

# Aggregate Holdings Limited

# Radfield Home Care, Liverpool South

## Inspection report

Unit A4B, 25 Goodlass Road  
Liverpool  
L24 9HJ

Tel: 01516650520

Date of inspection visit:

01 December 2020

02 December 2020

03 December 2020

Date of publication:

18 December 2020

## 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, Liverpool South is a domiciliary care agency providing personal care to eight people at the time of the inspection.

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's experience of using the service was positive. People were happy with the staff who visited them and felt safe with the support they provided. People received visits from regular staff.

People were contacted regularly by managers to review their service and to ensure they were happy with their service.

People spoke positively about the staff, the provider and managers. Their comments included, "[Name] is the best carer we've ever had. Trust her. Always asks if there is anything to do and does it. Can't do enough to help" and "I am happy with the service and like the staff I get".

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.

Staff received regular training to carry out the care and support people needed. They felt supported by the managers. There were enough staff employed to support people safely and at the times they preferred.

Staff had received additional training for infection control because of the COVID-19 pandemic. They had a regular supply of personal protective equipment (PPE) such as masks, aprons and people told us staff always wore this.

Staff told us they enjoyed working for the service. The management team completed regular quality audits and where actions were identified these were addressed to bring about improvements. The service worked effectively with social care commissioners. They described the support provided to people by the staff as 'outstanding' and the communication with the managers as 'good'.

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

### Why we inspected

We responded to our current risk rating of this service, which showed the service as very high risk. As a result,

we undertook an inspection to review evidence in all of the key questions. This service was registered with us on 28/06/2019 and this is the first inspection.

#### 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, Liverpool South

## **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 an 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 did not have a manager registered with the Care Quality Commission. However, the current manager had submitted their application to be the registered manager at this 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.

#### 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 1 December 2020 and ended on 3 December 2020. We visited the office location on 3 December 2020.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the provider, manager, field supervisor and two care workers. A social care professional who had commissioned the service gave us some feedback.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place.
- Staff understood their safeguarding responsibilities and said they would have no issue in reporting concerns to managers.
- People said they felt safe with the care and support they and their relative received.

Assessing risk, safety monitoring and management

- Risk assessments were completed and regularly reviewed to ensure they reflected people's current needs.
- Staff were given time to travel to each person; this meant that staff arrived at the expected time and staff were able to support people with all the care and support they needed.
- People had visits from regular staff who knew them well.

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with vulnerable people.
- There were enough staff to support people's needs to ensure they received the support at a time when they needed it.

Using medicines safely

- People's medicines support needs were assessed and recorded within their support plans.
- Staff were trained in medicine administration and their competency assessed prior to them giving people their medication to ensure they were safe to do so.
- An electronic system was used to monitor and administer medication to people. Information was recorded in people's care records which included a full list of their current medication.

Preventing and controlling infection

- The provider's infection prevention and control policy and risk assessments had been updated to reflect the current situation during the COVID-19 pandemic.
- Staff were kept up to date with the requirements of which protective equipment (PPE) to wear.
- Personal protective equipment, such as gloves, masks, visors and aprons, was available to help staff maintain infection control.
- People told us that staff always wore PPE when they visited them.

Learning lessons when things go wrong

- The service managed safety incidents well.

- Accidents and incidents were analysed. This meant that any themes and trends could be identified to prevent further occurrence and improve service provision.

# Is the service effective?

## Our findings

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

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

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

- People's needs were assessed before they started to use the service to ensure care plans reflected the support required.
- Care and support were planned, delivered and monitored in line with people's individual assessed needs.

Staff support: induction, training, skills and experience

- Staff received appropriate training. Regular spot checks were carried out to ensure staff supported people safely and were meeting their assessed needs.
- New staff were supported to undertake a thorough induction.
- The service provided an out of hours on-call service for staff in case of an emergency. We found that the managers communicated well with the staff so they were kept up-to-date about any changes. Staff rotas were available to staff electronically.
- Staff told us they felt well supported.

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

- People's nutritional needs were met.
- People's preferences were recorded in care records, including any dietary needs and allergies.

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

- Assessments were reviewed by the field supervisor to help ensure any change in people's needs was reassessed so they received the appropriate care and support.
- The service worked with social care, healthcare and other professional bodies to provide support to meet people's complex healthcare needs.

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.

- People had signed documents giving their consent to receive the care and support needed. A written record was kept in people's individual care records.
- People's care records prompted staff to seek consent from people before providing support on each occasion.

# 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.

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

- People were involved in planning their care and support.
- Regular contact was made with people and family members to discuss their support and obtain people's views.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well and what mattered to them. Positive and caring relationships had been developed between people and staff.
- Staff clearly knew people very well and were able to tell us about individuals and their lives and families. This enabled them to engage well with people.
- People and family members spoke positively about the staff who visited them. One person said, "[Name] is the best carer we've ever had. Trust her. Always if we there is anything to do and does it. Can't do enough to help." Another said, "I am happy with the service and like the staff I get."
- People were positive about the staff and how they respected their privacy and dignity.

# 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 received support that was person centred and met their assessed needs.
- Care plans contained information regarding people's social history, likes and dislikes and interests to allow staff to get to know people.
- People received the care and support when required and at their preferred times by familiar staff.
- A person told us, "I asked for a change and was accommodated; I was surprised they were willing to change the time."

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 recorded.
- Care records provided guidance for staff to effectively communicate with people.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales.
- People said they knew how to make a complaint if they were unhappy. No complaints had been received since the service began.

# 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 received their support to meet their needs at a time which suited them.
- Staff told us they enjoyed working for the service. They spoke of a positive team morale and good support from managers.

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

- There was a clear management structure in place to support the staff, people who used the service and improve the quality of the service provided.
- The manager and provider notified CQC of specific events as required as well as complying with duty of candour responsibilities.
- Policies and procedures were in place and provided guidance to staff regarding expectations and performance. These included policies for safeguarding vulnerable adults, infection control, staff supervision and medication management
- Relatives had access to the electronic system to see information recorded by staff about their family member. Relatives said this provided reassurance that visits taken place.

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

- People's opinion of the service was sought. Any negative feedback or issues were investigated.
- Regular reviews took place for people using the service to ensure the support was meeting their needs.
- Staff felt communication from managers and support for themselves was good.

Continuous learning and improving care

- The governance arrangements provided a clear and accurate picture of the service. There were systems in place to monitor the quality of the service provided.
- Regular audits were completed; these included, reviews of accident and incident reports, care record reviews as well as medication administration.

Working in partnership with others

- The provider and manager worked with local authority social care commissioners. Feedback received was positive and complimentary. Comments included, "Communication is excellent and there is always someone contactable if needed."