

IH Briarhill Ltd

Radfield Home Care Newcastle upon Tyne

Inspection report

Dobson House
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Newcastle Upon Tyne
Tyne And Wear
NE3 3PF

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Website: www.radfieldhomecare.co.uk/256/about-us

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 Newcastle upon Tyne is a service providing personal care to people living in their own homes. At the time of our inspection there were nine people receiving personal care. 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

There was a safeguarding system in place. People told us they felt safe with the staff who supported them. One person said, "I'm doing very well with this agency. I feel very safe with everyone that comes here." A staff member told us, "I strongly believe that people are safe with the staff teams, I feel that the management team are very approachable and will solve any problems that I and others feel need raising."

Medicines were managed safely. Recruitment was ongoing. Whilst there were sufficient staff deployed to meet people's current needs, the registered manager told us that a delay in DBS checks and increased fuel costs had impacted upon recruitment.

People and relatives told us that staff used PPE appropriately to help prevent the risk of cross infection. One relative said, "They always wear gloves and aprons – yes, they do. The carers have had spot checks done on them too." We have made a recommendation about staff COVID-19 testing.

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.

An effective system was in place to ensure that staff were competent, trained and supported. One staff member said, "I have had a great induction and a lot of training making me feel confident in my role for example, catheter care training, medication training and manual handling training."

People and relatives told us staff were caring and treated people well. Staff gave us examples of how they not only met people's physical needs, but also helped promote people's emotional wellbeing. For example, one staff member bought sponge cakes and scones for a person who was feeling a little down.

People and relatives told us that staff were responsive to their needs. One relative told us, "I think they're very responsive - yes, the staff are all so patient."

People and relatives spoke positively the service. Comments included, "I think the agency is very well run, the manager knows exactly how she likes things to be" and "I think they are outstanding. I would give them top marks."

Staff also spoke highly about working at the service. One staff member stated, "Radfield is a great place to work and I would recommend this to friends and family, and I would be happy to have a member of Radfield caring after a loved one of mine."

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 21 April 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Good ●

The service was 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 Newcastle upon Tyne

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector and an 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was announced. This was because it is a small service and we needed to be sure that the provider or the registered manager would be in the office to support the inspection.

Inspection activity started on 8 June 2022 and ended on 23 June 2022. We visited the location's office on 23

June 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

A Provider Information Return (PIR) was completed prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people and one relative by phone. We also emailed a relative for their feedback. We spoke with the registered manager and a care worker. We also emailed five care staff including the field care supervisor and received responses from three staff about what it was like to work for Radfield Home Care Newcastle upon Tyne. We reviewed records which the registered manager sent us remotely including records relating to three people's care, staff training and recruitment and the management of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding system in place. People told us they felt same with the staff who supported them. Comments included, "Oh yes, I always feel very safe" and "100% safe."
- Staff raised no concerns about staff practices and had undertaken safeguarding training.

Assessing risk, safety monitoring and management; preventing and controlling infection

- Risks were assessed and monitored via an electronic care management system.
- An infection control system was in place. Staff confirmed there was sufficient PPE and people and relatives told us staff wore this during their visits. One relative said, "I've always seen them to wear PPE. They're still doing it. We always feel very safe around them."
- Records did not always demonstrate that staff followed government guidance in relation to COVID-19 testing.

We recommend the provider revisits COVID-19 testing guidance with staff to ensure best practice guidance is followed.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs.
- Safe recruitment procedures were followed. Checks such as Disclosure and Barring Service (DBS) checks were obtained. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruitment was ongoing. The registered manager explained that a delay in receiving DBS checks and increased fuel costs had impacted recruitment.

Using medicines safely

- A system was in place to help ensure medicines were managed safely. People and relatives told us there had been no issues with medicines management. One person told us, "Everything is good with my meds. I think that so far things have gone really well since coming out of hospital."

Learning lessons when things go wrong

- Accidents and incidents were monitored electronically and analysed so any trends and themes could be highlighted, and action taken to reduce the risk of any reoccurrence.
- Lessons learnt were shared with staff during staff supervision and meetings.

Is the service effective?

Our findings

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

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

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

- Care was delivered in line with best practice guidance and legislation. People's needs were assessed before they started to use the service to ensure staff could support them.

Staff support: induction, training, skills and experience

- An effective system was in place to ensure that staff were competent, trained and supported. People and relatives told us that staff were knowledgeable about people's needs. One relative said, "I think they are well trained. I am always at hand, but I still think they're very well trained at their jobs."
- Staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A staff member told us, "I think the company are very good at training staff up who can come in with no experience."
- Staff competency in all areas of care and support were checked by management staff. In addition, the provider had sourced an external nurse assessor to check the competency of staff in performing a medical procedure.

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

- People were supported with eating and drinking where this was part of their plan of care. Information was included in people's electronic care plans in relation to their dietary preferences and support.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked with health and social care professionals to ensure people's needs were met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager told us that no one using the service was subject to any restrictions placed upon them by the Court of Protection. Information about whether an appointed Lasting Power of Attorney (LPA) was in place was included in people's electronic records.
- Consent to care information was included in people's care plans.

Is the service caring?

Our findings

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

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

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

- People and relatives told us staff were caring and treated people well. Comments included, "The staff are willing to do anything I ask them to do" and "I'm really happy with everything, they've got me going and everyone really looks after me well."
- We read how staff not only met people's physical needs but also helped promote people's emotional wellbeing. Examples included taking flowers to a person's husband after their wife had died, a staff member mowing a person's lawn in their own time, looking after a person's cat whilst they were in hospital and buying sponge cakes and scones for a person who was feeling a little down.

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

- People and relatives told us they were involved in people's care. Comments included, "When we initially started the care plan, the manager from the care agency came around to have a chat with us. They wanted to see what help we needed" and "I've always felt really involved in my husband's care. I'm usually hovering around them and if they ever need anything, then they just give me a shout."
- People were involved in regular reviews of their care. Face to face and telephone reviews were carried out.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted. This was confirmed by people and staff. One member of staff told us, "They are a very friendly company who get on well with all clients enabling a trusting bond. The company is very strong about privacy and dignity which I also love as the clients always need this."
- Care plans contained information about how staff should support people in a dignified and respectful manner. They also included information about people's goals such as being independent and remaining at home and how staff should promote this.

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

- People and relatives confirmed that staff planned and provided person-centred care. Electronic care plans were in place which provided important information about people's care and preferences.
- Staff knew people's needs and could explain these to us. One staff member told us about one person they supported. They stated, "We know exactly how the client likes their breakfast, which cup they like to use, they wear their socks inside out which all staff on this call are aware of, even down to having a shower, the client has a particular morning routine."
- Reviews were carried out to ensure the care provided, met people's needs.

Meeting people's communication needs

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

- The provider was meeting the AIS. Information regarding people's communication needs was recorded in people's electronic care plans. The registered manager told us that information in various formats could be accessed for people if this was required.

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

- Information about people's culture, beliefs, lifestyle and important relationships was included in people's electronic assessments. This information helped staff know and understand people better.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. One person told us they had raised an issue with management staff which was "dealt with appropriately." No other concerns were raised by people or relatives.

End of life care and support

- No one was receiving end of life care. The registered manager told us that they would work with health and social care professionals to ensure people's wishes were respected and their needs met at this time.
- Management staff were completing an end of life training programme so they could teach staff in this area

of 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.

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

- People and relatives spoke positively about the service and the staff. Comments included, "I think they do everything really well; they always ask if anything else is needed. I can't really think of any improvements." "What do they do well? They're all very friendly and helpful. I like them all."
- There were systems in place to involve people, relatives and staff in the running of the service.
- Staff told us they felt supported. One staff member stated, "The company are always there for you and always just a phone call away when needed. I cannot praise them enough for supporting me to work around childcare and the way they deal with clients."

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

- The registered manager was aware of their responsibilities under the duty of candour. The duty of candour regulation tells providers they must be open and transparent with people about their care and treatment, as well as with people acting on their behalf. It sets out some specific things providers must do when something goes wrong with someone's care or treatment, including telling them what has happened, giving support, giving truthful information and apologising.

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 staff were clear about their roles. The registered manager was supported by the nominated individual/directors of Radfield Home Care Newcastle upon Tyne. As a franchise partner of Radfield Home Care, they also had full access to information and support from the franchisor's head office.
- People and relatives spoke positively about the registered manager and the management of the service. Comments included, "I do know the manager very well, she is extremely responsive and is on the ball. She is very particular. Also, if there have ever been any shortages, she'll fill in if needs be" and "I do think the agency is very well managed."
- A field care supervisor had recently been appointed. They explained they carried out staff spot checks, supervisions, competency checks and helped to update care plans. They also supported new staff in their role.
- An electronic monitoring system was in place to monitor the service and the care provided in 'real time.' This meant that immediate action could be taken if any issues were highlighted.

Working in partnership with others

- Staff liaised with health and social care professionals such as district nurses, social workers, GPs and pharmacists to help ensure people received joined up care.