

Radiant 247 Limited

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Radiant 247 is a domiciliary care agency providing personal care and support to 17 people aged 18 and over 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 were very complimentary about the registered manager and care staff.

There were enough care staff to effectively meet people's needs. The registered manager took great care when appointing new staff to make sure they were suited to their role.

People told us they were supported by a regular team of care staff. They said they generally received their calls on time.

People were confident care staff had received appropriate training to meet their needs. When people were supported with medicines this was done safely.

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.

Care staff were trained and supported to understand their roles and responsibilities.

People told us care staff were kind and caring and treated them with respect. Care staff understood the importance of respecting people's diverse needs and promoting independence.

The service worked in partnership with other agencies to make sure people received the right care and support.

Auditing and quality assurance processes were in place to enable the service to identify where improvement was needed.

The registered manager was open and transparent and created a culture which was friendly and welcoming.

This service was registered with us on 10/10/2018 and this is the first inspection.

Why we inspected

This was a planned inspection as part of our inspection due process.

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.

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

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	Good ●
Is the service effective? The service was Effective	Good ●
Is the service caring? The service was Caring	Good ●
Is the service responsive? The service was Responsive	Good ●
Is the service well-led? The service was Well-Led	Good ●

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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 two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in Nottingham and Nottinghamshire.

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 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.

We visited the office location on 25 July 2019. Inspection activity continued in the week beginning 29 July 2019 with telephone calls to people who used the service and their relatives.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought the opinion of Healthwatch; Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with the registered manager and the care coordinator at the office location.

After the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with three care staff by telephone following the inspection.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

- People were protected from the risk of abuse.
- Everyone we spoke with told us the service was safe. People knew who to speak to if they were not happy. One person told us, "Yes, the staff always look after you, I feel very safe."
- Care staff received training and understood how to recognise and report any concerns about people's safety and welfare. One member of staff told us, "If I thought there was abuse happening, I would always report it to my line manager and I know they would investigate this further."
- The registered manager understood their responsibilities and worked with other agencies to ensure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and managed safely.
- Risks to people's health and safety were assessed and a range of risk assessments were completed. The registered manager and care staff understood how to support people and manage risks.
- Procedures were in place to make sure care staff knew what to do in the event of an emergency. For example, if access could not be gained to a person's home or in the event of a fire.

Staffing and recruitment

- There were enough care staff deployed to meet people's needs.
- People told us they had a regular team of care staff. They said they were introduced to new care staff before they started to receive support from them.
- People told us care staff were generally punctual and stayed for the allocated time. People told us that care staff would call to inform them if they were going to be late for a call. Everyone we spoke with said they had never missed a call.
- The registered manager explained the way they recruited new care staff. It was clear they took great care to select people who were right for the role.

Using medicines safely

- People's medicines were managed safely.
- Where people were supported to take their medicine, medicines administration records (MARs) were kept in their homes. The MARs showed which medicines people were prescribed and when they were given.
- The MARs were returned to the office every month and checked by the registered manager. This helped to ensure any errors were identified and action taken to reduce the risk of them being repeated. The MARs we looked at had been completed correctly.

- People told us they were happy with the support they received with their medicines. One person told us, "They give me my medication in a morning and evening, there have not been any issues."
- Care staff received training on the safe management of medicines.

Preventing and controlling infection

- Care staff received training on the prevention and control of infection.
- The service provided staff with personal protective equipment such as gloves, aprons and hand gels, which were stored in people's homes to reduce the risk of cross infection.

Learning lessons when things go wrong

- There had been three reportable incidents involving people supported by the service. The registered manager understood the importance of investigating accidents and incidents, reporting to the relevant agencies and acting to reduce the risk of reoccurrence.
- We saw evidence that learning from these incidents had been shared across the wider staff team, to improve service provision and embed good practice.

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

- The registered manager explained how they assessed people's needs before the service started working with them. The assessment considered all aspects of people's care and support needs and the information was used to develop detailed person-centred care plans and risk assessments. We asked the registered manager to ensure that all care plans are signed by the person receiving care from the service, or the person who has a (LPOA) Lasting Power of Attorney for Health and Welfare for that person. The registered manager understood the importance of this, and they rectified this after the inspection, we were assured by this.
- People, their relatives and where appropriate other health and social care professionals were included in the assessment.

Staff support: induction, training, skills and experience

- People were supported by care staff who were trained and supported to carry out their roles.
- People told us they felt confident their care staff had been properly trained to provide the support they needed. One person told us, "I am hoisted, and they always hold my legs correctly, their techniques are excellent, they are well trained staff."
- We saw that care staff received the training they needed to keep people safe and meet their needs. Training on safe working practices included safeguarding, infection control, moving and handling and first aid. Training was also provided to meet people's individual needs, examples included hoisting techniques and Percutaneous Endoscopic Gastrostomy (PEG) feeds.
- The registered manager communicated with care workers regularly and they told us they felt supported in their roles.

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

- People were supported to eat and drink in line with their care plan.
- Care staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

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

- The service worked effectively with other professionals. For example, when people's needs changed they made referrals to other health and social care professionals to ensure people received the support they needed. Similarly, we saw care staff had worked in partnership with district nursing teams.
- People were encouraged to be active and independent and engage with the local community. We saw

evidence in people's care plans that they were supported to attend local groups with the support of care staff.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- None of the people supported by the service had a DoL's in place at the time of our inspection.
- People told us care workers consulted them and asked for their consent before providing care and support.
- Care staff had received training on the MCA and had a good understanding of this. One member of staff told us, "My understanding of the MCA is that people are supported to have choice, independence and person-centred care. This includes people who lack capacity. It promotes people to be more involved with their care. It also promotes social inclusion, as well as a sense of community and being involved with society."

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 told us their care staff were kind and caring. One person told us, "I can't praise them highly enough. They are funny, we have a laugh, I really look forward to them coming. They are due in a minute, and I always look forward to seeing them. I have two regular carers, and they are great, absolutely wonderful." Another person told us the staff were, "Always very gentle, kind and caring."
- Care staff received training in equality and inclusion and were aware of people's diverse needs.
- The registered manager promoted equality and diversity. People's care records had information about their preferences which included their preferred name, race and religion.

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

- People were fully involved in decisions about their care and treatment.
- People said they were asked regularly if they wanted to make any changes to their care plans and the plans were changed accordingly.
- People's care records included prompts for care staff to ensure people were involved in decisions about their daily lives. For example, one person's records stated, "Ask [name] what they would like for lunch."
- Care records also included guidance for care staff on respecting people's wishes. For example, one person's care plan reminded care staff to knock at the door and wait for them to come to the door and answer, as the person had requested that.
- Where appropriate the service supported people to access advocacy services. Advocates provide independent support to people who, for whatever reason, may find it difficult to express their views.

Respecting and promoting people's privacy, dignity and independence

- People told us support workers respected their privacy and dignity, for example by keeping them covered when supporting with bathing and showering.
- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible.

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.

Improving care quality in response to complaints or concerns

- The service had received a complaint, which we saw that the registered manager had addressed appropriately. We saw evidence that learning from this had been shared with staff and improvements had been made to the service in response to the concerns raised.
- People told us they had no concerns about the service. They said they would not hesitate to talk to the registered manager if they were unhappy about anything. People were confident any issues they raised would be acted on. A member of staff told us, "If a person raises a complaint, I would report it to the line managers. If I could deal with it there and then I would. Then I would put it on the care planner so that people know what has been done initially."
- People were given information about the complaint's procedure when they began receiving care from the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People experienced care and support which was responsive to their needs.
- People told us they were very happy with the care and support they received. One person said, "It is good to have regular staff that you know. They keep to time, and if they are ever running a bit late they will always call and let us know." A relative told us, "On a Sunday, we go to church, so I asked if they could come a bit earlier in the morning. They always send someone early now so that we can do this."
- People's care records included information about their support needs and preferences.

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 assessed. Care records included information about supporting people with their communication needs.
- Appropriate support was provided where necessary. For example, the registered manager told us when reviewing the care plan of one person who was visually impaired they would read it aloud to the person.
- The service had access to a translation service, to provide the service user guide and other materials in any language or alternative format requested by people using the service. The care staff had a wide range of language skills.

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.

- The risk of social isolation was considered during the assessment process.
- People were supported to maintain contact with the family and friends. For example, one person living with complex health needs was supported to attend the cinema regularly with their friends. One person told us the staff supported them to carry out home exercises that had been given to them by their physiotherapist. They spoke of having a goal to get back out to the local park for a walk, which the care staff were supporting them with.

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection.
- We discussed with the registered manager the importance of effective end of life care and support planning. By the end of the inspection, they had developed documentation for all care plans to support people's wishes and beliefs for their palliative care needs. We were assured by this.

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

- The registered manager demonstrated an open and transparent approach and was passionate about promoting a person centred, inclusive culture. The registered manager said, "They were passionate about providing quality care and tackling loneliness."
- People we spoke with said they would recommend the service. People knew the registered manager and care coordinator by name and spoke very positively about them. One person said, "I know who the manager is, and they pop out from time to time. If we want anything at all we can just ask the staff when they come or ring the office and they help."
- Care staff told us the registered manager was supportive and regularly worked alongside them. They were confident the registered manager would always act in people's best interests and any issues they raised would be dealt with. One member of staff said, "It is a good place to work."

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

- The registered manager understood their legal responsibilities in relation to notifying the relevant organisations.
- There were systems in place to identify and manage risks to the quality of the care provided. For example, processes were in place to monitor any incidents or accidents and identify patterns or trends.
- Staff were supported to understand their roles through regular supervision and meetings.

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

- People were involved in discussions about their day to day support. This was done informally through conversations with care staff and the registered manager and formally through care reviews.
- The registered manager was in the process of developing surveys to seek people's feedback

Working in partnership with others

- The service worked in partnership with other agencies to ensure people received care and support which was safe and met their needs.

Continuous learning and improving care

- As a newly registered service, the registered manager and care staff were looking at attending training provided by a local organisations to ensure they kept up to date with current best practice.