G P Homecare Limited

Radis Community Care (Bedford)

Inspection report

Regent House
5-7 Melbourne Street
Bedford MK 42 9AX
Tel: 01234 326459

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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

Overall summary

The inspection was announced and took place on 19 and 20 January 2015

Radis Community Care (Bedford) provides personal care to people in their own homes. At the time of our inspection 82 people were receiving a personal care service.

People were kept safe and free from harm. Staffing numbers were adequate to meet people's assessed needs and staff were suitably employed. People's medicines were dispensed in dosette boxes and staff had been trained in the safe handling of medicines.

Staff received appropriate training to support people with their care needs. Where possible people were matched with staff from the same ethnic background. Work was in progress to address the gaps in the staff supervision and appraisal records.

Summary of findings

People were supported by staff to access food and drink of their choice. If required staff supported people to access healthcare services.

Staff treated people with kindness and compassion and had established positive and caring relationships with them. Where possible staff encouraged people to promote their independence.

People were involved in the assessment of their care needs. Care plans were reviewed regularly or as and when people's needs changed. The service had a complaints procedure and people were encouraged to raise complaints.

The service promoted a culture that demonstrated openness and good management and leadership skills. The quality assurance systems in place were effective and used to obtain feedback, monitoring performance and managing risks.

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

People were protected from abuse and avoidable harm by staff who knew how to report concerns.

People were looked after by staff who were recruited appropriately.

People were supported with their medicines by staff who had been appropriately trained in the safe handling of medicines.

Good

Is the service effective?
The service was effective

People were looked after by staff who had been appropriately trained to undertake their roles and responsibilities.

People were looked after by staff who were aware of the requirements of the Mental Capacity Act [MCA] 2005.

People were supported by staff with their food and drink in accordance with their support plan.

People were supported by staff to access healthcare services if required.

Good

Is the service caring?
The service was caring

People were treated by staff with kindness and compassion.

People were looked after by staff who had established a positive and caring relationship with them.

People were supported by staff to express their views and be involved in making decisions about their care and support.

People were supported by staff who respected and promoted their privacy and dignity.

Good

Is the service responsive?
The service was responsive

People were involved in the assessment, planning and delivery of their care needs.

People were encouraged to raise concerns or complaints.

Good

Is the service well-led?
The service was well led

Staff were supported by a manager who was open and transparent.

The registered manager demonstrated good management and leadership skills.

The service had quality assurance systems in place which were used to monitor the provision of care.

Good

Radis Community Care (Bedford)

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.

The inspection of Radis Community Care (Bedford) took place on 19 & 20 January 2015 and was announced. We told the manager two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service.

The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of care service.

Before the inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection we spoke with two support workers, one field supervisor, two care coordinators, the registered manager and the area manager. We also visited a person in their home and observed how care was delivered. We reviewed the care records of five people who used the service, five staff recruitment files and other records relating to the management of the service. We undertook telephone calls to twenty-one people who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. They said that staff had never treated them harshly or spoken to them in a bullying or aggressive manner. One person said, "I feel safe with the carers that I have. They look after me."

Staff said that they had undertaken safeguarding training. They told us if they witnessed or suspected a person was at risk of harm they would report it to the manager. A staff member said, "As part of our induction we were provided with safeguarding training and given scenarios on what abuse is and the signs and symptoms." The registered manager told us that staff competencies on safeguarding were regularly assessed. She said, "We make staff aware of the Bedfordshire safeguarding policy and tell them to contact the office if they have any concerns for a person's safety." We saw a safeguarding poster was displayed at the service. Staff spoken with were knowledgeable about the safeguarding process.

The service had risk management plans in place to protect and promote people's safety. The registered manager told us that before care was provided assessments were undertaken to assess any risks to individuals and to the staff supporting them. This included environmental risks and any risks to their health and support needs. The registered manager said, "If a person requires equipment to support them safely such as, a hoist, sliding sheet, or Zimmer frame we would report back to social services. We also work closely with the occupational therapist and multi-disciplinary team who would provide the equipment." The risk assessments we looked at were clear and provided information on what action staff should take to promote people's safety and independence and to minimise any potential risk of harm. For example, a person who had failing eye sight still wished to be independent and make hot drinks when required. We saw that the risk assessment outlined how staff should support the person to promote their independence and minimise the risk of harm such as scalding when left alone. We saw that environmental risk assessments contained clear actions for staff to support people to ensure that their home environment was free from clutter.

The registered manager told us that staff were aware of the reporting process for any accidents or incidents that occurred. She said, "If a client has an accident staff would record it and inform the office." We saw that the service had processes in place to enable the registered manager to monitor accidents. This ensured that any trends could be identified and investigated.

People were not confident that the staffing numbers available were sufficient to meet their needs. One person said, "Over the last few months there has been a lot of staff turnover." Another person said, "I had two regular carers who I got on really well with, all of a sudden both of them left the agency at the same time. Since then I have had six or seven different carers and never seem to see the same one twice."

Staff told us there were sufficient staff employed to meet people's needs. A staff member said, "There are enough of us, we only have problems when staff members phone in sick at short notice and there is no one to cover. This does not happen very often but when it does happen the care coordinators support us with hands on care." The registered manager said, "We are always actively recruiting staff." She told us that staffing levels were determined by the number of people using the service and their needs. She said, "We would not take on a care package unless we can meet the person's needs." We saw evidence that staffing levels were adjusted according to the needs of people who used the service. For example, a person's dependency levels had increased and the number of staff supporting them had increased from one to two staff members to promote their safety.

We saw that the service had an electronic monitoring system that recorded the times staff entered and left people's homes. The registered manager said that it was a useful tool and provided information on whether staff were spending the allocated time with people and gave an indication on whether the time allocated to support people needed to be increased or decreased.

Staff told us that before they began to work for the service they completed an application form and attended an interview. A staff member said, "I attended an interview and the manager applied for a Disclosure and Barring Service [DBS] certificate. I also had to provide evidence of proof of identity and supply three references. One of them was from my recent employer." The registered manager told us that staff did not take up employment until the required recruitment documentation was completed. She said, "We expect staff to have a DBS certificate and satisfactory

Good

Is the service safe?

references before taking up employment. If these are not in place they are not able to undertake their induction." The staff recruitment files we looked at showed the required documentation was in place.

People were supported by staff to take their medicines safely. Staff told us that people's medicines were dispensed in monitored dose systems; and that they had undertaken training in the safe handling of medicines. The registered manager told us that it was people or their relative's responsibility to ensure that they had adequate supply of medicines. We saw training records which confirmed that staff had undertaken training in the safe handling of medicines.

We looked at the Medication Administration Record [MAR] sheet for five people who used the service. We found that one person's MAR sheet had not been fully completed; however, we were able to cross reference the entries in the daily log and found that staff did not provide care to the person on the days that the medicine sheet had not been fully completed because the person had been on leave. We saw that the registered manager was in the process of reviewing the medicine auditing system to make staff more accountable for their actions when administering people's medicines.

Good

Is the service effective?

Our findings

People said that staff had the knowledge and skills to carry out their roles and responsibilities. One person said, "I know that staff have regular training because they tell me I would not see them for a few days." Another person said, "My carer always tells me when she is having training updates."

Staff told us they had received training to enable them to perform their roles and responsibilities. A staff member said, "Training is now booked in advance. I like this way of working as we can plan ahead." We saw that the service had its own in-house trainer and staff had been made aware of training that was due to take place to update their knowledge and skills.

The registered manager said when a new care package was received compatibility with the service's needs were looked at. For example, she would ensure that appropriate staff were available to meet the person's assessed needs. She also said that she tried to match staff with people's ethnic or religious needs. For example, people of Caribbean and Indian nationality were matched with staff from that ethnic background.

Staff were confident that they were provided with the appropriate support and induction training to undertake their responsibilities. A staff member said, "The induction training was of a high standard. It was interactive and tailored to my needs. The manual handling training was very useful as I had never ever used a hoist before." The staff member also said that the registered manager and other support workers were very supportive and gave them time to build their confidence. The staff member said, "I am still shadowing experienced workers because I want to get it right. I was not afraid to say I needed more time."

The registered manager told us that all staff have to undergo a five day induction training which covered topics such as, safeguarding, recording and reporting, confidentiality, data protection, safe handling of medicines, health and safety, food hygiene and manual handling. At the end of each training session staff would undertake a written test as well as an e-learning assessment. Records demonstrated that all new staff were provided with induction training before carrying out any care visits. Staff also worked alongside an experienced support worker for at least two weeks or until they felt confident to work alone.

The registered manager said that as a minimum staff should expect to have a face to face supervision, an appraisal and two spot checks yearly. She told us that gaps in the supervision and appraisal records had been identified and were being addressed. We saw that fourteen staff had received face to face supervision recently and were in the process of being appraised. This would provide them with the opportunity to discuss their performance and identify any further training they required.

Staff told us they had achieved a national qualification at level 2 or level 3 in health and social care to further increase their skills and knowledge. We saw certificates in the staff files we examined to confirm this.

Staff told us that they had received training in the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS]. A staff member said, "We always obtain people's permission first before providing support." Staff and the registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and how it worked in practice. The registered manager said that at the time of our inspection no one using the service liberty was being deprived of their liberty unlawfully.

People were supported by staff to access food and drink of their choice. People said that staff always asked them what they wanted to eat. One person said, "My carer knows I like fish and chips on a Friday and will always make it for me without me having to ask."

Staff said that most people had frozen meals purchased for them. Therefore, they were only required to reheat the meals and ensure they were accessible to people. A staff member said, "The clients always tell us what they would like to eat and we reheat it in the microwave." Staff also said that they sometimes prepared sandwiches for people who used the service. A second staff member said, "We always ask the clients what fillings they wish to have in their sandwich." Staff said that they ensured people had enough fluids. For example, before leaving they would ensure that people had a hot or cold drink of their choice. In some instances people were left a jug with water or fruit juice that they could access.

The registered manager said if people were not eating and drinking adequate amounts; staff would report it and this would be passed on to their GP who would take the appropriate action such as, making a referral to a dietician or providing food supplements.

Good

Is the service effective?

People had access to healthcare services to maintain good health. People said that their health care appointments and health care needs were co-ordinated by themselves or their relatives. One person said, “I make my own appointments with the GP if I have to or sometimes my daughter does it for me.”

The registered manager said if staff observed that a person was not well they would report it to the office. The staff member would be advised to get the person’s permission to obtain medical intervention and request for the GP to visit. If the person had relatives the service would get in touch with them. Staff would remain with the person until their relative or the GP arrived. In some situations staff would be advised to call for an ambulance. We saw that people’s care records included the contact details of their GP so staff could contact them if they had a concern about a person’s health.

Good

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. One person said, "My carer is kind." Another person said, "I like my carer very much she would do anything for you."

The registered manager told us that people's care plans took account of their diverse needs and wishes and were understood by all staff. For example, to ensure people received continuity of care three staff members would be introduced to a person at the commencement of their care package and regularly support them with their care needs. The registered manager said, after three months this was reviewed to minimise the risk of staff becoming complacent when delivering care because some people had mentioned that not all staff read the care plan when they arrived to provide care. She explained that sometimes people objected to the change of care workers and when this occurred care workers were re-instated.

During this inspection we visited a person in their home and observed how the staff member provided care to the individual. The staff member said, "I always read the care plan to make sure that there are no changes. It is very important. I also find out from the client what she would like. I don't just assume." The staff member said, "I always make her a cup of tea but today she does not wish to have one." It was evident that the person wishes were respected. We saw that the staff member supported the person in a kind, and patient manner. They clearly knew the individual and had established a positive and caring relationship with them. We observed that the person's first language was not English; however, the staff member was able to communicate with them in a way they could understand. There were lots of laughter and good humour and the person looked relaxed in the staff member's company.

People said they were supported to express their views and be involved in making decisions about their care and support. A person who used the service said, "I am involved in making decisions about my care. I tell them how I like things done." People said that staff always obtained their consent before providing them with care and support and acted on what they said. A person said, "My carer used to dress me by putting my right arm into my pyjamas first. I told her that my left arm was painful if it bent too far and since that time she has always ensured that I am dressed with the left arm in my pyjamas first."

Staff told us that the support provided to people was flexible and based on their individual needs. The registered manager said that from the first meeting with people their needs were discussed with them and they were asked for their views on how they wished to be cared for in a holistic manner. The care plans we looked at outlined people's needs and the support they required from staff to ensure care was delivered in a personalised manner.

The registered manager told us that there was no one using the services of an advocate. She said that some people's relatives would advocate on their behalf. She also said, "If a person requires the services of an advocate I would provide them with the support they need to access one."

People said that staff respected and promoted their privacy and dignity. One person said, "Staff always make sure that the bathroom door is closed when assisting me with a shower." Staff said whenever people were assisted with personal care they ensured their privacy was upheld. One staff member said, "I always make sure that the curtains are drawn and the door is closed. If they wish to use the toilet I always leave the room."

The registered manager told us that people's wishes on how they wished to be supported with personal care to ensure their privacy and dignity was promoted were recorded in their care plans. We saw evidence of this in the care plans we looked at.

The registered manager said that staff were provided with training in data protection and confidentiality. She said, "Staff are told that at no time should information relating to clients is discussed with other people unless it is with another care worker who needs to know about the client's care needs to provide support." Staff confirmed that they had been provided with confidentiality training and were aware of their responsibility to ensure that confidentiality was not breached.

People told us that staff encouraged them to promote their independence. One person said, "The staff know me well and know what I am able to do for myself." Staff said that they encouraged people to do as much for themselves and provided assistance when people needed it. A staff member said, "A person might not be able to get up from their chair on a specific day; however, it does not necessarily mean that they require assistance every day." The care plans we looked at detailed the level of assistance that people required to maintain their independence.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. People said that they were involved in the assessment of their care needs and how care would be delivered. A person who used the service said, "I have a care plan and it is reflective of the care and support I receive." Another person said, "The carers know me so well that I don't need to tell them what to do anymore. It makes my life much easier."

Not all the people we spoke with could remember completing a survey to comment on the quality of the care that was provided to them. Those who could remember completing a survey said that they had not been given feedback from the outcome of the survey. Therefore, they were not sure if the service had acted on suggestions made in relation to the care provision.

The registered manger told us that people were involved in the assessment, planning and delivery of their care. People were able to say how they wished to be supported and by whom. For example, if they wished to be supported by a male or female care worker. We found that the service carried out an assessment to identify people's support needs. The care plans we looked at outlined how these needs were to be met. They were written in a personalised manner and included information on the level of support people required to maintain their independence as well as their background, preferences and interests.

The registered manager said that the care plans were reviewed yearly or when people's needs changed. We saw evidence in one of the care plans we examined that the person's needs had changed and they required more support to assist them with their mobility. Additional support was provided and the care plan had been updated to reflect the new changes.

People were encouraged to raise concerns and to complain. People told us that they knew how to make a complaint and felt confident to raise one if the need arose. For example, one person said that they had raised a concern regarding the lateness of carers and was told that they had been an issue with the client they had previously visited. A second person told us that they had raised with the manager that they wished to change their care worker and this was accommodated straight away.

The registered manager told us that she encouraged people to complain and saw complaints as an opportunity to improve on the quality of the care provided. She also said that any complaints made were discussed at staff meetings. At the time of our inspection the service had received two complaints and they had been responded to within the provider's timescale. We saw that the service's complaints procedure was included in the information pack given to people when they started receiving care.

Good

Is the service well-led?

Our findings

The service promoted a culture that was open, inclusive and empowering. Staff told us that the registered manager was open and transparent. A staff member said, "If she does not know the answer she would go away and find the answer." Staff said that the manager was open to challenge and encouraged them to express their views and opinions to improve on the care provided. A second staff member said, "The manager listens to suggestions made."

The registered manager told us that the service used to undertake monthly monitoring telephone calls to enable people to comment and make suggestions on the care and support provided. People suggested that the calls should be reduced to quarterly as they felt that they were continually contacted. We found that the suggestion made had been acted on. We saw evidence that the service sent out annual audits and these had been analysed. Overall people were satisfied with the care and support they received.

The registered manager said that the service acted on concerns raised by staff and people who used the service. She said, "We have a formal investigatory process. Allegations made are appropriately addressed." Staff said that the whistleblowing process was discussed with them on an ongoing basis and concerns raised were acted on appropriately. We saw the whistleblowing process was outlined in the staff handbook. The registered manager said that the process was regularly discussed at staff meetings; also the service's vision and values. Staff said that the registered manager was approachable. A staff member said, "She listens to you. If I have a problem I won't hesitate to go to her as I know that it would be sorted."

The service demonstrated good management and leadership. Staff told us that the registered manager was always available and led by example. A staff member said, "She makes you feel relaxed and is accessible out of hours to provide advice." All the staff we spoke with said that the manager was committed to ensure that people received a quality service.

There was a registered manager at the service and she had been registered in November 2014. We found that not all the people we spoke with were aware of the appointment and name of the registered manager although she had been in post since July 2014. One person said, "There has been so much changes of late that I wouldn't even know who to ask for." The registered manager told us that a memo had been sent to all the people who used the service to make them aware of her appointment. She agreed to send a further memo to all the people who used the service.

The provider was meeting their registration requirements for example, statutory notifications were submitted by the provider. This is information relating to events at the service that the provider was required to inform us about by law.

The service had quality assurance systems in place. The registered manager told us that the service had a system of audits, surveys and reviews which were used to good effect such as obtaining feedback, monitoring performance and managing risks. These included areas such as medicines, staffing and care records. Where improvements had been identified there were action plans in place to address the issues requiring attention.