

G P Homecare Limited

Radis Community Care (Stoke-on-Trent)

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 

Overall summary

The inspection took place on 3 November 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because we needed to be sure that the registered manager would be in. At our previous inspection in December 2014 we judged the service as Requiring Improvement in medicine management, staff training and support, and involving people in decision making about their care and support needs. This inspection was to check that improvements had been made.

Radis Community Care (Stoke-on-Trent)) provides care and support to people in their own homes and in the Newcastle-under-Lyme and Stoke-on-Trent areas. At the time of this inspection 209 people used the service.

The service had a registered manager. 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.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. The registered manager and staff had received training in safeguarding adults from abuse and were aware of the procedures to follow if they suspected that someone was at risk of harm.

People were offered support in a way that upheld their dignity and promoted their independence. Care plans were written in a personalised way based on the needs of the person concerned.

People were supported at mealtimes to have food and drinks of their choice.

Recruitment for additional care staff was on-going to eliminate the need for agency workers.

The provider had a recruitment process in place. Staff were only employed after all essential pre-employment safety checks had been satisfactorily completed. Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People who used the service told us they received their medicines in the way they had been prescribed.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. The MCA is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. The provider consistently follow the guidance of the MCA and ensure that people who required support to make decisions were supported and that decisions were lawfully made in people's best interests.

Complaints and concerns were looked at by the registered manager in line with the procedures and action was taken to reduce the risk of recurrence.

People told us that staff were kind, thoughtful and caring. People were fully involved with planning and reviewing their care and support needs.

People told us they felt well supported by the management and staff worked well as a team. The safety and quality of the service was regularly checked and improvements made when necessary.

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 felt safe and care staff knew how to recognise and report abuse. Staff met people's individual needs and kept people safe. Risks to people's health and wellbeing were identified, managed and reviewed. Recruitment procedures were in place and the required checks were undertaken before staff began to work for the service. Medicines were safely administered and people who used the service received their medicines in the way they had been prescribed.

Good



Is the service effective?

The service was effective. The principles of the MCA were followed to ensure that people's rights were respected. Staff had the knowledge and skills required to meet people's needs and promote people's independence, health and wellbeing. People were supported to have their healthcare needs met. People's nutritional needs were met.

Good



Is the service caring?

The service was caring. Care plans were written in a personalised way based on the needs of the person concerned. People were cared for by kind, respectful staff and were supported in a way that upheld their dignity and promoted their independence.

Good



Is the service responsive?

The service was responsive. People received personalised care that met their individual needs. People knew and were aware of how to complain. The registered manager ensured that all complaints were responded to in a thorough and timely way.

Good



Is the service well-led?

The service was well led. Quality assurance systems were in place that enabled the registered manager to identify and address short falls and improve the service. The registered manager promoted a culture of openness and transparency through being approachable and listening to people.

Good



Radis Community Care (Stoke-on-Trent)

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 was 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 3 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available.

The inspection team consisted of two inspectors and an expert by experience. The expert by experience was a person who had personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. This included notifications the service had sent us. A notification is information about important events which the provider is required to send us by law.

During our inspection we went to the provider's office and spoke with the registered manager, five staff members and the training coordinator. We reviewed the care records of 17 people who used the service, reviewed the records for three staff and records relating to the management of the service. This was to gain information on how the service was run and check that standards of care were being met.

After the inspection visit the expert by experience made telephone calls to 15 people who used the service and spoke with 14 people. We also visited with their consent a person using the service in their own home.

We also gathered information about the service provided from other sources. We contacted the commissioners of the service; commissioners are people who fund placements and packages of care and have responsibility to monitor the quality of service provided. We contacted Healthwatch Stoke-on-Trent; Healthwatch helps adults, young people and children speak up about health and social care services in Stoke-on-Trent.

Is the service safe?

Our findings

People without exception told us they felt safe and secure with the staff and the arrangements in place for their visits. One person told us: “I feel very safe with my carers, they are brilliant. I always get the same carer”. Another person said: “I feel very safe with my carers. I generally know all my carers, sometimes we get one we don’t know, but we don’t mind. They are lovely people; they are always happy and love talking as they work”. Staff told us they were able to support people well because they worked regularly with the same people. The registered manager told us that whenever possible people were supported by the carers they knew and who visited regularly. We saw the rotas and the systems in place which confirmed this.

Staff were trained in safeguarding adults and were able to describe a range of signs to look for that may suggest that abuse had taken place. They understood their personal responsibilities to protect people from abuse. Staff were aware of their role in reporting abuse in line with the provider’s policy and local authority protocols. Staff were clear that they could discuss any concerns and were confident the registered manager would take appropriate action. One member of staff told us: “People we visit are vulnerable. I would report any concerns even if they told me not to”. The provider had an out of hours’ on-call system in place and staff could contact them for advice relating to any concerns about suspected abuse during the out of hours period.

Assessments were undertaken to assess any risks to people who used the service and to the staff supporting them. These were recorded in their care plan. For example, risk of falls for people with mobility problems and environmental risk assessments to minimise hazards when visiting and working in people’s homes.

The registered manager and carers told us the provider had an effective recruitment procedure in place. We saw records and staff confirmed they had been subject to checks to confirm they were suitable to work with people. The registered manager told us that recruitment for staff was ongoing and they had been successful in recruiting care workers. This would then eliminate the need for temporary agency workers to fill the vacancies.

We saw that medication support plans were clear and comprehensive. Instructions were included for the amount of support people needed to follow their medicine regime. One person told us they needed support with remembering their medication and said: “They always check that I have taken my tablets and write it up in my book”. Many people were prescribed creams and lotions for the care of their skin. One person told us the carers were ‘very good’ at supporting them with applying creams as this reduced the risk of them becoming sore. Body maps and clear instructions were recorded to ensure the creams were applied in line with the prescribing instructions. Staff told us they received ongoing training, updates and competency checks in regard to medicine management and administration.

Is the service effective?

Our findings

One person told us: “My carer knows what she is doing, she is well trained and like one of the family”. Another person said: “The carers I get are really well trained and are so helpful”. Staff felt supported by management and received training to fulfil their role. Staff told us and we saw that medication training was being delivered during the inspection. Staff told us they had a four day comprehensive induction at the start of their employment and then had the opportunity to shadow more experienced staff before working alone. Senior staff told us they went out with new staff to assess them as competent before allowing them to work alone. One new senior care worker said they had extra training to fulfil their senior role and had been allocated a mentor for support with the new role.

The registered manager had good knowledge of the principles of The Mental Capacity Act 2005 (MCA) and told us people who used the service were assumed to have capacity to make their own choices and decisions unless deemed otherwise. Where there were concerns with this, the registered manager confirmed that discussions would be held with the doctor, social worker and any other person that had dealings with the person. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. People were always given the opportunity to discuss and make choices about their ongoing care and support needs. One person said: “They always ask if it is alright to do things and if it is alright to use my first name,

which I like”. Care records showed that people’s consent had been obtained before any care and support had been provided. Staff we spoke with had some knowledge of the MCA. The registered manager confirmed that training in the MCA was being made available for all staff.

One person told us the carers supported them with their nutritional needs and prepared food and drinks throughout the day. A person commented: “They make my breakfast and prepare my lunch for me to heat up later. It’s always very good”. We saw staff supported a person with their meal in a respectful, polite way and at the correct pace for the person. The meal was well prepared and presented and all efforts were made to ensure the person thoroughly enjoyed the meal. People had a nutritional risk assessment, summary of needs and a care plan to inform staff of the support each person needed with their nutritional preferences.

People’s health needs were met. A person told us the support they had from the service and the carers when they had planned hospital appointments. They said: “The carers always make sure that I am well prepared and ready to go to the hospital before the transport arrives”. One care worker told us about the time they called the paramedics when someone was taken ill. Staff told us they recognised the signs of the person being ill and stayed with them until the paramedics arrived. Records showed people had contact and were supported with accessing healthcare professionals when this was required to ensure they remained as well as possible.

Is the service caring?

Our findings

People we spoke with described the care they received as being at least good or better. They spoke positively about the manner with which they were treated and the respect they were given. People told us they appreciated the efforts of their carers to maintain their independence. One person said: “The carers are very good. They are lovely and treat me like a friend”. Staff told us they tried to accommodate people with regular staff but there were some occasions when this was not possible. This could be when the person’s regular care worker was on annual leave, but whenever possible carers would be allocated to support people they already knew.

Staff told us they liked working with people in the community and had regular people and ‘rounds’ allocated. They told us that they got to know the person and the person got to know them. One member of staff said: “I wouldn’t want to leave because I care for the clients so much”. Another staff member said: “I sometimes just sit and chat and listen to their music, we have the same taste and then I know when they want their own space”. Another

staff member we spoke with told us once when they made a regular call to a person, the person was ‘feeling off colour and didn’t want any support’. So they phoned a friend of the person who came round and stayed with them.

People told us they were involved with regular reviews of their care and care package. One person said: “I had a review meeting last week to see if everything was alright and if I needed any changes and if I was happy with everything”. Another person confirmed: “I was directly involved in the planning and if I need to change anything for whatever reason it can happen. Nothing is too much trouble”. We saw that these reviews were recorded and where changes to a person’s care needs had changed action was taken to ensure carers were informed and care records updated.

People told us that staff respected their privacy and dignity when they visited them in their own homes. They told us staff always knocked the door before entering even if they had given permission for a key safe to be used when entering the premises. A key safe is a secure method of externally storing the keys to a person’s property. We observed staff upheld the dignity of a person when they provided support and great consideration was given to how the person felt at the time.

Is the service responsive?

Our findings

The registered manager told us that shortly following the agreement of the care package, the allocation of staff and the required times of visits, they contacted the person and their relative. This was to check the person's needs were being fully met in the time allocated and to their satisfaction. One person told us their care package had been amended following a review of their care. They told us the new arrangements worked well.

People we spoke with said that carers knew what they liked and what they didn't like. One person added: "They know what I like and will always go the extra mile to make sure I get the perfect service". Staff told us and we saw records were completed on each occasion of the call. The records gave a clear account of the care delivered and the health, safety and welfare of the person during that visit. This ensured that accurate information was available to staff so that they could meet the needs of the people they supported. Any concerns or a difference in the person's support needs was reported to a senior member of staff. Office staff would then review the information and take the necessary action. For example, arranging a review of the person's needs.

The provider ensured that there were opportunities for people to express their views and raise concerns and complaints. The registered manager told us senior staff made contact with people at regular intervals throughout the year. For example, through regular reviews, senior staffs' visits and telephone contacts to check if people were satisfied with the services provided.

The service had a complaints procedure in place and we saw a copy of this was available at the office. Staff told us that a copy of the complaints procedure was given to each person who used the service. One person told us they would speak with a person in the 'office' if they had any complaints. They told us they had done so on one occasion and had spoken with a senior member of staff. They felt the complaint was dealt with fairly and was satisfied with the conclusion and solution offered. The registered manager told us that earlier this year there had been several complaints regarding missed calls. Action had been taken to reorganise the staff teams and no missed calls have been reported or recorded since September 2015.

Is the service well-led?

Our findings

The majority of people we spoke with were very positive of the service provided by the office management and the whole service. A person said: “I am very happy with the service I get and cannot fault it in anyway. The staff in the office are very good and helpful. Nothing is too much trouble for them and they always respond”. We saw they were polite and supportive when they were in contact with people and action was taken swiftly when it was needed to ensure people’s health and well-being were upheld.

Staff told us that the registered manager and senior staff were supportive, approachable and willing to listen. One care worker said: “The registered manager, senior staff and the person ‘on call’ are always available and very helpful”. Staff were supported in their role by a range of policies, procedures and best practice guidance such as lone working policies and disciplinary procedures. The registered manager commented: “We have team meetings, surveys, supervisions and an open door policy for our care staff to gain their views and feedback and we take the appropriate action”. There were clear lines of accountability and responsibility within the various staff teams and staff knew who to report to.

Effective systems were in place to monitor the quality of the service that people received. There were regular and

detailed care plan reviews undertaken by senior staff which involved all interested parties. A number of audits were routinely undertaken; these included a quality audit review of care files, review of daily logs, accidents and incidents reports and medicines records. The registered manager told us some of the quality checks, for example some staff supervisions and spot checks, were overdue. They confirmed they had taken action by allocating senior staff to undertake these checks and offered an assurance that they would soon be completed.

Satisfaction questionnaires were distributed at intervals to obtain feedback from people who used the service. Some people expressed concerns with the use of temporary workers. Action was taken to resolve this by the recent recruitment drive for permanent care workers.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. We saw the provider had displayed our rating of the service on the notice board at the entrance to the service. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided.