

GP Homecare Limited

# Radis Community Care (Cedar Court)

## 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?

Requires Improvement 

### Overall summary

This inspection took place on 16 June 2015 and was announced. Radis Community Care (Cedar Court) is a domiciliary care agency. Support is provided to people living in the Cedar Court Extra Care Scheme. The Extra Care team can assist adults with a variety of needs and operates from an office within the housing complex.

At the time of the inspection the service was providing personal care to thirty-one people.

There was a registered manager in post at the service, however, we were told they were on long term leave and an interim manager was managing the day to day running of the service supported by the regional director. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

There were systems in place to manage risks to people and staff. Staff were aware of how to keep people safe by reporting concerns promptly through procedures they understood well. However, although a safeguarding concern had been appropriately reported to the local authority a notification had not been sent to the Care Quality Commission (CQC).

Staff received an induction and spent time working with experienced members of staff before working alone with people. Staff received training in topics the provider considered essential. However, some staff needed to refresh their training and the manager confirmed training had been planned.

Although staff had not had regular one to one meetings with their manager they felt well supported by the interim manager and said they were listened to if they raised concerns. Staff felt there was an open culture in the service and they were comfortable to approach the interim manager for advice and guidance. Regular staff meetings were held and staff were able to contribute to developing the service through discussions.

People were happy with the service they received and felt safe using the service. People had been involved in decisions about their care. They told us that staff were

caring and said they treated them with dignity and respect. People also told us their privacy was protected and confirmed staff gained their consent before providing care.

People told us they had been asked for their views on the service and were able to raise concerns and complaints if they needed to. They felt the interim manager would take action if necessary.

People's needs were reviewed and up to date information was communicated to staff to ensure they could provide appropriate care. Staff contacted healthcare professionals if there were concerns about a person's wellbeing.

The provider's recruitment procedures were robust, medicines were managed safely and there were sufficient staff to provide safe, effective care.

The quality of the service was monitored by the interim manager and the provider. Feedback was sought from people and care records were audited.

Staff were aware of how to deal with emergency situations and the provider had plans in place to deal with emergencies.

Complaints were addressed and action taken according to the provider's policy.

We found one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have told the provider to take at the back of the full version of this report.

# Summary of findings

## 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.

Recruitment procedures were robust. Risks to people's safety were assessed and plans to manage identified risks were in place.

Staff demonstrated a good knowledge of safeguarding procedures and reporting requirements. The provider had plans in place to manage emergencies.

People were supported by sufficient staff with relevant skills and experience to keep them safe and meet their individual needs. Medicines were managed safely.

Good



### Is the service effective?

The service was effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choice was respected.

People had their needs met and supported by staff who had received relevant training and felt supported.

Staff sought advice with regard to people's health in a timely way.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and respect. Their privacy and dignity was protected. People were encouraged and supported to maintain independence.

People were involved in and supported to make decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People had their needs assessed and were involved in planning their care. Their care needs were reviewed and changes made when necessary.

People were supported in a personalised way and their preferences were recorded and taken into account.

People were asked to give feedback on the service and knew how to make a complaint or raise a concern if necessary.

Good



### Is the service well-led?

The service was mostly well-led.

Requires Improvement



# Summary of findings

A notification had not been promptly submitted to CQC.

There was an open culture in the service. People and staff found the interim manager approachable.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored and action taken when issues were identified.

# Radis Community Care (Cedar Court)

## 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 took place on 16 June 2015 and was announced. The provider was given a short notice period because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service. We received feedback from one local authority commissioner.

During the inspection we spoke with five people who use the service, two relatives and a live-in carer not employed by the service. We spoke with three members of staff, the interim manager, the regional director and a local authority commissioner. We looked at records relating to the management of the service including four people's care plans, policies, four staff recruitment files, training records, complaints log and accident/incident records.

# Is the service safe?

## Our findings

People felt safe when they were with the care workers and they were supported with their care needs in a safe manner. One person said, “Oh yes, very safe,” and a relative who was with them commented that they agreed, “Totally.” Another person said they felt “completely safe” and a relative told us they had, “no worries” about the safety of their family member.

Risk assessments were carried out for each person and reviewed when any changes to their support needs occurred. For example one person’s needs had increased and they required a different care package. This had been reviewed and the care plan altered to take into account their different needs. The home environment was assessed as well as individual risks such as those associated with moving and handling and assistance with medicines. Guidance for staff was in place to help them manage risks as safely as possible. Staff confirmed they were made aware of measures to be taken to reduce or manage any risks identified. For example they described how they checked and cross checked with their colleague the correct loops on slings when using a hoist to move and position people. Staff told us any changes in a person which may present a risk were reported immediately. Changes were recorded in people’s daily care records, the handover/communication book and also communicated verbally between the team.

The provider’s recruitment processes were thorough. Checks had been carried out to establish the suitability of staff to work with vulnerable people. These included the applicant’s conduct in previous employment, physical and mental fitness and disclosure and barring service (DBS) criminal record checks. Staff told us these checks had all been completed before they began working for the service and they had undergone a formal interview process.

Before the inspection the local authority commissioning team had raised concerns with regard to staffing levels at the service. During the inspection we found there were sufficient staff available to keep people safe. The number of staff required was determined by the needs of the people using the service and adjustments were made to staffing levels if people’s needs changed. For example, one person’s needs had increased and they required the assistance of two care workers instead of one. The interim manager said staffing had been increased and told us recruitment was

ongoing to enable the service to accommodate new requests to provide care. Staff confirmed the number of staff had been increased and they felt numbers were adequate to provide safe care.

People were safeguarded by staff who had good knowledge of signs that may indicate a person was being abused and of reporting procedures they should follow. Information about safeguarding was supplied to people using the service in the customer guide. Each member of staff received a handbook containing the provider’s safeguarding policy when they commenced working for the service. Staff were aware of their responsibilities with regard to keeping people safe and one member of staff said, “If anything was going on I’d report it straight away to the manager or if I thought they were involved I’d go higher, even to the police or the Care Quality Commission (CQC).”

Staff were also aware of the provider’s whistleblowing policy and told us they could raise concerns and felt they would be listened to and acted on. Staff told us they were aware they could raise concerns outside of the organisation if necessary and had access to relevant contact numbers. Whistleblowing concerns had been raised with regard to staffing levels. This had been investigated and appropriate action had been taken to ensure adequate staffing was now in place.

People received their medicines safely. Staff had received training in the safe management of medicines and their knowledge had been tested. Staff told us their competence was checked during observational checks on their work carried out by the team leader, however, we noted these had not been recorded. Medicines were provided by a community pharmacist in a monitored dosage system (MDS). An MDS is a special container, used by pharmacists when filling people’s prescriptions. These boxes are used when people need help to remember to take their medicines on the right day and at the right time. The medicine administration records we reviewed were up to date and had been completed by the staff supporting the person with their medicines.

The provider had appropriate plans to manage emergencies in place. This provided staff with direction to ensure people’s needs would continue to be met during and after an emergency. Staff were familiar with the provider’s policies in relation to emergencies that may arise in people’s homes. They were also able to describe the

## Is the service safe?

action to take in the event of an emergency such as fire. Accidents and incidents were monitored and staff were aware of the reporting processes they needed to follow if either occurred.

# Is the service effective?

## Our findings

Staff told us they felt supported by the interim manager. One staff member said “yes I feel supported now and things get followed up.” Another told us the interim manager always made themselves available if they needed to talk or ask for advice. However, regular one to one meetings between staff and their line manager had not taken place. One to one meetings provide an opportunity to discuss an individual staff member’s work, their development and any concerns they may have. Some staff told us they had been spot checked by the team leader, however, others said they had not had a spot check. Spot checks are used to monitor the practical performance of staff to ensure they are providing effective and safe care. We reviewed the records which showed nine of the fourteen staff had not had their work spot checked. These issues were discussed with the interim manager who informed us that this had been recognised and was being addressed. A programme of regular meetings and spot checks was planned. The team leader confirmed this programme had begun and told us they now had allocated time to carry out these duties.

People told us they felt staff had the necessary training and skills to look after them. One person said, “they seem to have the relevant training.” Staff received induction training when they began work and they observed and worked with more experienced staff until they were competent and confident to work with people independently. A combination of on line eLearning and face to face training was undertaken by staff who told us they felt it had given them the necessary knowledge to complete their role safely. Mandatory training topics had been completed by all staff, however, we noted that some staff required refresher training. The interim manager said this was being addressed and training sessions were planned to ensure staff knowledge was kept up to date. Staff confirmed they had refresher training booked in the near future. The regional manager told us current training was being mapped to the new care certificate and all new staff would

undertake this qualification in the future. Staff were offered the opportunity to gain nationally recognised qualifications. One member of staff said they had recently discussed enrolling on a course to gain a National Vocational Qualification in Health and Social Care with the interim manager and this was now being organised.

Staff had completed training on the Mental Capacity Act (2005) (MCA). The MCA legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. They were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. Staff told us they sought people’s consent before helping them with their personal care, one told us, “we get people’s permission and check they are happy.” Another said, “we always ask people before doing anything.” People had been asked if they gave their consent for care and support to be provided in line with their care plans. Whenever possible people had signed their care plan to indicate their consent.

Staff told us when people required support with eating and drinking it mainly involved heating up ready prepared meals or making sandwiches snacks and drinks. All staff had undertaken training in safe food handling and one told us, “It’s important to follow the instructions on the packet when heating meals for people, we don’t want to make them ill.” They said they supported people to choose what they wanted to eat and drink before preparing it. People confirmed they were given choice with their meals and told us staff left snacks and drinks within reach so they could help themselves if they wanted them to.

Staff sought medical attention for people when necessary. For example, they contacted people’s GP or other healthcare professionals if they had concerns about a person’s well-being. Staff told us they had contacted GPs and district nurses for people and also called the emergency services when they had concerns about people’s health.



# Is the service caring?

## Our findings

People told us they were happy with the care they received. One person said, “They (staff) are excellent, I don’t have any worries with them, they are always there to help” and another told us, “The girls are brilliant, honestly they really are.” One person commented, “they’ve always got a smile on their faces, they are excellent.”

Staff described how they provided support to people in a caring way. For example, one said, “I like people to know I’m there for them. I talk to people and try to have a laugh with them. I hope someone will make me laugh and talk to me when I need care, it’s so important.” Other staff told us they made sure they respected people and did things the way they wanted. A live-in care worker (not employed by the service) told us, “They work well with me to make sure [name] is cared for in the best possible way. They know [name] very well and help me to understand [name]’s needs.”

People were shown respect and their privacy and dignity was protected. We observed staff ringing door bells or knocking and waiting to be invited into people’s flats. Staff told us they never entered a person’s flat without invitation

and the person being present. People told us that care workers made sure their privacy was maintained when they were assisted with personal care. They told us their modesty was protected at all times. Staff also gave examples of how they provided privacy and dignity while supporting people with personal care. Such as, closing doors and making sure people were covered appropriately.

People were supported to maintain their independence and told us staff encouraged them to do things for themselves. One gave an example of how they were supported to wash their face and hands even though they could not manage to wash other areas independently. A member of staff told us they thought it was important to encourage independence and said, “I never rush anyone, so they have time to do as much as possible for themselves.”

People had been involved in planning their care and in making decisions about how their care was delivered. They told us they had been consulted if things changed and if necessary they could make changes themselves. For example, one person told us if they needed to alter the time of a visit they just needed to let the service know and, “they sort it out.”

# Is the service responsive?

## Our findings

People's care needs were assessed before they received support from the service. A document called 'About Me' was used to gather important information. This included the person's history, details of their social interests and the hobbies they liked to pursue as well as personal likes and dislikes. The information was used to develop a care plan that was personalised and focussed on what people wanted from the service. People told us they had been involved in making choices about their care.

A review of people's care plans was carried out at least annually. If their support needs changed a review was carried out sooner. For example, when one person's needs had increased a review had been held and a new care plan had been written to reflect the need for increased care.

People told us they were asked for feedback on the service both by staff and the interim manager. People and their relatives said they felt sure action would be taken if they raised concerns but they had not needed to raise any.

Staff had up to date information about people and their needs. They told us they were informed of any changes both verbally and through use of a communication book. People confirmed they always received their visits and said that staff arrived promptly most of the time. People's interests were considered and people told us staff reminded them of activities organised by the housing manager that were available and which may interest them. For example, on the day of the inspection a cream tea was being held in the communal lounge. Staff informed people of this and supported people to attend if they wished.

The provider had a complaints policy and there was a system for recording and dealing with complaints. Complaints received had been investigated and dealt with in accordance to the provider's policy and resolved to people's satisfaction. We noted no complaints had been received since January 2015. Staff told us they supported people to raise concerns if they were not happy with something and people said they knew how to make a complaint if necessary. One person commented, "I can raise concerns if I need to, no problem. But I don't have any worries."

# Is the service well-led?

## Our findings

At the time of the inspection there was a registered manager in post. However, we were informed that they were currently on long term leave. Therefore the day to day management of the service was being carried out by an interim manager supported by the regional director.

We found although a safeguarding concern had been appropriately reported to the local authority a notification had not been sent to the Care Quality Commission (CQC). Notifications are sent to CQC to inform us of events relating to the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The regional director assured us that work was being carried out with managers in regard to completion of notifications in the future.

The interim manager told us they maintained an open door policy and encouraged staff to contact them for advice and support whenever they needed to. They told us, “staff are open with me because I am open with them. For example I encourage them to talk about mistakes so they can be addressed and we can learn from them.” Staff confirmed this and told us they found the interim manager approachable. They also felt they were listened to. One said, “She is approachable, she’s always got enough time to stop and speak to you.”

The quality of the service was monitored by the interim manager. Audits of the medication administration records

and care records were completed monthly. The interim manager showed us how the computer software system allowed them to print reports indicating when training was required and one to one meetings with staff were due so this could be monitored. They had used this to identify regular meetings had not been taking place between staff and their manager. This had enabled them to take action to plan regular meetings. A quality satisfaction survey had recently been sent to people who use the service but at the time of the inspection the results had not been received. The interim manager told us the results would be used to plan actions to improve the service in the future.

Regular staff meetings were held quarterly. Staff told us the meetings were two-way and they had opportunities to say how the service could be improved and raise any concerns. We reviewed the minutes of the meetings held in February 2015 and May 2015. Discussions had taken place with regard to recruitment, confidentiality, health and safety and other matters relating to care delivery. The interim manager reported that staff were keen to develop the service and were aware of the values and ethos set by the provider. Staff spoke about the values of the service and in particular good team working. Comments included, “we all work well together” and “we’re a good team here.” The interim manager spoke about the positive working relationship they had built with the housing scheme manager with whom they met on a weekly basis and the local authority commissioners. This was confirmed by a commissioner we spoke with.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered person had not notified the CQC without delay of incidents which occur whilst services are being provided in the carrying on of a regulated activity. Regulation 18 (2) (e)</p>