

# Holmes Care Solutions Limited

# Radfield Home Care

# Hastings and Rother

## Inspection report

Acacia House  
Starrs Green Lane  
Battle  
East Sussex  
TN33 0TD

Tel: 01424559202  
Website: [www.radfieldhomecare.co.uk/026/about-us](http://www.radfieldhomecare.co.uk/026/about-us)

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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

Radfield Home Care Hastings and Rother is a domiciliary care agency which specialises in the care of older people living in their own houses and flats in the community. The service provision varied from minimum one-hour visits daily to support people with personal care but they also provided companionship services, home help services and dementia care services.

Not everyone using Radfield Home Care received a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of inspection, the service provided personal care support to ten people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on leave at the time of inspection but the owner and the field care supervisor were present during the inspection.

The organisation had effective systems to monitor and review the quality of the care provided. They were aware that as the service developed and increased in size the systems to monitor and review the service would also need to be developed further.

People told us they had continuity of carers. They said staff always arrived on time and stayed for their allocated time. They told us staff always completed the tasks required of them along with any additional requests. One person told us, they will do extras such as putting the washing out and bring it in on their next visit later in the day."

People were supported by staff who demonstrated kindness and had a caring approach. Staff knew people well. They understood people's physical, social and emotional needs. We received numerous positive comments. For example, "The staff are wonderful. I'm a very lucky person." A relative told us, "The staff are marvellous, they keep us informed, phone daily and if we have concerns we can talk to the owner."

People knew how to complain but everyone said they had no need to. They said they would have no hesitation in picking up the phone if needed as they were confident the office staff would address any issue brought to their attention.

Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. There were thorough recruitment procedures that ensured as far as possible staff were suitable and safe to work with people. As part of the assessment process risk assessments were carried out in relation to people's homes and to their individual needs and where necessary, actions were taken to mitigate risks to reduce the risk of accidents or injuries.

There were good systems for the management of medicines. These ensured people received support in a safe way. There was information in care plans about how people liked to take their medicines. Care staff had received training on medicines and there were systems to monitor their competency in this area.

Spot checks were carried out at regular intervals to monitor staff performance. Staff attended regular training to ensure they could meet people's needs. There was a thorough induction to the service and staff felt confident to meet people's needs before they worked independently. People told us they valued the fact that office staff came to check on staff as this meant they cared about their staff.

The owner and staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA are regulations that have to be followed to ensure people who cannot make decisions for themselves are protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans gave staff detailed advice and guidance on how to meet people's needs. People told us they had been involved as part of the process. Care plans were reviewed regularly and as and when people's needs changed. If professional advice and support was sought then this was included within the documentation. People had the equipment they needed to keep them safe.

The owner had worked hard to make the agency known within their local area. Feedback from professionals who had contact with the agency was very positive. Comments included, 'From my dealings with Radfield Care and the staff in the Hastings and Rother area, I feel that this organisation is compliant and very well led.' Another professional told us, 'The management team are very strong and know what is required of them and their staff. We found the organisation to be well led.'

## 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.

There were safe procedures for the management of people's medicines.

Staff had a good understanding of the risks associated with the people they supported and knew how to recognise and report abuse.

Thorough recruitment checks were carried out and there were enough staff to meet people's needs.

### Is the service effective?

Good 

The service was effective.

Staff sought people's consent before providing all aspects of care and support. Staff received specialist training to support people effectively.

People told us support was provided in the way people wanted to receive it.

The management team and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

### Is the service caring?

Good 

The service was caring.

People were cared for by staff that were kind, patient and professional and treated them with dignity and respect.

Staff were committed to promoting people's independence and supporting them to make choices.

Staff adapted their approach to meet people's individual needs and to ensure care was provided in a way that met their particular needs and wishes.

### Is the service responsive?

The service was responsive.

People received care tailored to their preferences. People were supported by staff that knew them well including their likes and dislikes.

Support plans contained person-centred guidance to ensure staff knew how to support people.

There was a detailed complaint procedure and people told us they knew how to complain if they needed to.

Good 

### Is the service well-led?

The service was well led.

There were good communication systems to update staff and ensure they were aware of changes to care packages and to changes within the agency.

There was good governance and regular audits were carried out to monitor and improve the care provided.

There was a positive and open culture at the agency. Staff told us the owner and office staff were extremely supportive and approachable. They were readily available and responded to what staff told them.

Good 

# Radfield Home Care Hastings and Rother

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced. We gave the service 24 hours' notice of the inspection visit as the agency is small and we needed to be sure there would be someone in the office when we visited.

Before the inspection, we checked the information held regarding the service and provider. This included any statutory notifications sent to us by the service. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

The inspection started on 21 September and ended on 27 September 2018. We visited the office location on 21 September 2018 to meet with the owner and the field care supervisor and to review care records and policies and procedures. On 26 September 2018, on we visited three people in their homes to gain their experiences of care provided and to review their care documentation. We were also able to view interactions between one person and a staff member. In addition, we met one person's relative. On 27 September we spoke with another relative of a service user and a staff member.

During the site visit we spent time reviewing records, which included two care plans in detail and aspects of three other people's care plans. We looked at two staff files, medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were also viewed. We also 'pathway tracked' the care provided for three people. This is where we check that the care detailed in individual plans

matches the experience of the person receiving care. We received correspondence from six health and social care professionals.

This was Radfield Home Care Hastings and Rother's first inspection with the Care Quality Commission.

## Is the service safe?

### Our findings

People told us they felt safe in their homes with the support arrangements that had been put in place. They were happy with the security arrangements and knew who was coming to support them on each visit. Those who needed support with medicines had confidence in the support they received.

There were safe systems for the management of medicines. Risk assessments had been carried out to assess how much support people needed with their medicines. For example, some people needed full support, and others, just prompting. Information was recorded about what medicines had been prescribed. Support plans showed where people stored their medicines and who was responsible for re-ordering them. Staff completed medicines administration records (MAR) to show medicines had been given and when. When people needed support with the application of prescribed creams there was a body map that showed where to apply the cream and records stated what cream and how much cream to apply. Staff told us if people refused medicines they would record this on the system so that office staff were aware. Staff had completed training in the safe administration of medicines and records showed this was up to date. Medicines administration was observed where required during spot checks. The owner was aware of regularly ensuring staff were competent in medicines management.

People were supported by staff who managed risk safely. Where risks were identified, risk assessments provided staff with specific information and actions to take to reduce the risk of an accident. One person was living with diabetes. They were independent in managing this area and were supported by a specialist nurse who visited them daily. Whilst there was a risk assessment advising staff the person had diabetes there was no information stating whether the person had high or low blood sugars and what to watch out for in terms of symptoms should they be unwell. This information was updated straight away.

There were good systems for the recording of accidents and incidents. There had only been one accident and this related to a staff member. This had been recorded along with the measures taken to prevent a reoccurrence. This demonstrated the service learned from accidents. Some people had falls outside of the visit times. One person told us that when they had a fall the staff member rang them later in the day and again the following morning to check they were ok. This said they valued this support as they lived on their own. A relative of another person also said they had received calls from the office when their relative had a fall. They said this had given them a lot of comfort.

Staff had an understanding of different types of abuse and discrimination told us what actions they would take if they believed people were at risk. All staff had received training in safeguarding and were able to tell us if an incident occurred they reported it to the office staff who were responsible for referring the matter to the local safeguarding authority.

The service managed risks in relation to fire safety. Records showed as part of risk assessments, checks were undertaken to monitor that smoke alarm and life lines (emergency pendant to summon help) were checked. Risk assessments also considered each person's ability to evacuate their home in the event of a fire and if there were concerns, appropriate safeguards had been put in place.

There was a business continuity plan that provided detailed advice and guidance to assist staff in a range of emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data.

There was a strong emphasis on safety in people's homes. Support plans detailed the specific security arrangements for access to each property and the actions staff should take to maintain this. The registered manager and office staff had received scam training, and were in the process of cascading this training to all staff. Staff were advised to watch out for mail building up or mail that could indicate the person was being targeted for scams. When they had concerns that one person might be scammed they had referred this to the local authority for investigation.

Staff recruitment checks were undertaken before staff began work for the service. This included an application form with employment history, references, and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults. Where there had been gaps in a staff member's employment history these had been explored through the interview process. These measures helped to ensure, as far as possible, only suitable people were employed.

There were enough staff to support the needs of people in their homes safely. Rotas were planned a week in advance and care staff were informed of the calls they would be covering by email. When staff were unwell or on leave, care calls were covered by the owner, registered manager or field care supervisor care co-ordinator. People and their relatives told us they almost always had the same staff visit them. If they had a day off or holiday, another familiar staff member would visit. This ensured that staff knew the people they supported well and provided continuity of care. There were on call arrangements for staff support outside of office hours. There were no overnight calls.

Staff told us visits were mainly a minimum of one hour. They confirmed if they were running late they would ring people to let them know and advise the office. On arrival to people's home staff logged on to the system using their telephone. If staff had not completed this, this would be flagged up on the office computer system and office staff would call to check staff and people were safe. This system allowed the registered manager to check people had received their visit as planned and on time. A staff member told us on one occasion they had to call a paramedic. They said they liaised with the owner and the person's relatives and stayed at the person's home with them until their relative arrived. They said, "We generally don't have calls back to back so I was not late for my next call."

There were good procedures to monitor infection control. People and relatives told us staff had access to and wore personal protective equipment (PPE). Gloves and aprons were readily available and used frequently. Staff were up to date with infection control training and demonstrated a good understanding of how to prevent the spread of infection. Staff had also received training on basic food hygiene.

## Is the service effective?

### Our findings

The owner had systems to ensure staff had the skills, knowledge and experience to deliver effective care and support. People told us they were confident staff had been trained in their role. One person told us they left their last agency because staff did not have proper training. They told us, "Oh yes, they have had good training. Some of the staff have worked in homes and have done care all their lives."

There was a comprehensive induction programme for new staff. All new staff completed a mixture of online and face to face training which included 13 modules. Online training included medicine awareness, nutrition and equality and diversity training. Face to face training included basic life support, moving and handling, medication, infection control and pressure area awareness. New staff then went on to shadow more experienced staff to build on their knowledge and experience. Staff confirmed before they started working with people they completed induction training and shadowing. Once staff started working on their own there were weekly spot checks over a four-week period to make sure they were competent in their role. During spot checks, competency checks were undertaken for staff who provided support with moving and handling, food hygiene, personal care and medicines. The field care supervisor told us if staff needed additional support this was provided.

After the four-week period there was a mixture of spot checks and formal supervision meetings every three months. We noted that when issues were identified at one staff member's spot check, the staff member attended a supervision the next day and a further spot check was then carried out to check if improvements had been made. This process ensured staff were monitored and supported to do their work effectively. Staff told us they felt supported. One staff member said, "The support has been brilliant, you can't fault any of the office staff they are very supportive."

Staff who had not previously worked in care went on to do the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. The owner confirmed in addition to mandatory training, staff would also complete specialist training to fulfil their role. A full assessment of people's needs was carried out to assess if needs could be met and to identify if there were any specific training needed before a new care package could be started. For example, if a person required support with dementia or diabetes, additional training had been provided for staff. A staff member told us they were a dementia friend and the skills and experience they had accumulated over the years in dementia care helped them to meet the needs of those living with dementia. The owner and field care supervisor completed a dementia champions course and the owner and the registered manager had completed 'medicines for managers' training.

When one staff member had difficulty using the service's electronic system the field supervisor spent time with them showing them the system and they developed a step by step guide to support them with this process. The staff member told us they valued this support and they were able to demonstrate to us how they used their phone to document the care and support provided.

The service worked closely with healthcare professionals. When assessed as necessary, guidance was sought, and any guidelines obtained were included as part of people's care plans. There was an appointments diary that kept track of all health appointments arranged on behalf of people. A health care professional told us, "Radfield are an absolute pleasure to work with." The owner "Genuinely cares about the clients and is fantastic at communicating with them and meeting all their needs. The clients and staff always have nice things to say about (the owner). The company is very approachable and very quick to respond to any communications."

Some people told us staff supported them to make sure they had enough to eat and drink. Where there were concerns about people's food intake this was documented on the daily records. We noted that one person had been refusing food and fluids. Advice had been sought from the person's GP regarding the person's health. Whilst there were daily records showing the person refused food and drink, we discussed with the owner having a hard copy food and fluid chart to cover the period of sickness so staff could see at a glance what food and fluids had been offered and taken, more easily. This was introduced straight away. Some people had a home delivery of meals and staff supported them to prepare them.

People had the equipment needed to meet their individual needs. People had lifeline pendants to seek help in an emergency. The owner told us as part of their assessment process they checked people's needs and where appropriate, offered guidance to people about how to gain additional help in areas such as occupational aids, attendance allowances and fire safety. One person had been referred to their local occupational therapist for a hospital style bed and other items to make their life easier and these had been obtained.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). All staff had received training in MCA. People's abilities to make decisions had been assessed. People told us staff asked them what they wanted to be done and how they wanted it done. We saw in records that one person had started taking PRN medicine's independently. Previously staff had given these medicines on request. This was assessed and discussed with the person and their relative and it was agreed that the person should retain this responsibility. Staff spoke to us about the need to check people's consent and understanding on a daily basis and records confirmed choices presented to people and the decisions they made.

## Is the service caring?

### Our findings

A social care professional told us, "I have personally recommended (owner's) services to people who have been happy with a speedy response, and an excellent experience. I believe Radfield Care has won plaudits for delivery of an exceptional service, which I would certainly use myself if the occasion demanded." A health professional also told us, "I would be very happy if they were involved with caring for my loved one."

During our inspection people told us they were happy with the care staff gave them. One person told us they had a fall just before their care staff member arrived one day. They said, "I didn't think to press my lifeline. The carer rang the ambulance, got me a blanket and held my hand till the ambulance arrived." The person told us, "The staff are wonderful. I'm a very lucky person."

People told us staff respected their privacy and individual preferences in relation to support. A staff member told us they had received training in equality and diversity. They liked the way they worked with people for at least an hour. This gave them time to work in a person-centred way that was not rushed and meant they could complete support tasks but also have time to chat and hear what people had to say. One person said they only wanted female staff supporting them. Staff told us they provided support in the way people wanted to receive it. A staff member told us, "It's not about how I think they should wash, it's about how they want to wash. They like routine and want it done in the same way every day." A relative also told us they had told staff specifically how they wanted support given. They said, "Staff listened to what I said and do what is required."

People told us staff were very helpful and accommodating. One person said, "They will do extras such as putting the washing out and bring it in on their next visit later in the day." People told us they would be very happy to recommend the agency to others.

Care and support was provided in a way that promoted people's independence. Support plans for personal care included detailed advice about the areas that people were able to complete independently and the areas they needed support and how this was to be provided in a way that suited the person. For example, if someone could wash independently with the exception of their back and hair. Staff told us as people's needs changed or if it was taking longer to complete personal care they reported this to the office. Where people were in agreement the care package was then altered to increase the level of support provided.

During our inspection we noted that two staff phoned the office for advice and guidance as people were unwell. In both cases the advice was clear and supportive. The management team took action by contacting a GP for one person and a relative for another person and in each case the actions taken were relayed to staff. The owner also confirmed they had subsequently visited people to make sure they were ok. This demonstrated an efficient and caring approach used to meet people's needs.

There was information within care plans about the need to ensure people's dignity was maintained. There was advice in one person's plan to make sure their television remotes were to hand. Care plans also referred to making sure drinks were left within reach. People told us staff always ensured there were a variety of

drinks within easy reach and we saw this during our visits to people's homes.

A social care professional told us, "Communication was excellent and the arranging of the care package was very efficient and caring. They kept me informed when there were issues with family support for the client and stayed with (person) on their return from hospital, while a friend sorted out an engineer who had been called to sort out a heating problem."

## Is the service responsive?

### Our findings

People received support that met their needs and was personalised to their individual choices and preferences. A social care professional told us the owner, "Understands the need for total person-centred care and this is what the organisation delivers."

Each person's needs and wishes had been thoroughly assessed with them and where appropriate, their relative. From this a support plan was drawn up. As part of this process where risks had been identified, risk assessments had been written to assess and reduce the risk to people. Support plans were person centred and included information about people's personal histories, how they liked to spend their time, the specific areas they needed support and how this should be provided.

Support plans and risk assessments were in electronic form and a hard copy was stored in the person's home. Daily records confirmed the support provided to the person each day. There were signed forms consenting to the provision of care. People told us they had been given guidance about how to make a complaint and contact details so they knew who to contact at the service for advice or support. People felt confident if they had to phone the office their requests would be met. Support plans were reviewed six weeks after the care package began and always when a person's needs changed. We asked staff how they were kept up to date with changes in care packages and support plans. Staff told us when changes were made, the support plan would be updated electronically and they would receive an email telling them of the change. Support plans reflected the care of the people we met and the staff feedback about people's lives.

People knew staff followed support plans that included information about the care to be provided and told us they were involved in the process. One person told us they didn't have a plan. We asked the carer who showed us the plan. They told us the plan was kept in another room at the request of the person. Another person told us, "I have seen the support plan but they always ask what I want done, they are very accommodating and nothing is too much trouble." People and relatives told us the office checked on staff to make sure staff were meeting their needs.

People consistently told us staff arrived on time for calls and stayed the allocated time. Staff told us they were on time with calls. If, through an emergency, they were delayed they contacted the office who would ring the person they were due to call on next and explain the reason for the delay. People told us this was case. One person told us, "Staff always phone if they are going to be delayed but there is an agreement that if no one turns up, the office would ring within half an hour to explain why and to rearrange care." A relative told us, "Yes staff are very punctual." They also said, "They have let us know if they are going to be delayed. It would only be if they were held up meeting someone's needs. We would want the same if we had a problem so we don't mind being flexible."

We were shown copies of reviews that had been left on the internet, they were overwhelmingly complimentary. Comments included: "We are very satisfied with all aspects of the care, from the initial discussions prior to discharge from hospital to the high standard of communication throughout. It is not easy for a previously independent person to accept the need for some assistance but the carers have been

great in every way. (Relative) has been able to regain confidence and independence and looks forward to the daily 'pampering.' Another relative said 'We moved to Radfield Home Care in the summer of 2018 and haven't looked back. The carers are kind, considerate and have time to care. No job is too big or too small and they take pride in everything they do. My (relative) loves the personal service with both the carers and the back office (no call centres). (Relative) also loves that calls are made to update should a carer be running late. The regular carers assigned means (relative) she is building friendships - no more strangers in the house!'

The service had an effective complaints policy and systems to ensure complaints would be documented, investigated and responded to within clear timeframes. There was also advice about who to contact if the complainant was not satisfied with the response. The owner told us they had not received any formal complaints since they were registered. The owner told us they encouraged people to raise even the slightest of issues which meant they did not escalate to complaints. People told us they would not hesitate to raise any concerns if they had any, and were confident they would be taken seriously. One person said, "I can't grumble, there is nothing to grumble about. If you want something done it is done." One relative told us the owner had told them, "If any concerns, just phone, don't hesitate." They told us, "I have not had to raise a concern but if I had a concern I would be happy to raise it with them." One concern had been raised informally and there were detailed records of the actions taken to prevent a reoccurrence. This had been shared with the staff member who had supported the person.

As the service was still relatively new they had not yet provided end of life care support. The owner and registered manager had booked to attend end of life training and the field care supervisor had already completed this training.

From 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had assessed and identified the communication needs of people. Communication was part of the individual assessment tool completed for each person. Any needs identified to facilitate communication were recorded and responded to. For example, staff supported people to use glasses when needed. One person used a specific communication tool to help them make their needs known and staff supported them with this.

## Is the service well-led?

### Our findings

A social care professional told us, 'From my dealings with Radfield Care and the staff in the Hastings and Rother area, I feel that this organisation is compliant and very well led.' Another professional told us, 'The management team are very strong and know what is required of them and their staff. We found the organisation to be well led.' There was a registered manager in post but they were on leave at the time of inspection. The owner and field care supervisor were on site during the office inspection.

Monthly medicines audits had been carried out. This involved reviewing the management of each person's medicines. If a shortfall was found this was recorded on an individual person's review form and action taken. There was no overall analysis of the system as a whole. This had no real impact as the service was small and only a few people received support with medicines but the provider agreed that as the service grows it will be necessary to have an audit system that reviewed the system as a whole.

There were monthly audits of a selection of care notes. These demonstrated that issues highlighted had been resolved in a timely manner. For example, when one person was noted to have a skin tear, staff had contacted the district nurse who came to dress the wound. It was identified that one staff member needed to write more detailed notes of their visits. Additional support was then provided to support the staff member to complete this task effectively. This support was ongoing.

The management team had attended training on the General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. As part of this process all records were kept electronically and were password protected.

Monthly management meetings were held and they demonstrated a wide range of topics were discussed. For example, they discussed matters such as how to grow the business, how to monitor the support provided, the need to increase fluids in warm weather and the need to continue auditing. The last staff meeting had been held in May 2018. These were opportunities for management and staff to share their views on the service and for the owner to keep staff up to date on matters relating to the service.

There had been two staff surveys this year as it had been recognised that the staff team had grown. Responses had been very positive. The service demonstrated they listened to staff and took action when needed. For example, one staff member had raised that they thought 'some of the emails received were not well written and could be confusing.' In the manager's meeting in June 2018 this had been discussed and it had been agreed all emails would be checked before sending. It was also agreed that the next round of satisfaction surveys would be distributed by post with a self-addressed envelope enclosed. This was in response to one staff member who noted they may not be anonymous if returned via email. This demonstrated a service that was listening and taking action on what staff said to them.

There were also systems to seek people and their relatives' views about the quality of the care provided. Overall there was a very positive responsive and the service achieved excellent or good responses in all

areas. Where any shortfalls or suggestions for change had been referred to, it was evident actions had been taken to ensure improvements were made to the service. For example, one person requested the keysafe only be used in an emergency. The number for the keysafe was removed from documentation and stored securely for use in an emergency situation only.

People, relatives and staff told us the organisation was supportive and there was an open culture. A staff member told us the owner, "Values us. He is always available on the phone if we need support." Another staff member told us the support they received was "Brilliant." They said, "It's a great company to work for and I am very happy working there." A relative said the owner is "Amazing." They said the owner will do, "Everything they can to look after our relative." They also said, "The staff are marvellous, they keep us informed, phone daily and if we have concerns we can talk to the owner." Another relative said all the staff who come from the office to do checks are genuinely interested and caring. They want to get it right for you."

The owner had attended a café group that met to support people with a particular health need. One person the agency supported had this health need however, they chose not to attend the group. The owner told us they had found it beneficial to meet other people with the condition and to hear how the condition affected them. They had also met with a nurse specialist to discuss medicine timings to ensure care provided could be person centred. Advice received had been included in the person's care plan.

Emphasis had been placed on building links with local professionals and organisations. The owner had attended a variety of local organisations and support groups to promote the agency and tell people about the service provided. One local organisation confirmed they had received visits from the owner as part of their networking as a newly registered service. The owner told us they were also gradually making links with local health and social care professionals. These types of initiatives develop strong links with organisations in the local community and heighten awareness and understanding of the organisation.

We also received comments from an organisation that some of the clients used for day care. They told us, 'I believe some of our clients use Radfield Home Care and all I hear are good reports. As a result, we allowed them to make a presentation to our clients a few months ago. The presentation was very professional, the literature was excellent and the good reports continue. I believe the service is well led and that they employ only the very best staff. I have yet to hear any negative comments.'