

G P Homecare Limited

# Radis Community Care (Reading)

## Inspection report

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Date of inspection visit:  
16 December 2019

Date of publication:  
02 January 2020

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Radis Community Care (Reading) is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of the inspection 49 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People and relatives were confident people were safe and well protected from the potential risks of abuse and avoidable harm. Staff received training to safeguard people from harm and were knowledgeable about the risks and potential signs of abuse.

Safe and effective recruitment practices helped ensure staff were of good character and sufficiently experienced, skilled and qualified to meet people's needs. People, relatives and staff confirmed there were enough experienced, qualified staff to meet people's needs. Staff were trained and supported people to take their medicines at the right time as prescribed.

People, their relatives and staff felt the service was well led. Quality assurance systems identified where the service needed to improve and ensured the service was safely managed. The registered manager was responsive to any issues raised during the inspection and demonstrated a passion and enthusiasm for driving improvements where identified.

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

### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 6 September 2019).

The provider was served with a warning notice after the last inspection for breaches in Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to confirm the provider has now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Radis Community Care (Reading) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Radis Community Care (Reading)

## **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

This 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 homes.

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had 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 the registered manager and regional manager. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three people who use the service. We attempted to contact five relative and received one response. We attempted to contact six staff members and received two responses. We contacted eight professionals who have regular contact with the service and received no response.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the registered person failed to ensure the proper and safe management of medicines. This was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made enough improvement and is no longer in breach of Regulation 12.

- People received their medicines as prescribed. People were happy with the support they received with their medicines.
- There were procedures in place to support the safe administration of medicines including audits of people's medicine administration records.
- Staff who were administering medication had completed appropriate training and competency checks.
- Where medicines were prescribed to be administered on an 'as required' PRN basis, protocols to guide staff were in place.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff supporting them. One person said, "They always keep me safe."
- Staff we spoke with understood how to recognise signs of abuse and told us actions they would take to raise a concern. Staff felt the registered manager would take appropriate action should they raise a concern.
- Staff had received training in safeguarding adults which helped them recognise the signs of abuse and what appropriate actions to take to keep people safe.
- The provider had a safeguarding policy in place. The registered manager understood their responsibilities of reporting concerns about people's safety and welfare to the local authorities safeguarding teams.

### Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and these were managed safely.
- People and relatives told us they felt the service supported them to manage any risks in a safe way.
- People's individual risk assessments contained information for staff to follow to mitigate and manage risks should these occur. For example, measures were in place to avoid falling or pressure sores, with the use of specialist equipment.
- Risk assessments were reviewed regularly with the person, which ensured they were up to date and accurately reflected people's changing needs.

### Staffing and recruitment

- People were supported by staff who had been appointed following safe recruitment processes.
- The checks included satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.
- People, relatives and professionals consistently told us people experienced good continuity and consistency of care from regular staff, who knew them well.
- We saw evidence that there was enough staff employed to meet people's individual needs as identified in their packages of care.

#### Preventing and controlling infection

- Staff had access to the necessary personal protective equipment (PPE) to minimise the risk of infection, such as disposable aprons and gloves.
- People and their relatives told us staff used PPE when delivering personal care.
- Staff understood the importance of infection control and what action to take to prevent the spread of infections.

#### Learning lessons when things go wrong

- The registered manager documented any incidents that took place. They reviewed these to identify triggers and strategies to avoid reoccurrence. These measures had been effective in learning from incidents to promote people's safety.

# 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.

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

At our last inspection the registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The registered manager and office staff were clear about their roles and responsibilities which helped to ensure staff had the necessary support to be responsive to people's needs.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies.
- Systems were operated to maintain the quality and safety of the service. Audits identified issues and action was taken to address them.
- The registered provider had developed audits to assess and monitor the performance of the service. For example, audits of people's medicine administration records, care plans, people's daily notes and audits to ensure oversight of late/early visits to people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a clear want to drive improvements in the service to achieve the best outcomes for people.
- Staff we spoke with were focused to ensure people came first and received good outcomes. Staff demonstrated a person-centred and open approach to working with people to support them in achieving good outcomes.
- People experienced care from a staff team who knew them well and were committed to ensuring they received care, which was individual to them.
- Staff told us they were proud to work for the provider and felt the culture was open and transparent.
- Staff said they would feel confident about reporting any concerns or poor practice to the registered manager.
- The values of the service supported staff in providing kind, compassionate and respectful care. The

feedback we received from people, relatives and staff evidenced the values were embedded into the culture of the service. One relative told us, "I couldn't rate them [the service] highly enough. They [staff] are amazing."

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 had a good understanding of duty of candour and promoted an open and honest service, leading by example.
- The registered manager assumed responsibility and accountability when concerns had been raised or mistakes had been made.

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

- There were a number of different ways that the views of people, staff and professionals were sought and used in the monitoring and development of the service. For example, annual surveys of people and their relatives.
- Staff were encouraged to attend staff meetings and they were kept up to date on changes which affected their day to day work. This included the provider sending out a regular newsletter to staff.
- People who knew the management team provided positive feedback about how the service was managed.
- The provider's systems supported effective partnership working. Staff described working in partnership with other agencies including health care professionals to support people effectively.