

G P Homecare Limited

Radis Community Care (Specialist Services)

Inspection report

Mercia House
15 Galena Close
Tamworth
Staffordshire
B77 4AS

Tel: 03301008150
Website: www.radis.co.uk

Date of inspection visit:
16 April 2019
18 April 2019

Date of publication:
22 May 2019

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 (Specialist Services) is a domiciliary care service that was providing personal care to 17 people in their own homes. This included a live-in service, where people received 24-hour support and a complex care service providing clinical care. The service had recently opened a supported living service for up to four people, which was occupied by three people at the time of the inspection.

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

People's experience of using this service:

People were supported by safely recruited staff, who had the skills and knowledge to provide effective support. There were enough staff available to provide consistent care and to meet people's needs. Medicines were managed safely, and staff followed infection control procedures.

Effective care planning and risk management was in place which guided staff to provide support that met people's needs and in line with their preferences. People were supported to have control over their lives.

People were supported by caring staff who promoted choices in a way that people understood, this meant people had control and choice over their lives. Staff provided dignified care and respected people's privacy.

People and their relatives were involved in the planning and reviewing of their care. Staff used care plans to ensure they provided support in line with people's wishes. This ensured people received personalised care in line with their preferences and diverse needs.

Systems were in place to monitor the service, which ensured people's risks were mitigated and lessons were learnt when things went wrong. There was an open culture within the service, where complaints were acted on and improvements made. People and staff could approach the management team who acted on concerns raised to make improvements to the way care was delivered.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection:

This was the first ratings inspection.

Why we inspected:

This was a planned inspection to assess whether the provider was meeting the required standards and to provide a rating.

Follow up:

We will continue to monitor the service through the information we receive.

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 (Specialist Services)

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger disabled adults which includes people with complex care needs. At the time of the inspection there were 15 people using the service.

This service also provides care and support for up to four people living in supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection there were three people living in the supported living setting.

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 we needed to be sure that the registered manager would be available.

Inspection activity started on 16 April and ended on 29 April 2019. It included telephone calls to people and relatives to gain feedback about the service and telephone calls to staff who provided support to people. We visited the office location on 19 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

We used the information we held about the service to formulate our planning tool. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service. We contacted professionals who were involved in people's lives to gain their experience of the service.

We spoke with three people who used the service and nine relatives to gain their experiences of the service provided. We spoke with four members of staff and the registered manager.

We viewed two people's care records to confirm what people and staff had told us. We also looked at documents that showed how the registered manager monitored and managed the service. Recruitment and training records were viewed to ensure the staff employed at the service were suitable.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- People and their relatives told us they felt staff provided safe support. One relative said, "We have three main carers, which works very well for my relative. We feel their current care team is excellent and understand my relative's needs well."
- People's risks had been assessed and detailed plans were in place to ensure staff had guidance to support people safely whilst promoting their independence. Staff had a good knowledge of people's risks and explained how they supported people to remain safe within their own home.

Systems and processes

- People were safeguarded from the risk of abuse because staff understood how to recognise the signs of abuse. Staff explained how they would report suspected abuse in line with the provider's policies.
- The registered manager had reported suspected abuse to the local safeguarding authority where required. Investigations had been undertaken to ensure people were protected from the risk of harm.

Staffing levels

- People told us there were enough staff available to meet their needs. One person said, "The staff are always here with me and the carers who need to help to move me arrive on time." Another person said, "I think the staffing is good and I have the same staff, so I get to know them well."
- A professional told us that it was important to one person that they were supported by consistent staff as this lessens their anxieties. They said, "This person is happier and settled with the support they receive because they have the same group of staff who they trust."
- People were given a copy of the staff rota to ensure they knew who would be supporting them. People were informed in advance of any changes made to the staff expected to provide support.
- The provider had safe recruitment practices in place, which ensured people were supported by suitable staff.

Using medicines safely

- People told us staff supported them with their medicines. One person said, "The staff remind me to take my medicine or I would forget." A relative said, "It all works well from the delivery of the medicine to the assistance with the taking of their medication."
- Medicine Administration Records (MARs) were used to show when staff had supported people with their medicines. Staff told us they were trained in the administration of medicines, which we saw documented in

the training records.

Preventing and controlling infection

- Staff followed infection control guidance and ensured personal protective equipment (PPE) was used when they supported people such as; gloves and aprons. This meant people were protected from the spread of infection.

Learning lessons when things go wrong

- The registered manager had a system in place to learn when things went wrong. Issues that were raised by people, staff or other professionals were dealt with by the registered manager. These were discussed with staff to ensure improvements were made to people's care.
- Incidents that had occurred at the service were recorded. Incidents were analysed by the registered manager to ensure appropriate action had been taken to lower the risk of further occurrences.

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

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 told us they had been involved in the assessment of their needs prior to using the service.
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, disability and religion.

Staff skills, knowledge and experience

- People told us they felt confident staff were trained. One person said, "We've got confidence in staff. They know what they are doing." A relative said, "The current carers are really good and understand what my relative needs very well."
- Staff told us they had received training to carry out their role. One staff member said, "The induction I received was good, I had five days in the office and I completed lots of training."
- Competency checks, and observations were carried out to ensure staff understood the training received and people were supported effectively.
- Staff felt supported in their role and received supervisions to ensure any issues or areas of development were discussed.

Supporting people to eat and drink enough with choice in a balanced diet

- People were happy with the way staff supported them with their food and drink. One person said, "The staff know what food I like and help me to prepare it too." A relative said, "It works really well. They [staff] make sure any drinks are thickened due to my relative's health needs."
- Staff supported people to manage their nutritional risks, such as weight loss. For example; monitoring was in place to ensure that people who were at risk of malnutrition had enough to eat and drink.

Staff providing consistent, effective, timely care

- People were supported by a small group of staff who they knew well. This helped staff build relationships with people and ensured people received consistent care.
- There was a handover system in place when staff changed. This ensured staff had up to date information, which helped them to provide effective care.

People are supported to have healthier lives and have access to healthcare services

- People were supported to have access to healthcare professionals. Staff supported people to arrange appointments and were available to assist them to the appointments with professionals.
- Records showed that people had been supported to access the G.P if unwell and staff had requested advice when needed. For example, district nurses were contacted where one person's skin condition had deteriorated. The guidance received had been followed by staff to ensure this person's skin integrity was maintained.

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 told us they consented to their care and records showed people's consent was gained prior to using the service.
- Where people were unable to consent to certain aspects of their care mental capacity assessments had been completed in conjunction with family members and professionals. This ensured people's care was provided in their best interests.
- Staff had a good understanding of the principles of the MCA and explained how they supported people to have choice and control in all areas of their lives.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and their relatives told us staff were kind and caring. One person said, "They [staff] are all very caring toward me and very sociable." One relative said, "My relative's main carer is 'like family'."
- A professional we spoke with told us that the staff interacted in a positive way with people they supported. They said, "One person we support is a lot happier since they have received support from this service."
- Staff told us they were given enough time on their rotas to chat with people and provide support in an unrushed way. Live in staff provided companionship to people and this meant they were able to build positive and meaningful relationships.

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

- People were involved in their care and were encouraged to make choices about how they wanted their care provided. One relative said, "Staff treat my relative as a person and ask them what they need."
- Staff explained how they supported people who had limited communication to make choices. Arrangements had been made for staff to receive training specific to one person's communication needs.
- Care plans contained individual guidance for staff to follow when supporting people to express their views.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were dignified and respectful. One person said, "They [staff] are polite and respectful." One relative said, "They all get on very well as they [staff] treat them as a person"
- People's dignity was maintained when staff provided personal care in privacy. Staff told us how they ensured people were comfortable with the care provided.
- People's independence was promoted by staff whilst ensuring their risks were lowered. One relative told us that it was important their relative stayed at home for as long as possible and the service provided meant they could maintain as much independence as possible.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

How people's needs were met:

People received personalised care from a consistent staff group that knew people well. Care plans were developed with people and their relatives which ensured people received care in line with their preferences and diverse needs.

Personalised care

- People and their relatives told us they were involved in the planning and review of their care. One relative said, "I am fully involved with my relative's care and the communication between the us, staff and the management has always been good."
- People received care in line with their preferences. People and relatives told us that staff knew people well, especially the 'live in' staff as they had built relationships and know people's likes and dislikes.
- Staff were matched with people to enable them to participate in shared interests. For example; one person enjoyed sewing and the staff member had these skills. Another person enjoyed gaming and the staff member who supported them also had a shared interest in this area.
- Staff knew people well and explained how they supported people, which matched what people told us and the details that had been recorded in their care plans.
- The registered manager was responsive to people's changing needs and staff were made aware when people's care needs changed.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and who they needed to contact if they had any concerns. One relative said, "I have complained about a few issues. Meetings have been held to discuss issues and the managers to listen to me."
- A professional told us that the management were responsive to any concerns raised and made improvements where needed.
- The provider had a procedure in place to investigate and act on written complaints received at the service.
- Complaints that had been made were investigated and a response was provided to the complainant in line with the provider's policy.

End of life care and support

- At the time of the inspection there was no one who needed end of life support.

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

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

Leadership and management; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Governance systems were in place to monitor service delivery and mitigate risks to people. Care plans, daily records, complaints and Medicine Administration Records (MARs) were checked to ensure people received their care as planned.
- Management meetings were held to discuss any issues or trends identified from the audits completed to ensure action had been taken and to ensure discussions had been held with staff.
- Unannounced spot checks on staff performance were completed to ensure staff understood how to support people effectively. Monthly visits to people and staff were completed to ensure people were happy with the care provided.
- Notifications had been submitted to us (CQC) and the registered manager understood the responsibilities of their registration.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People, relatives and staff told us the management team were approachable. One relative said, "We would recommend the service due to the quality of the current carers we have. The communication with the management is good too"
- Staff we spoke with were positive about the registered manager. One staff member said, "[Registered manager's name] is approachable. I have more contact with the service manager who is supportive and has helped me to settle in. We meet regularly to discuss my role and if there are any improvements I can make to the way I support people."
- The registered manager promoted the values of the service, which the staff followed in practice. One staff member said, "Our support means that people maintain their independence and we help them to do this in a compassionate and caring way. I get satisfaction that I make a difference to people's lives."

Engaging and involving people using the service, the public and staff

- People told us they were asked for their feedback on the service provided. One relative said, "We have an ongoing dialogue so we both know what's happening." Another relative said, "We are in contact regularly and there are monthly updates."
- An annual survey was completed in November 2018 and the feedback gained was used to identify and act

on areas that needed improvement.

- Staff told us they were encouraged to be involved in the service. One staff member said, "I feel the management listen to any suggestions I have to improve the experience for people and help me to make changes."

Continuous learning and improving care

- Staff were encouraged to have discussions about their ongoing learning and development. One member of staff said, "I have regular meetings with the senior carer where we discuss my performance and if there are any improvements required. This is really helpful so that I know I am providing good care."
- Bespoke training was sought and provided in line with people's individual needs. We saw that staff who supported people with clinical needs were provided with extra training to ensure they had the skills to provide effective and safe care.

Working in partnership with others

- The registered manager maintained good links with professionals to ensure people received a consistent level of care and their health and wellbeing needs were met.
- A professional said, "We are very impressed with the communication between ourselves and staff. They keep us fully informed of any issues."