

G P Homecare Limited

Radis Community Care (Nottingham)

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

Radis Community Care (Nottingham) is a domiciliary service providing personal care to vulnerable people in their own homes. The service is run from an office located in the outskirts of Nottingham. At the time of our inspection 23 people were receiving personal care support. 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 received a service which was safe. Care staff were safely recruited and received the necessary training to safeguard people from potential abuse. Staff received infection control training and were provided with the necessary personal protective equipment to keep themselves, and people, safe from health infections when providing personal care in people's homes. People were supported to receive their prescribed medicines safely.

People received an effective service. Comprehensive care plans were in place to guide staff on how to support people. Although some staff found it occasionally a rush to travel between some care visits, people told us care staff usually arrived on time. People were supported by staff who had received the necessary training. Staff told us they felt supported by their manager. People were supported to make decisions about their care and, where a person lacked the capacity to do so, appropriate best interest decision processes were in place.

People were treated with kindness and respect by the care staff. People's feedback about the service was consistently positive, and some people told us how care staff went the extra mile for them.

People received care which was well planned. Care plans were comprehensive and regularly reviewed. Support was provided responsively to people depending on their individual needs. People were provided with written information in formats they could understand. There had been no formal complaints about the service since the previous inspection.

People achieved good outcomes from the care they received, and the registered manager, and care staff, were committed to providing person centred care. People were regularly asked, by the provider, for feedback on the service they received.

The registered manager ensured the necessary external agencies were notified about any incidents which occurred and had a good understanding of regulatory requirements. The service was delivered in partnership with community and specialist health care agencies to ensure people received the support they needed.

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.

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

Rating at last inspection

The last rating for this service was good (published 14 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Radis Community Care (Nottingham)

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 one inspector.

Service and service type

This service is a domiciliary care agency, which provided personal care to people living in their own houses and flats. 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. It is a small service, and we needed to be sure the provider, or the registered manager, would be in the office to support the inspection. Inspection activity started when the inspector phoned a sample of people who used the service, and care staff, on 6 March 2020. The inspector then visited the provider's office on 9 March 2020.

What we did before inspection

We reviewed information received about the service since the last inspection. 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 used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service, and four close relatives of people, about their experience of the care provided. We spoke with four members of staff including the registered manager, care co-ordinators and a care worker. We received written feedback, by text message, from seven other care workers.

We reviewed a variety of records relating to the management of the service. We reviewed 3 people's care records and looked at 3 staff files in relation to recruitment and staff training.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and reviewed relevant samples of the provider's policies and procedures. We received feedback on the service from a local authority care commissioner.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- The office facilities did not fully support effective infection control. Hot water was not available at the provider's office which was used as a work base, for meetings with staff, and for staff training sessions. The lack of hot water limited the effectiveness of hand washing. After the inspection, the registered manager told us the provider was arranging for hot water facilities to be available.
- People were protected from the risk of infection when supported in their own homes. Staff received training in infection prevention and control, had access to protective equipment, and understood how to maintain good infection control practices when providing care.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Care staff had received safeguarding training, were aware of safeguarding procedures, and knew how to use them.
- People were protected by the provider's system and processes. The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to relevant authorities. These arrangements ensured people were protected from the risk of abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks were identified. The provider assessed people's risks before a service was provided to them. Details of the assessments, and how the risks could be reduced, were available to care staff within the care plans in each person's home and at the provider's office.
- Accidents and incidents were reviewed. There had been few incidents, but the registered manager monitored all incidents to identify any potential themes.

Staffing and recruitment

- Staff were recruited safely. The provider had an effective recruitment policy and procedure in place. Recruitment records confirmed checks were carried out prior to new staff starting work. This helped ensure people employed as staff were suitable to work with vulnerable people.
- People were supported by enough care staff to meet their care needs. People told us they were pleased they were supported by care staff they knew. A person's relative told us, "The staff are all brilliant. We get the same carers usually, because my [relative] prefers people they know. We have had some new carers occasionally, but we tend to get the same ones."

Using medicines safely

- People received their prescribed medicines as required. The provider followed safe procedures for the administration of medicines. Medicine audits were carried out by the provider's management team. That

helped ensure the likelihood of errors was reduced.

- Prescribed medicines were administered by competent staff. Staff had received training, and the staff members' continued competency was assessed periodically.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 received support which met their care needs. Care staff delivered support in line with best practice guidance received from external agencies. The registered manager monitored the effectiveness of the support and ensured the care team took a consistent approach.

- Comprehensive care plans were in place. Initial assessments informed the care plans which provided guidance for care staff to follow. The registered manager told us, "Care plans are reviewed at least every 6 months. The field care supervisors go out and review the care plans with the client, and rewrite them, to make sure they are still meeting the person's needs."

This meant the outcomes, which people expected from the support they received, were regularly reviewed and updated.

- People were supported to maintain their oral health. The registered manager told us, "New staff do a small amount of training about that in their induction, but staff would notify the GP if they saw there was a decline in someone's oral health." Support to maintain oral health is important because of the potential effect on people's general health, wellbeing and dignity.

Staff support: induction, training, skills and experience

- Some staff told us they found the travel time, between service visits, occasionally difficult. A care staff told us, "The morning and lunch runs go very smoothly, but unfortunately the night runs are so jam-packed you feel that you are really rushed; and 5 minutes in between each call is not long enough." However, feedback from people, and relatives, was that they generally received support at the right time, or within a few minutes of the scheduled time.

- People were supported by staff with the right competences, knowledge, and skills to carry out their care roles. The provider had a training plan to monitor whether staff were up to date with their required training.

- Staff received suitable induction training. New care staff worked alongside experienced care staff. A care staff told us, "The training was ideal for the job, covered absolutely everything I needed to start the job and even now, if in doubt, I mentally return to the training days and remember key things."

- The registered manager supervised and supported the staff effectively. Care staff felt supported; and a care staff told us, "I feel that we have a lot of support from the office staff."

- Staff were proud to work at the service. One explained, "It's really good working here. The best place I've worked. The staff are all so friendly to each other and if there is a problem, we help each other."

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

- People were supported to eat and drink safely. Care staff had received training in basic food hygiene, as well as how to support people to drink enough and eat safely.

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

- People were supported to access support from other relevant agencies. During the initial assessment visit, staff identified which other social care and health agencies were involved in the person's care.

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's rights under the MCA were respected. Mental capacity assessments were in place, where required, and care plans included details of any best interest decisions that had been taken. This helped ensure any decisions taken on the person's behalf were in their best interest.
- People's capacity was considered as part of the initial assessment process prior to receiving support. Staff understood that, when people's capacity changed, further assessments would be needed to ensure decisions were being made in their best interests.
- People were supported by staff who had received training, in relation to the MCA and DoLS, and worked within the principles of the MCA.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Everyone we spoke with told us they were happy with the service they received. A person told us, "The carers are very good indeed. They arrive on time, or within a couple of minutes. The whole service is very satisfactory. That's all I can say really."
- People's equality and diversity support needs were identified. During the initial assessment process, staff identified how people preferred to be addressed; and whether they had any cultural needs, or preferences, that would affect how personal care support should be provided.

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

- People made decisions about their own care. Staff identified how people wished to be supported as part of the initial assessment process.
- Support changed as people's needs, or preferences, changed. For example, a person's support times had been reduced when the person stated they did not want, or need, care staff to stay longer than necessary to complete the care task. This demonstrated how people were involved in shaping the support they received.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence were respected. A person told us, "They're caring when they help me with washing myself. They make it so it doesn't feel embarrassing and we usually have a bit of a joke about things as they're helping me."
- Staff cared about the people they supported. A person's relative told us, "The staff are good. Some of them have really gone the extra mile to help my [relative], so I can't say anything bad about them at all."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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's care was well planned. Care plans were kept in people's homes, and a copy maintained at the provider's office. Care plans were personalised and provided enough information to support staff in understanding how a person's care needs should be met.
- People's care plans were up to date. They were reviewed at the start of the service and updated at least every six months, or sooner if someone's needs changed. That ensured care plans always reflected the person's needs and how support should be provided.
- Support was provided responsively to people. A person's relative told us, "They stayed longer with my [relative] when they needed an ambulance. They stayed until they were sure things were okay."
- People were happy with their support arrangements. A person's relative told us, "The timetable we have is really good. The care co-ordinators in the office are terrific. Really good people. They really know the people the staff are supporting, and you can tell they really care about them."

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 support needs were assessed and met. The registered manager told us the service user guide could be produced in a variety of formats and languages if required.

Improving care quality in response to complaints or concerns

- There had been no formal complaints received since the previous inspection. The provider had a complaints procedure which was given to people when they started to receive support.
- People complimented the service. People, and their relatives, gave us consistently positive feedback. This demonstrated the service was well liked by those who used it.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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 service helped people achieve good outcomes. For example, a relative told us, "[Carer] provides care as good as I could do it, and I've been doing it for 10 years! The two of them [carers] are really good. There is nothing wrong with the support at all." The relative was confident the standard of care met the person's needs.
- The registered manager, and all the staff we spoke with, told us they were committed to providing person centred, high quality care.
- The registered manager provided supportive leadership. Care workers told us the registered manager was approachable and they felt supported by them. A care worker told us, "I find working for Radis good, and know I can call the office team any time I have any questions or concerns."

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

- The registered manager understood, and acted on, their duty of candour responsibility by notifying the relevant people when incidents occurred. They had processes in place to investigate the causes of any incidents and shared those findings appropriately.

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

- The provider ensured the necessary notifications had been made. The registered manager understood their responsibility for reporting incidents, injuries and other matters that affected the people using the service. Notifying the CQC of these events is important so we are kept informed and can check that appropriate action had been taken.
- All the staff we spoke with understood their roles within the service. The registered manager had a good understanding of regulatory requirements.
- An effective quality assurance system was in place. The provider carried out regular quality monitoring of the service and had a continuous improvement action plan in place. That ensured the service continued to be good quality.

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

- The provider asked people, relatives and care staff, to contribute their views on the service through

satisfaction surveys. Responses were forwarded to the provider who produced an action plan for the registered manager to work through.

- People's equality and diversity characteristics were identified throughout their care plan. Care plans were available to guide care staff and were supported by the provider's policies.

Continuous learning and improving care

- The registered manager understood the importance of learning lessons, by reviewing incidents, to ensure the person received good quality care and support. They also looked for underlying causes and that was fed back to the whole staff team.

Working in partnership with others

- The registered manager and staff worked in partnership with other professionals and agencies, such as GPs and community health services to ensure people received the care and support they needed.