every day. They [staff] are like friends offering support." A third relative told us, "Whenever they [staff] visit, they always spend time and chat before they finish their duties. They are very pleasant and lift the spirits of both my parents."

We found safe care and treatment was provided. People were safeguarded from risks of abuse and other risks, including infection control risks in relation to COVID-19. Safe medicines practice was followed, and people told us they received safe care. Accidents, incidents and complaints relating to people using the service were monitored to identify wider learning for the service.

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, however the recording did not always follow best practice. We recommended the service refer to best practice guidance to ensure written records can evidence how decisions are made and people are supported in their best interests.

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 29/08/2019 and this is the first inspection.

Why we inspected
This was a planned inspection following the service's registration with CQC.

We have found evidence that the provider needs to make improvements. Please see the effective section of this full report.

The service was responsive to our feedback and agreed to improve recording in relation to mental capacity assessments and best interests recording. The service commenced work during our inspection and shared an example of updated and improved documentation.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Radfield Home Care Wycombe, Beaconsfield & South Bucks

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 and one Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 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 19 May 2021 and ended on 28 May 2021. We visited the office location on 19 May 2021 and 20 May 2021.

What we did before the inspection
We reviewed information we had received about the service since it was registered with the Care Quality Commission on 29 August 2019. We also sought feedback from the local authority.

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
During the inspection we spoke with two people using the service and 10 family members. We also spoke with 11 members of staff, including the registered manager, the nominated individual, care coordinator, five senior care assistants and three care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received email feedback from five additional members of staff.

We reviewed a range of records. This included 10 people's care and support plans, as well as people's medicines records where they received support with this task. We looked at five staff files in relation to recruitment, training and supervision. We reviewed a variety of records relating to management of the service including policies and procedures, quality assurance surveys, staff meeting records and evidence of auditing.

After the inspection
We continued to review records shared electronically and continued to seek clarification from the provider to validate evidence found. We sought feedback from professionals and received a response from five professionals during the inspection process.

Good

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 for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

● Some people were prescribed as and when required (PRN) medicines. We reviewed medicines administration records for two people prescribed Cosmocol, which is used to relieve constipation. The PRN medicines record provided a basic instruction, such as 'mix with water' but did not clearly specify the purpose of the medicine, or how staff would monitor whether the PRN had been effective. Staff were encouraged to use an application on their mobile telephone to access information about medicines, but instructions for PRN medicines should be tailored to the person's individual needs. We were satisfied both individuals were able to inform staff when they needed the PRN medicine and the service immediately updated the two medicines records in response to our feedback. Other examples of PRN records we reviewed contained a suitable level of detail.

● We reviewed the service's policy in relation to medicines administration. We suggested the service include information about time-sensitive medicines and incorporate more information about the management of PRN medicines, to ensure the policy reflected best practice guidance. The service was responsive to our feedback and confirmed they would review and update the policy.

● People's care plans and risk assessments identified the level of support required with medicines, any requirements for the safe storage of medicines, and any known medicine allergies. We found evidence the service supported people to independently manage their medicines where possible. One person continued to organise their medicines into a compliance aid, and staff provided reminders to encourage their independence.

● Staff received medicines training, and their competency was assessed. Staff described providing safe medicines support, and new staff confirmed their competency had been checked. One staff member advised, "a supervisor came out, witnessed me giving medication…they wanted to make sure I was competent before assisting with medicines."

● Electronic systems promoted safe medicines practice. Office staff could be alerted if medicines supply was running low, or if staff were unable to administer medicines, for example, if the person refused support. At the time of our visit staff had struggled to successfully support an individual using eye drops whose eyes were frequently closed. The manager of the service received an electronic alert and told us they planned to follow up with the person's family.

● Some people using the service were prescribed creams. Medicines records contained information to assist staff, and staff told us they referred to electronic body maps which showed where creams should be applied. Written instructions included in what circumstances creams should be applied, to which areas of the body, and whether this should be a thick or thin layer.

● One person using the service required medicines to be crushed for safe administration. Staff were provided with detailed instructions and we saw evidence the service had obtained medical advice to

confirm the tablets were formulated for use as a crushed medicine. We spoke with the person's regular carers who were aware of the person's requirements, with one carer advising, "the medicine is crushed and put in a very small amount of water [to administer]."

Preventing and controlling infection

● Staff told us they took weekly tests to check for signs of COVID-19 infection. The management of the service had not sought evidence of staff tests results and in response to our feedback confirmed they would start to do so. This would enable the registered manager to monitor staff compliance with testing and verify test results.

● Staff told us they received sufficient supplies of PPE and test kits for COVID-19. The service had also purchased single use hand towels which enabled staff to carry out hand hygiene in people's homes without using their personal towels. One staff member told us this was useful, because it meant they could be allocated an area within a person's home for hand hygiene, without needing to touch the person's towels or kitchen roll.

● The service's infection control policy had been updated in response to COVID-19, and staff had received infection control training and underwent an assessment of competency. The service had sought feedback from staff via an anonymous survey following the first wave of the pandemic, to ensure staff felt sufficiently supported. The results of the staff survey were very positive, and staff we spoke with provided similar positive feedback. A staff member commented, "They [management] provide PPE all the time, let us know about government guidelines, COVID-19 and how to respond to it. As things are changing, we are constantly updated."

● People and relatives felt protected from the risk of infections. A relative advised, "carers wear all the protective equipment and they keep things very clean." A second relative advised, "I'm satisfied the carers wear the right uniforms and protective equipment for the visits".

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us they felt safe. Relatives commented, "I definitely feel [person's name] is safer with Radfield Care than with previous companies" and "There are definitely no safety issues regarding my father's care and he agrees".

● Staff received safeguarding training and had access to the service's safeguarding and whistleblowing policies and procedures. Staff understanding in relation to safeguarding was monitored through ongoing supervision. A smaller number of staff had received additional awareness training in relation to scams, and the service planned to extend this training across the staff team. This would help staff look for warning signs of postal, telephone or other forms of scams.

● Staff understood signs of abuse and their responsibility to raise safeguarding concerns internally and externally with the appropriate agencies. A member of staff advised, "I received safeguarding training on induction. I would report back to the office…if I felt it had not been dealt with I would go further…I have a booklet and also information in the office about what to do if I needed to whistle blow [report poor staff working practices] or had any concerns."

● There was management oversight of all safeguarding concerns. Managers understood their responsibility to inform the local authority of any potential safeguarding concerns, and we found evidence concerns had been shared appropriately. Where required, the service worked with others to ensure people received appropriate support in response to concerns.

Assessing risk, safety monitoring and management

● Risks to people were identified and managed. We reviewed care plans and risk assessments in relation to moving and handling, falls, use of bed rails, choking risks, eating and drinking, and risks of skin breakdown.

● We reviewed the records for one person prescribed a paraffin-based cream. Emollient creams can be

easily transferred from skin on to clothing and bedding, and testing has shown increased fire risks when fabrics are contaminated. Therefore, a risk assessment should be in place. At the time of our inspection the registered manager was not aware of the risks associated with paraffin-based cream and no risk assessment was in place. The manager was responsive to our feedback and confirmed they would review the guidance shared.

● One person using the service had a diagnosis of diabetes and was at risk of hypoglycaemia and hyperglycaemia. Staff supported the person to manage their diabetes independently where possible, prompting them to monitor their blood sugar levels. The person's care plan included information for staff to ensure they knew how to respond to different blood sugar readings. Staff supporting the individual also undertook diabetes awareness training.

● Some people using the service experienced behaviours that challenged. We reviewed the care plan for one person living with dementia who was at risk of becoming frustrated and had previously kicked out when supported with dressing. The care plan explained how to mitigate risks, describing the person could become frustrated if unable to express themselves and needed time to process information and communicate. A member of staff told us the care plan reflected their experiences of supporting the person, advising the person can get agitated, saying they "step away…give time to calm down, distract, go back, but not continuously trying."

● One person using the service had been supported in relation to fire safety. There were concerns about their ability to safely use matches and an incident took place where they attempted to light a candle with lit paper. The service supported the person to use a long safety lighter and staff reminded the person to blow out the candle at night. This meant the person could continue to use the candle but were supported to manage the associated risks.

● Risks to staff safety were considered. Risks assessments considered the environment staff would be visiting, including any use of cleaning products considered under the Control of Substances Hazardous to Health (COSHH) and risks associated with lone working. Staff were given a safe word which they could use if they were unable to speak freely. Staff working in the evenings used an electronic messaging service to let the service know they had reached home safely. A staff member explained, "They make sure we get home safe, I have to send a message…and if I forget to send a message, they will check."

Staffing and recruitment

● Staff were suitably recruited. Staff completed an application form, attended for interview and pre-employment checks were carried out. These included disclosure and barring checks, references from previous employers and a medical questionnaire. The service aimed to obtain references from all previous employers within the social care sector and obtained character references to provide supporting evidence of good character. Each staff file included a recent photograph.

● A structured induction programme based around the Care Certificate was in place, and staff benefited from a period of shadowing and weekly supervision meetings during the 12 week during induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of staff working in social care. Staff undertook learning and assessments of their competency in key areas such as medicines, infection control and moving and handling, to ensure they had the skills needed to provide safe care.

● People and families told us they believed carers were suitably trained to safely support them. One relative advised, "My father feels very safe…I think the carers are professionally trained".

● Systems were in place to review staff competencies at regular intervals. This included observations of staff working in people's homes to ensure they were working safely. At the time of our inspection all staff had received an observational assessment within the last six months.

● Electronic systems enabled the office staff creating rotas to allocate staff with suitable skills for the person requiring support. For example, the system could identify if the person required someone trained to support

with a stoma and would alert the office staff if a staff member's training profile did not include this skill. Records showed, and staff informed us, they had received training in areas such as diabetes, stoma care and catheter care where this was a requirement for people they support.

● The provider used electronic systems to monitor the growth of the service, staffing capacity and punctuality of staff. This allowed the service to proactively recruit sufficient numbers of staff to meet expected levels of service demand. This was reflected in the feedback of staff. Staff told us they had enough travel time and rotas would be adjusted if they found additional time was needed. Comments included, "We get enough travel time and are paid for it", "Travel time is ok, 99% of the time it's fine" and "I will let the office know if I need an extra five minutes to get to a person…they are absolutely supportive."

● Systems were in place to ensure staff working outside office hours could receive immediate advice and support if they had any concerns for a person's safety or welfare. One staff member advised, "To be able to pick up the phone at any time, and someone to answer you is invaluable. There's always someone on-call." A second staff member added, "The on call service provides excellent backup due to the knowledgeable staff that manage it."

Learning lessons when things go wrong

● Staff understood their responsibility to report incidents of concern. One staff member advised, "I will tell a supervisor or manager what happened, book a slot to come into the office, and will do an incident form."

● Systems logged concerns and complaints, accidents and incidents and safeguarding issues. Records for accidents and incidents showed evidence the service had considered trends and as a result identified one individual at increased risk of falls, which prompted a referral to the falls service.

● The service had a very low level of safeguarding concerns identified, and therefore no trends were apparent. Records showed complaints were resolved and any learning shared with the staff team. Monthly audits of complaints were also undertaken, which analysed whether complaints had been addressed and learning shared. Complaints records and complaints audits we reviewed did not evidence whether any themes or trends had been considered, although the registered manager discussed one trend identified, and explained how this was addressed.

● Learning was shared with staff in several ways to improve people's safety. Bi-monthly team meetings were held, and meetings were staggered to enable all staff to attend. Information was also shared with staff via emails and an electronic messaging group. This meant staff could be quickly contacted with any important updates. We found evidence of learning shared including checking the dates on food in people's fridges and alerting the office when medicines stocks were running low.

Good

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.

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.

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.

● Written records of MCA assessments and best interests decision making was not in line with best practice guidance. Assessments of people's mental capacity was undertaken as part of initial care planning. Any assessments should be time and decision specific, however MCA assessments referred to general statements such as 'to confirm client has capacity' and 'to assess mental capacity level'. Each person's care plan also included a general question 'Are you able to make decisions?' with a space for additional comments. Records lacked detail and in some cases were incomplete. From speaking with the registered manager we were fully satisfied assessments were conducted in line with MCA principles, the manager provided detailed feedback about their approach to MCA assessments and understood MCA core principles. They described rephrasing questions to support people's understanding, returning for a second visit if needed, and ensuring families did not answer for the person.
● The service routinely recorded the initial stages of MCA assessments for people with no impairment of the mind or brain, where there was no reasonable belief the person may lack mental capacity in relation to their care needs. This was not in line with MCA principles, which state it is important to carry out an assessment when a person's capacity is in doubt.

We recommend the service refer to best practice guidance in relation to the Mental Capacity Act 2005, to ensure they can demonstrate how they put guidelines into practice effectively, and ensure that people's human and legal rights are respected.

The service was immediately responsive to our feedback and during the inspection commenced worked to improve MCA and best interests recording. We observed an example MCA and best interests document which was completed to a good standard.

● Each person's care plan included an initial task to encourage staff to seek consent and apply MCA principles. One person told us, "The carers don't carry out any care without consulting me first". Where people had support from family members with decision making, we found evidence people were appropriately consulted. Comments included, "I take an active part in decisions about his care" and "I feel that any decision for her care is made for her own best interests".
● People's records documented whether they had a DNACPR in place and where this was located. DNACPR stands for do not attempt cardiopulmonary resuscitation and a DNACPR form is used where a decision has been reached that if the person's heart or breathing stop, cardiopulmonary resuscitation (CPR) should not be tried. Some people using the service had appointed a Lasting Power of Attorney (LPOA). We saw evidence LPOA documentation was checked and found this stored on people's care files.
● Staff had received training in relation to MCA. Staff ID badges included a quick reference guide to the key principles of MCA, and staff knowledge was also checked as part of supervision. Staff we spoke with could describe how they applied training in relation to MCA in their everyday work. One staff member advised, "I would assume the person has capacity, and if someone is lacking capacity I will support them to make a decision, such as picking out two to three meals options to give them a choice." A second staff member said, "I help support them to make decisions, they have right to make unwise decisions, I explain the risks."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed prior to the delivery of care. An initial assessment explored people's physical, social and mental wellbeing needs, also identifying any areas of risk. The assessment explored the person's background, things which were important to them, and what outcomes they wanted to achieve by having care and support at home.
● People's cultural, religious and other protected characteristics were identified, and care plans contained more detailed information where this was found to be of particular relevance to their care and support. For example, one person followed a diet which adhered to their religious beliefs. This had been explored as part of their care needs assessment and their care plan contained information about foods they avoid and other foods they preferred to eat.
● Staff were trained in equality and diversity to enable them to support people appropriately. Staff were able to access information about different religions and cultures which supported both assessments and care delivery.

Staff support: induction, training, skills and experience
● Staff were trained to meet people's needs. The service identified core training to give staff the knowledge and skills to support people. This included an induction based around the Care Certificate with additional mandatory training in subjects including dignity in care, pressure care, dementia and end of life support. Where required, staff received additional training to support individual needs. Records showed some staff had received training in relation to diabetes awareness, epilepsy awareness and stoma care.
● People and relatives told us staff appeared well trained to meet their needs. Comments included, "The carers have 100% training to look after my father" and "I feel that over all the carers are well trained."
● Staff were offered opportunities to undertake further training and qualifications, and at the time of our inspection a number of staff were undertaking a level five diploma in health and social care. Staff advised if they had an area of interest the service supported them to access learning, such as e-learning, to improve their knowledge. A focus on staff development was supported by yearly appraisals and supervision. Staff comments included, "good support system with supervisors" and "It's down to the management here, just

so nice and very supportive. I'm starting to do my level five health and social care [qualification]."

● The service was accredited as a Disability Confident employer, meaning the service was committed to ensuring staff members with disabilities were able to access support, training and career progression by putting in place reasonable adjustments. We viewed and spoke with staff regarding adjustments in place to support staff with dyslexia. A staff member described their induction experience as brilliant and said, "With Radfield I am supported with learning."

● An external audit had identified the minimum frequency of supervisions was insufficient to evidence staff received regular supervision support. This was because the service alternated supervisions with quarterly observations and reviews of key competencies. This meant staff supervision could potentially take place twice a year only. The registered manager had been responsive to feedback and advised moving forwards staff would receive supervisions in addition to the other quarterly checks. Staff told us they received regular supervision and this support often occurred outside formal supervision sessions. At the time of our inspection most staff had received a supervision within last three months. Staff comments included, "Managers offer so much support" and "I know I can always call them and know I can get the support from them."

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

● People were supported to eat and drink well. People's care plans included information about likes, dislikes and cultural or religious preferences. We observed one individual was supported to follow a diet in line with their religious beliefs. The service also encouraged people to remain independent where possible. One relative advised, "The carers identify the things my father can still do like cooking."

● People told us they were involved in decisions about their meals. One relative advised, "Carers always ask my mother what food she wants rather than just go ahead and give her what they think". A second relative added, "My father has a choice of what he wants to eat and the carers often ask him if there's anything else he wants".

● One person's ability to prepare food varied according to their health on a day to day basis. Staff supported the person to batch cook their preferred meals, which meant on days they were not well enough to cook, they could still eat meals of their choice.

● Another person using the service was at risk of choking and required pureed food and thickened fluids. A detailed care plan was in place. The person's regular staff described providing appropriate support at mealtimes. A staff member advised, "I prepare meal in microwave and make sure there are no hard pieces… I have to double check the care plan [for thickener dose] as this could be changed by doctor…I make sure I use the scoop [of thickener], make tea and stir well."

● Staff received food hygiene training. We found evidence staff had been encouraged to label food taken out of the freezer to enable them to monitor how long items were kept in the fridge. Some people's care plans required staff to monitor use-by dates to ensure people did not consume spoiled food products.

● Staff described supporting choice and promoting healthier options. One staff member described checking previous notes to see what the person had eaten and if they wanted a treat such as pizza, would also offer a healthy snack such as dried fruit. Another staff member advised, "I can't assume someone wants porridge for breakfast, even if they have this every day, I always ask and try to involve them." A third staff member told us, "I always offer a choice based on what they have available, I always give two options."

Staff working with other agencies to provide consistent, effective, timely care

● Staff described accessible and responsive systems of communication between staff working in the office and staff working in the community. Staff told us people's care plans and medicine administration records (MARs) were promptly updated to ensure support was timely, for example, when someone was prescribed new medication by their GP. One staff member told us, "for medication changes, if a dose has changed, I give [the office] a call, and it is sorted by next visit."

● Hospital passports were in place to provide essential information when people transferred from home to hospital. Records we reviewed contained important information such as the person's medical diagnoses, any allergies and the person's communication needs.
● Systems were in place to provide a timely and coordinated handover of information between staff working outside office hours and day staff. This included a regular Monday meeting to ensure any concerns for people's welfare were followed up with the appropriate external agencies.
● Professional feedback we received indicated the service worked cooperatively with other agencies to support effective care. The service also made contact with health professionals such as GPs and pharmacies to notify of their involvement and provide contact information. One professional advised, "I have always received a quick and comprehensive response. Where the enquiry has progressed to assessment this has been carried out in a timely and professional manner."

Supporting people to live healthier lives, access healthcare services and support
● People were supported to access healthcare support. Staff described monitoring the well-being of people they support, including regular checks of people's skin where support was provided with personal care. One relative advised, "There was an occasion when my mother felt unwell and the carers immediately contacted the office and I was informed straight away and a doctor was contacted…I would say I'm very impressed with the speed this was managed". Another relative added, "On a few occasions the carers have contacted the doctor when my father's been ill, and they keep me in the loop with every stage of his care which is nice".
● We viewed records of staff handover meetings which showed contact had been made with appropriate health services when people's needs changed. This included contacting GPs, pharmacies and district nurses, for example, when someone experienced a skin issue, problems with a catheter or were running low on medication.
● Some people using the service required chiropody support. The service had identified a recommended local chiropodist and supported some individuals to access this service. We saw evidence the service was in contact with the chiropodist to help people access treatment, such as ensuring a staff member was present to let the chiropodist into the address.

Outstanding ☆

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 Outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

● Staff challenged themselves and colleagues to provide exceptional support. A workshop had been held to seek staff input on how to define and put into practice the goal of providing exceptional care by exceptional carers. Staff feedback was documented and an action plan was created to encourage staff to go the extra mile as part of their daily interactions with people. Staff comments from the workshop included, "companionship is an important part of caring…find out what makes them happy", "Listen to them and really hear what they are saying" and "Treat the person as if they were your own, in terms of respect and care."

● Management of the service consistently demonstrated genuine care and respect for people through gestures of kindness, such as helping people to celebrate birthdays and cultural celebrations such as Valentine's Day, Hanukkah and Christmas. One person contacted the service to thank the "brilliant team" for a gift of Valentine's roses. The service also took into consideration whether people had family support, for example, by delivering Easter eggs to people who did not have family able to visit.

● All staff received mandatory training in relation to dignity in care as part of induction and staff signed a dignity pledge as a commitment to support people with kindness and compassion. The office dignity tree displayed pledges made by staff.

● Managers and staff considered the impact of the COVID-19 pandemic, particularly where individuals were isolated from family and friends during lockdown restrictions. People received lockdown treat boxes including items such as a crossword book and pen to help people occupied during continued national restrictions. One person commented, "The carers have been very supportive to both of us through the COVID-19 pandemic". A relative added, "The COVID-19 [pandemic] has not proved any issue because carers have been keeping him company and I have also been in his support bubble."

● Staff received training and information to enable them to fully understand and respect people's diverse backgrounds and beliefs. The service had developed an information resource for staff providing detailed information about different religions and cultures, including LGBT history. The resource contained relevant information, such as views and traditions in relation to greetings, diet, preferences for personal care, support during the final stages of life and attitudes in relation to medicines. The management were clear that whilst the resource aided understanding, this would not be used to make assumptions in relation to people's individual views and wishes.

● There was a focus during recruitment on appointing staff who demonstrated empathy and a genuine desire to work in care. Every member of staff we spoke with was committed to providing an exceptionally caring experience for people they support. Managers were dedicated to fully supporting the staff team,

including provision of mental health first aid and emotional support, to enable staff to be fully equipped to deliver excellent care. This formed part of the company values. The registered manager reported, "We are a family, care about our people, believing passionately that by treating our carers as a trusted family, we can empower them to treat our clients with warmth and respect."

● Staff placed an emphasis on building trusting and positive relationships with people and families. Staff were described as caring, kind and passionate. One relative told us, "The carers are very friendly, and it feels the relationship is like an extended family." Another relative told us, "They sit and talk to him while they work and make him laugh." A third relative submitted a compliment to the service about their experiences of changing care provider to Radfield Home Care, explaining, "I should pass on to you our appreciation for the quality of the care…the degree of interaction they display towards [person's name]. When I spoke to [person's name] on the phone today she was telling me what lovely people she had looking after her – it is the first time she has ever made a comment of that nature." The consistent efforts made by staff to truly engage with people they support helped people to feel listened to and valued as more than simply customers of the service. This was summed up by one person who told us, "They are like friends offering support."

● The service aimed to provide each person with regular care staff, and where possible new staff attended an introductory visit. This promoted person-centred care, as staff were encouraged to learn people's likes, dislikes and routines. This also meant the service could ensure staff personalities and interests would be a good match for the person. Staff felt this was effective and feedback from families indicated there was continuity of care. Comments included, "They have about five carers that visit regular so they can build up a good relationship" and "The carers are hand-picked for her needs and this ensures continuity".

● Every staff member we spoke with described learning and considering people's preferences and personal histories. Staff could speak about people they regularly support in detail, and staff were highly motivated to provide person-centred care. A staff member advised, "Once I know them, I pay attention on their likes and dislikes, I see them as if they are my own parent, I won't leave their premises until I know they are comfortable and will be ok until next carer comes, I try to develop a personal bond with them."

● Staff showed insight into the importance of effective communication, and sensitively offered emotional support as an important part of care. One staff member described for people they support they could tell if they are having a good day, and try to adjust their approach where needed, such as recognising when someone might want some quiet time to rest or read. A relative told us, "They are like a buddy and look after her mental health as well as her physical health." A second relative added, "I feel the carers are well trained to react to my mother's changes of mood".

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

● Care plans contained a one page profile, written with input from people, which helped staff and managers understand their views, preferences, wishes and choices. Sections included 'What is important to me', 'Things to know about me' and 'What others appreciate about me'. Profiles reflected detailed information about people's backgrounds, personalities, hobbies, communication needs and future wishes. This process helped the service gain real insight into the decisions people made about their support. For example, one person had been resistant to moving into a care home and the service learnt being able to spend time observing their garden was significantly important because their spouse used to tend the garden, and their ashes were scattered there. This helped the service understand why it was so important for the person to remain supported in their own home.

● The service launched a 'Wishes and Dreams' scheme in November 2020 as an innovative way to help people fulfil goals and aspirations. Staff were encouraged to get to know people's interests and wishes to enable the management of the service to organise for 'dreams' to come true. The restrictions in place due to COVID-19 meant it wasn't yet possible to meet some people's wishes, however we saw evidence some people had benefited from this scheme where activities could take place in their own homes. For example,

two people using the service were passionate about dogs, and the service took a dog to spend time with them, and provided electronic breathing dogs which are designed to provide reassurance and comfort.
● People received information regarding local advocacy services. Information was included as part of a welcome information pack and a reminder about local organisations was included within a newsletter shared with people and families.
● The service identified where people wanted or needed support from their representatives, such as close family, with decisions about their care and support. Records of care plans, mental capacity assessments and care reviews showed evidence of input and support provided by family members. Relatives were encouraged to share feedback about the person's history and previously known wishes to ensure decisions could take important information about the person into account. One family member commented, "I take an active part in decisions about his care."
● Rotas were arranged to ensure staff had sufficient time to engage with people and involve them in day to day decisions about their care and support. For some people living with dementia this was important to ensure people could be offered choices and the time to process information, make decisions and communicate their wishes. A member of staff advised, "One person I go to with dementia… has good and bad days with sentences, some days she might understand and respond, other days I might need to repeat five-six times…I speak slowly, repeat if needed…be patient for her to respond." This feedback was supported by comments from relatives who described patient and effective communication. One relative advised, "[Person's name] had a stroke and he's hard to understand but carers are very patient with him". A second relative added, "My mother gets on with them well and they are very talkative…they spend enough time with my mother without seeming rushed as this is required for my mother's dementia."

Respecting and promoting people's privacy, dignity and independence
● People were celebrated as individuals and the service identified creative ways in which to support people's needs in relation to protected characteristics. One younger person's care plan took into consideration their protected characteristics in relation to sexual orientation, and their care plan reflected their physical, emotional and social needs. The person's regular carer was able to speak in detail about the person's interests, career aspirations and activities they supported the person to engage with. The service planned to support the person to attend Pride events once COVID-19 restrictions were lifted.
● Staff scheduling proactively considered people's preferences, needs and protected characteristics. This included issues such as whether the person would like male or female staff, cultural needs, and if staff required specific language skills. The service also considered people and staff personalities when identifying suitable regular staff. The service aimed to provide continuity of care from regular staff. One relative told us, "The management have also been very good in knowing which carers my mother warms towards and they allow those people to visit more frequently."
● Staff feedback showed a deep respect for the privacy and dignity of individuals. One staff member told us how they sensitively supported an individual who experienced incontinence but lacked insight into their needs. The staff member told us they would gently encourage the person to change their clothing and incontinence pad and would discretely check the person's bedding and dressing gown to see if items needed washing. The staff member advised they used a quick washing machine cycle to swiftly deal with anything soiled to help reduce any odour and would carry out these tasks without making any references to incontinence. This helped protect the person's dignity and self-esteem.
● People and families told us they were treated with the utmost dignity. The overwhelmingly positive comments we received included, "They are genuinely caring and approachable", "I can't fault the carers for the caring and kind nature to my husband" and "The carers are very respectful of my mother and definitely treat her with dignity."
● Staff were highly skilled to encourage independence. A staff member advised, "I try and get them to do as much as they can, someone may be able to give their face a wash…or someone who needs help with pulling

up trousers and socks, they try and do as much as they can." Feedback showed this approach of supporting and encouraging independence and activity helped promote improved quality of life. One relative submitted a compliment to the service, advising, "[Carer's name] needs carer of the month. She is so good with mum and always gets her out even though mum doesn't want to go initially, she has really good empathy and persuasive skills without upsetting her."

● Staff maintained confidentiality as part of measures to ensure people's privacy. Staff we spoke with were clear they would not share confidential information without a valid reason, such as to protect the individual from harm. Staff consistently used initials throughout our inspection when referring to people, which was an approach taken by the service to reduce the risk of a breach to someone's privacy.

Good

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; 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

● People's care plans contained person-centred detail, describing how people wished to be supported, considering their levels of independence and preferred routines. One person was supported in bed, where they received assistance with personal care. Their care plan contained detailed instructions for staff such as the water temperature the person preferred, days the person liked their finger and toe nails cleaned thoroughly and areas of the body the person wanted to wash each day, with instructions to wash gently due to the person's pain levels. This person's care plan and other care plans we reviewed reflected that some individuals may not wish to have a full body wash or shower daily, and staff supported people in line with their wishes.
● Care plans included information about people's life story and things which were important to them, including factors in relation to their protected characteristics. A family member advised, "They read all my [relative's] past reports…so they knew what she was about and to tailor the care to her needs…they build the package around the person rather than doing a job….She likes photography and the carers have arranged a contact group to keep this interest active. I feel this really encourages her independence as well as improving her mood".
● Some people were supported by staff to pursue their preferred activities, and care plans contained information about people's hobbies and interests. We viewed daily records which evidenced people were supported with activities such as getting to the hairdresser, going for a walk or a drive, and engaging in activities at home. One person had been supported to attend an art show and we heard other activities would be planned after the easing of COVID-19 restrictions. Another person spoke French as a second language and a French speaking carer was assigned to engage in conversations with them.
● Electronic systems supported people to receive timely support when their needs or preferences changed. People's care records could be updated in real time by office staff and the service used an electronic messaging group which could be used to quickly update staff of any changes or updates. One staff member advised, "Say I've reported [a change] at lunch, and gone back at tea, it's adjusted already…the care plan's updated."
● The service aimed to provide each person with regular care staff, and where possible new staff attended an introductory visit. This promoted person-centred care, as staff were encouraged to learn people's likes, dislikes and routines. Staff felt this was effective and feedback from families indicated there was continuity of care. Comments included, "They have about five carers that visit regular so they can build up a good relationship" and "The carers are hand-picked for her needs and this ensures continuity".

Meeting people's communication needs

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's communication needs were clearly identified. Care plans identified where individuals needed support to communicate effectively, for example, due to cognitive impairments or sensory loss. We reviewed the records for one person living with dementia and hearing loss. The person was at risk of becoming distressed as they found communication difficult, and sometimes used the wrong words. Staff were encouraged to speak slowly in simple sentences, observe the person's body language and give the person enough time to process information. The care plan gave examples of how to break down instructions into shorter, more easily understood sentences.

● Relatives told us staff communicated effectively. Relative comments included, "They communicate well" and "My mum gets really confused, but she has confidence when explaining things to the carers and building a relationship."

● Staff showed insight around supporting people with differing communication needs relating to hearing loss, dementia and other mental health needs. A staff member advised, "[person's name] suffers from anxiety, and gets nervous if someone comes in too loud, I make sure I speak slowly and softly." Another staff member told us, "I try to listen more instead of finishing their sentences or making assumptions…I always try find other ways to communicate, for example, there's a client who has problems hearing, I try to speak clearly so they can read lip better. Failing that, I write things down for them."

Improving care quality in response to complaints or concerns

● The complaints procedure we reviewed was not fully accessible. The policy confirmed oral complaints would be accepted and a member of staff would suggest a resolution, however if the person was not satisfied with the suggested resolution, the policy instructed staff to ask the person to put their complaint in writing. This could create a barrier for people unable to make written complaints. The policy was immediately updated in response to our feedback and we found no evidence people had been restricted from raising concerns or complaints.

● People received information as part of a service welcome pack about how to raise a concern or complaint. One person commented, "I don't have any complaints but if I did, I would have confidence in knowing who to contact". Other comments included, "We have reported no complaints whatsoever" and ""My father has used the service for a year and we have had no complaints in any shape or form, in fact the opposite".

● Records showed verbal complaints were accepted and appropriately investigated. We found evidence people received an apology, when appropriate, and learning was shared with the care team to improve practice.

● A recent team meeting included information around compliments and complaints to raise staff awareness. Staff we spoke with were clear about their responsibilities to report any concerns or complaints to the manager.

End of life care and support

● People were supported to express their needs and wishes as part of end of life care planning. We reviewed records for a person receiving end of life care. An end of life care plan was in place which explored the person's religious views, who they would want to make decisions if they were unable to do so, managing pain and discomfort, and support for the person's emotional wellbeing.

● Staff we spoke with, who had experience of providing end of life support, described how they would deliver sensitive and dignified care. A staff member told us about their first experiences of providing end of life care, advising, "[the person] was as comfortable as she could possibly be and her wishes were met,

towards the end was a huge learning curve of how to gently roll and how to carry out personal care gently…I learnt a lot…this was a very humbling experience…knowing it was all dignified for her."

● The service had offered follow up support for one family following the death of their loved one. Records showed care staff had supported the family to sort through personal belongings when the family were finding this an emotionally difficult task.

● The service had an end of life care policy in place which reflected national best practice guidance. Staff received end of life care training and the service held a themed team meeting to further raise staff awareness. A person attended to share their experiences of a family member's end of life support to aid staff understanding.

● The service had identified a local organisation which offered support and practical information for people around planning for end of life support. Details of the organisation had been shared with people and families via a newsletter to raise awareness of the organisation.

Good

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 relatives told us the service was well led and supported them to achieve good outcomes. Comments about the management of the service included, "The management always have time to speak to you", "I would be proud to recommend Radfield Care, because I want others to get the same level of care as us" and "The manager is always available to talk to, nothing is too much for her…since the carers have been involved, they made a huge difference to our lives".
- The service had a clear vision and strategy to create a positive staff culture, to in turn promote high quality care for people. Managers told us they considered as part of staff recruitment whether they would be happy for the person to care for their own family. Staff demonstrated a commitment to providing high quality, person-centred care. Staff comments included, "Clients have care which is dignified, exceptional, we go above and beyond" and "They have restored my faith in the care industry…coming to a company that actually do care is really refreshing."
- Staff told us they felt supported. The service had an open-door policy, including a lounge where staff could drop in between visits, and placed an emphasis on supporting staff wellbeing, including staff mental health. The management of the service made efforts to demonstrate their appreciation of staff, for example, by sharing goodie bags to recognise the hard work of staff during the pandemic lockdown and summer heatwave conditions. Staff comments included, "They like to make it feel like a family", "Any problems, work or personal, I can come and speak to [registered manager's name]" and "Everyone is so lovely and…I want to go to work. Its down to management here, they are just so nice and very supportive."
- Staff told us they were treated equally, and the service was committed to promoting inclusion in the workforce. The service was accredited by the Living Wage Foundation and an accredited Disability Confident employer. A staff member advised, "Treat all of us equally, they are very supportive as well."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and the staff team were clear of their roles and responsibilities. Managers understood their responsibilities in relation to regulatory requirements and submitted required notifications to CQC.
- The registered manager demonstrated commitment to their own continued development, including keeping updated with changes to best practice guidance shared by CQC and other key organisations.
- The service had a schedule of monthly audits in place, which included audits of care plans, daily care

records, medicines records, staff files, safeguarding and accidents and incidents. Most audits we reviewed contained no actions and some audits restricted the auditor to yes or no responses, meaning audits were not always an accurate reflection of the auditor's findings. For example, where a staff member was still within their probation period, some of the questions within the staff file audit were not applicable, but could only be logged using yes or no responses. The audits were not fully effective as they had not identified issues we found, such as poor recording within mental capacity assessments (MCAs). The monthly audit system also meant the service had not effectively captured or analysed a longer-term picture of themes or trends across the service. The service was responsive to our feedback and told us they planned to review audits in place, commence a system of three-monthly audits which could look at wider trends, and planned to appoint a quality assurance lead.

● The service was supported by the provider in auditing of the service. We viewed the results of an internal provider audit and an external audit which had been commissioned by the service. The audits identified required actions which was addressed, such as the need for more regular supervision meetings with staff who had completed their probation period.

● Staff understood their responsibilities in relation to confidential data. We observed paper records were kept securely at the office location and other information was held on an electronic system with restricted access. Staff routinely used people's initials when sharing information via phone or electronic messaging as part of good practice. A staff member summarised how they maintain confidentiality, advising, "By not talking about clients in public, not talking about clients to other colleagues unless they need to know, using initials when speaking."

● Systems were in place to recognise and celebrate staff success. This included an employee of the month scheme.

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

● Systems were in place to seek feedback from people using the service. In addition to seeking feedback as part of care reviews, the service had asked people to complete a survey about their experiences of care support and contact with the office. We viewed the survey results which were mainly very positive, and analysis had been completed. This was used to identify areas for further improvement, such as ensuring people were informed of any changes to rotas and encouraging staff to identify where more travel time would help improve punctuality.

● Systems were in place to seek feedback from staff via supervision, team meetings and staff surveys. Electronic surveys enabled staff to give anonymous feedback, to encourage open and honest responses. We reviewed the results and analysis of the most recent survey, which gathered staff views in areas such as training, management support, care plans, PPE, personal safety and overall satisfaction. Results were generally positive and actions identified were shared with staff. This included further plans to support staff development, such as creating 'care champions' to enable staff to specialise in areas of specific interest.

● Staff we spoke with felt able to raise feedback or suggestions, and told us they would call or come into the office if there was anything they wished to discuss. One staff member told us, "Radfield Home Care has an open door policy and we can raise concerns and make suggestions, and feedback is always given back."

● During the pandemic, the service had where possible continued to develop links with the local community and supported charitable organisations of relevance to people they support. Prior to the pandemic the service had attended charity and community events, such as a music café supporting people with dementia.

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 provider understood their responsibilities in relation to the duty of candour, and we observed a duty

of candour policy was in place.

● Managers at the service demonstrated an open approach when dealing with matters such as incidents or complaints. Records showed the service had provided feedback and an apology to people where this was required. For example, a neighbour raised concerns staff were accidentally disposing of used gloves into the wrong bin. The manager of the service visited with flowers to apologise and explained the actions taken to address their concerns, which included sending a message to all staff about the issue.

Working in partnership with others

● Professional feedback indicated the service worked effectively in partnership with other organisations. This included care brokers who support the local authority to identify appropriate home care provision for people who receive a direct payment or fund care privately. One professional commented, "They will endeavour to support a care package regardless of complexity or in some cases very short lead times when sourcing via hospital discharge teams." A second professional commented, "I have always received a quick and comprehensive response."

● The service had developed links with other community organisations or services to benefit people using the service. This included links with a home hairdresser and chiropodist service. This meant the service could signpost individuals to other services and offer support where necessary, such as arranging for a staff member to be present to let a professional into the person's home.

● At the time of our inspection the service was in contact with another care company who were shortly due to close. We observed the service working supportively and cooperatively to help facilitate a smooth handover for individuals. This included appropriate information sharing to help ensure people received continuity of care.