

G P Homecare Limited

# Radis Community Care (Gloucester)

## Inspection report

Unit 4  
The Steadings Business Centre, Maisemore  
Gloucester  
Gloucestershire  
GL2 8EY

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09 May 2019

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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: Radis Community Care (Gloucester) is a domiciliary care service providing personal care to 86 people at the time of the inspection. Two teams provided personal care, the Domiciliary Care team and the Hospital to Home team.

People's experience of using this service:

People were protected from harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. Staff were recruited using robust procedures. People's medicines were safely managed.

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.

People were treated with respect and kindness and their privacy and dignity was upheld.

People's individual needs and wishes were known to staff who had achieved positive relationships with them. People and their representatives were involved in the planning and review of their care.

Staff received support to develop knowledge and skills for their role. There were arrangements in place for people and their representatives to raise concerns about the service.

Effective quality assurance systems were in operation with the aim of improving the service in response to people's needs.

Rating at last inspection: This was the first inspection of the service.

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

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 ●

# Radis Community Care (Gloucester)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one 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. It provides a service to both older adults and younger disabled adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office at another of the provider's services. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 9 May 2019 when we visited the office location on to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

Prior to the inspection we gathered information from a number of sources. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. Our information did not identify significant concerns about the service.

During the inspection we spoke with the registered manager. We looked at documentation relating to six people using the service and information relating to the management of the service. Following the inspection, we spoke with five people using the service, four relatives of people using the service and four members of staff on the telephone.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people.
- Staff described the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues would be dealt with correctly. Staff had received training in safeguarding adults.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed.
- People had risk assessments in place which gave staff information on managing any identified risks such as environmental risks, smoking, moving and handling and hot drink preparation.
- Plans were in place for staff to follow in the event of events such as staff being unable to gain entry to people's homes and a person falling.

Staffing and recruitment

- People were supported through consistent staff support. People told us they felt assured that they would receive their care.
- The registered manager told us telephone calls would be made to warn people of any late visits and this practice was confirmed by people using the service and their representatives. People commented, "They turn up on time" and "Pretty good timekeeping".
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely

- People's medicines were managed safely. Support plans contained information to guide staff on how to support people to take their medicine.
- Staff received training and competency checks for supporting people with their medicines.
- Audits of people's medicine administration records were carried out to reduce the likelihood of medicine errors. Where errors did occur, a system was in place to address these.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff had received infection control training.
- Spot checks on staff included checking personal protective equipment such as disposable gloves were being used where appropriate.

#### Learning lessons when things go wrong

- A system was in place to investigate and learn from accidents and incidents.
- Where staff had made an error with recording a person's medicine administration, reflective practice had been used to learn from the incident and improve future 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

Good: 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 to ensure they could be met before they received a service.
- Information was gained from commissioners as well as an assessment of needs with the person and their representatives.
- Technology was used to monitor visit times, in conjunction with people receiving care funded by the local authority. This supported the registered manager to ensure people received their care as planned.
- Electronic communication was used to ensure staff received important information when required.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training for their role. Records showed staff had received training such as moving and handling, re-ablement, support planning and risk assessments.
- Staff received annual training updates and confirmed they received enough training for their role.
- Staff told us, "We get good support".
- Staff new to the role received an induction and undertook the care certificate qualification. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life.
- Staff had regular individual meetings called supervision sessions with senior staff as well as annual performance appraisals. Staff told us they were well-supported.

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

- People and their relatives had no concerns around the standard of meals prepared by staff.
- One person told us how staff checked their preferences for meals before preparing them.
- Staff received training in safe food handling to ensure meals were safely prepared for people.

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

- People were supported to maintain their health through liaison with health care professionals. One person told us "They know when you want the doctor or the nurse".

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.

- Assessments had been made of people's capacity to consent to the care and support provided.
- People's support plans described if they needed any support with decision making in relation to the care and support they received.

# 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

Good: 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

- Staff developed positive relationships with people and their relatives. People and their relatives spoke positively about the caring and polite nature of staff.
- Staff had received training in equality, diversity and inclusion.
- People's support plans contained information for staff to provide emotional support when needed.

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

- People and their relatives were consulted about their care and support and their support plans.
- Annual support plan reviews took place with people and their relatives and these were recorded in people's support plan folders.

Respecting and promoting people's privacy, dignity and independence

- Staff had received training in dignity in care and people's relatives commented on how staff respected people's privacy and dignity.
- People's support plans acknowledged people's wishes to remain living in their own homes and instructed staff on how to promote people's well-being and independence with personal care to enable them to remain living in their home.
- One person, support plan described how they liked to operate the controls of the hoist which gave them, "back some control".
- Another person told us they strongly believed the individualised care and support they received helped them to remain living in their home.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support which was personalised and responsive to their needs. One person commented, "They know what you need".
- People's support plans contained detailed information for staff to follow to provide individualised care and support and had been reviewed when necessary.
- Information about people's communication needs was included in support plans for staff reference. For example, one person used a form of sign language.
- The registered manager was aware of the need to implement the Accessible Information Standard when required. The Service user guide could be made available in a number of formats suitable for people's communication needs. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- There were arrangements to listen to and respond to any concerns or complaints.
- Information was provided to people and their representatives about how to make a complaint.
- Previous complaints had been investigated and appropriate responses given to complainants and appropriate action taken.

End of life care and support

- At the time of our inspection no-one was receiving end of life care. End of life care had previously been provided to people in partnership with health care professionals.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff meetings and supervision sessions ensured staff delivered care and support in line with the aims of the service.
- A service development plan compiled through feedback from people and their representatives and the results of audits provided a basis for the continued operation and improvement of the service over 12 months.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- Radis Community Care (Gloucester) had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service.
- Notifications were submitted when required however an oversight had led to one notification not being submitted. Following our inspection visit the registered manager submitted the notification and put measures in place to ensure all notifications were submitted when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- There were effective systems in place to monitor the quality of services and care provided.
- Annual telephone surveys were carried out with people using the service and their representatives to establish their level of satisfaction with the service provided.
- Quality monitoring checked areas such as staff showing people respect, arriving for visits on time and listening to a person's requirements.
- The results of telephone surveys were generally positive. Where an issue had been raised about a member of staff this was followed up through the staff supervision process.
- Staff were positive about their roles and how the service was managed.
- A planned development for the service was a move to larger office space to accommodate other services operated by the provider.
- The provider worked with the local authority and NHS to provide a service to enable people ready for

hospital discharge to return home without known as 'Hospital to home service'.