G P Homecare Limited

Radis Community Care (Nottingham)

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

Summary of findings

Overall summary

We carried out an announced inspection of the service on 07 August 2017.

Radis Community Care Nottingham provides personal care to people living in their own homes, there were 32 people receiving personal care at the time of our inspection. The service was last inspected March 2015 and the rating for that inspection was Good.

There was not a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

People felt safe when staff supported them within their home. People were protected from harm by staff who knew how to report any concerns. Assessments of the risks to people's safety were in place and regularly reviewed.

There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place.

People were protected from the risks associated with managing medicines. There were processes in place to ensure medicines were handled and administered safely.

Staff received sufficient training, regular supervision to carry out their roles and felt supported by the management team.

The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people. People were supported and encouraged to follow a healthy and balanced diet. People's day to day health needs were met effectively by the staff.

People and their families had formed good relationships with the staff that cared and supported them. People were treated with respect and dignity. People were involved with decisions made about their care and support. Information was available for people if they wished to speak with an independent advocate. People were supported to live as independently as possible.

People knew how to raise concerns or complaints and were encouraged to do so if needed. The provider was reviewing their procedures to ensure all complaints and concerns were recorded and dealt with in a timely manner.

People and staff spoke highly of the staff overseeing the service in the absence of a manager along with the

service provided. Systems were in place that enabled people, staff and relatives to give their views about the service.

Systems were in place to monitor and improve the quality and safety of the service. The service promoted a positive culture that was person-centred, open, and inclusive.

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.

People were supported by staff in a safe way.

Assessments of the risks to people's safety were in place and regularly reviewed.

There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place.

Medicines were safely managed, people received their prescribed medicines.

Is the service effective?

Good

The service was effective.

People received care from staff who were trained to meet people's needs.

Staff received regular supervision and felt supported by the management to carry out their roles.

The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people.

People were supported to have sufficient to eat and drink to help maintain their health and well being.

People's day to day health needs were met and staff referred people to health professionals appropriately.

Is the service caring?

Good

The service was caring.

People and their families had a good relationship with the staff that cared and supported them.

People were treated with respect and in a dignified way at all times.

People's care was provided in a person centred way..

Information was available for people if they wished to speak with an independent advocate.

Is the service responsive?

Good

The service was responsive.

Peoples care and support was planned and carried out in accordance with people's preferences.

Complaints and concerns were managed in line with company policy.
The provider responded quickly and professionally to concerns raised, but not all concerns were recorded.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was no registered manager at the service

Systems and procedures were in place to monitor and improve the quality of the service provided.

People, staff and relatives gave their views about the service.

Radis Community Care (Nottingham)

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 07 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. The inspection team consisted of 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.

Before we visited we reviewed the information we held about the service including notifications, which are events which happened in the service that the provider is required to tell us about. We also sent out questionnaires to people using the service, health professionals and staff for feedback about the service. We looked at the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also consulted other professionals and commissioners of the service who shared with us their views about the care provided.

During our visit we spoke with four people who used the service and two relatives. We spoke with seven staff including two coordinators, four care support staff and the provider's representative.

We looked at all or parts of the care records for five people, and three medicine records. We also looked at the recruitment, training and induction records for five staff and along with other records relevant to the running of the service. This included policies and procedures records of associated quality assurance

processes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person said, "I feel safe with all of them [staff]."

People were protected from bullying, harassment, avoidable harm and abuse. Staff identified the different types of abuse that people could experience and knew who to report concerns to. Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm. One member of staff gave us an example when they raised a concern they described the procedure they followed and we saw it was in line with the provider's policy and procedures. Staff had received training in how to safeguard vulnerable adults. Staff demonstrated they understood their responsibilities to protect people and gave examples of how they had raised concerns in line with the provider's safeguarding policy. A whistleblowing policy was in place. Staff told us they were aware of the policy and were confident to use it should the need arise.

Information on how to raise concerns was available for staff and easily accessible. Safeguarding incidents were dealt with appropriately by the manager and action taken had been taken in a timely manner. Recommendations from the local authority safeguarding team had been implemented; for example, following one safeguarding alert additional training had been put in place to help staff meet one person's specific needs.

People were assessed for their potential risks such as moving and handling, falls, personal care and the risks associated with living with conditions such as diabetes. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example, where people's mobility had changed. People's care plans contained instructions for staff on how to mitigate any risk.

People's needs had been assessed for the equipment they required to meet their needs. One person told us how they had an assessment for falling, which led them to receive equipment that would support them to walk. The person also told us staff observed them using the equipment to make sure they were safe when using it. Records showed staff had received training to use the equipment. This gave us reassurance that risks were managed.

The service had plans in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service, for example, severe weather conditions. This meant that people would not be left without support in such an emergency. The service had a 24 hour call system in place and there was a procedure in place to ensure management could be contacted should the need arise.

There were sufficient numbers of suitable staff in place to meet people's needs and to keep them safe. People told us that they had the same staff most of the time; and when staff came to provide their care, they were on time and mostly stayed for the allotted time. One person said, They're [staff] are mostly on time." Another person told us "If they [staff] are going to be late sometimes they phone me."

The staff rotas showed that people were allocated staff at their agreed times. The person in charge showed us how they managed the staff skill mix on each shift and regularly reviewed staffing levels to make sure the service adapted to people's changing needs. They told us they would also provide care, if there were any shortfalls in the staffing levels, so that people continued to receive care. All staff we spoke with told us there was a process in place to make sure calls were covered in the event of staff absence. The care co-ordinator told us they monitored all care calls; they showed us their system which identified if a call had been attended or not, on the day of our inspection there were no missed or late calls identified.

Safe recruitment and selection processes were followed. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Clear staff disciplinary procedures were being followed where appropriate.

People's medicines were managed in a safe way. Staff received training in the management of medicines and followed the provider's medicines policy. For example, one staff member described how they gave people their medicines as prescribed, they checked all medicines were in date and recorded their actions on medicine administration records (MAR) charts. Records showed that people were receiving their medicines as prescribed and staff also recorded people's allergies and preferences for taking their medicines. Some people chose to manage their own medicines; their care plan, risk assessment and medicine authorization form had been completed to indicate this.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to meet their needs.

People and their relatives spoke positively about the way staff supported them or their family members. One person told us they were aware that staff had received training, they said "I cannot fault the staff they are very good."

New staff underwent an induction which included shadowing experienced staff to enable them to get to know the people they were to support. Records showed the induction and training was designed to equip staff with the skills needed to support people safely with subjects such as safe moving and handling, safeguarding of adults and managing behaviours that may challenge. Staff were encouraged to develop their skills and to complete externally recognised qualifications. Records showed some staff had either completed or were working towards vocational qualifications in adult social care. Where appropriate new staff had undertaken the Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. Supervisors carried out spot checks, which looked at all aspects of the care provided, including the level and quality of interaction with people receiving care and the use of personal protective equipment and handwashing as a means of infection prevention.

Consent to care and treatment was always sought in line with legislation and guidance. People were given choices and were able to make decisions about their day to day life and these were recorded in their care plans. Staff described how they offered people different choices. One staff member told us it was important to communicate effectively with people who live with dementia. They said, "The person I care for does not always have the ability to make decisions for themselves."

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. We checked whether the service was working within the principles of the MCA.

The provider's representative and staff had a good understanding and were aware of their responsibilities under the principles of the MCA. Records showed assessments had been carried out in accordance with the MCA for decisions such as staff managing people's medicines and support needed with personal care. For each decision made in the person's best interest it was recorded how a decision had been reached, who had been involved with making that decision and if the decision was in the person's best interest.

People told us staff asked for their permission to provide their care and support. "One relative also

confirmed this, they said, "Staff always ask before they do anything for [family member]."

People received enough food and drink to help maintain their health and well-being. People's risk of not eating and drinking had been assessed, monitored and managed. Staff were aware of people's nutritional needs and preferences; records showed that people's preferences for food had been discussed at their assessment; staff were knowledgeable about people's likes and dislikes. One person said, "They [staff] cook, they're not bad cooks. I cannot get up, so they bring me something to eat and drink. They leave it next to me." One relative told us how staff left sandwiches, snacks and drinks within easy reach of their relative who was visually impaired.

Staff told us they recorded what people had to eat and drink on a daily basis in the daily record log. One staff member said, "This is so we can monitor what people eat and drink." Staff were aware factors that could affect people's wellbeing; the manager had prompted staff to be mindful to leave plenty of drinks within people's reach during the hot weather. They [staff] described what triggers they would look for and when to get other professionals involved. One staff member said, "I would look for loss of appetite, weight loss and if their general well-being deteriorated." This told us staff were knowledgeable of the importance of people eating and drinking enough to maintain a balance diet.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. Staff had information about who to contact in an emergency; health professionals told us that staff were proactive in referring people to them appropriately. Staff were vigilant to people's health and wellbeing and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell.

Good

Is the service caring?

Our findings

People received care from a regular group of staff, which helped form positive relationships. The care people received was person centred and relevant to their needs.

People told us staff were caring and considerate. One person said, "They [staff] are very kind." One relative told us all the staff were caring. Another relative told us their family member was happy they said, "They are caring and kind to my relation." Another person told us they felt safe, they said, "I get different care workers come at different times and I know them all."

One member of staff described how they supported a person with personal care who felt isolated and lonely. They told us the service suggested a social call maybe required and now the person goes out regularly in the community. The staff member told this had uplifted the person's mood and made them feel less lonely. We found staff demonstrated kindness and a caring attitude.

People were empowered to make choices and communicate at different levels. There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. People had provided positive feedback about the kindness of staff. Through telephone monitoring surveys and questionnaires sent out by the provider. We saw copies service user satisfaction survey report for 2016 and 2017, which told us people's views were taken in to consideration.

People's dignity and privacy was respected at all times. People felt staff were respectful. One person said, "They do things with dignity and respect. I get new staff sometimes. They tell me who's coming to provide care, if it is their first time they always have staff shadow with another member of staff. One member of staff said, "I ask at all times, what people want to do. I always treat people how I would want to be treated." Another member of staff told us they ensured they treated people with dignity and respect at all times weather that be age, gender, race, religion or sexuality. The provider's representative told us all staff were issued with a staff hand book, which included a section on Equality and Diversity. Policies were in place to provide clear direction to the expected standard of treatment people should receive.

Care was planned in a person centred way; people were referred to by their preferred names. Staff had a good understanding of people's needs and could explain what was important for each person. Care plans reflected people's individual needs, including their interests, likes and dislikes. Information such as people's life history was available so staff could relate to people with what was important to each person.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. One staff member told us they changed their language to simpler shorter sentences where a person was living with dementia.

People had access to an independent advocate. People were assessed for their need for the need of an advocate in the future. The care coordinator told us they worked closely with each local authority to

understand what information and support was available and then signpost people to information and support.

Good

Is the service responsive?

Our findings

People's needs were assessed before they received care to determine if the service could meet their needs. Initial care plans were produced before new people began to use the service; these were then monitored and updated where necessary.

Care was planned and delivered in line with people's individual preferences, choices and needs. People who used the service and their families told us they were involved in decisions related to their care and support. One staff member said "I always follow the person's care plan, respecting their religious and cultural needs." Staff respected people's preferences for male or female staff; the rotas showed that the care co-ordinators had arranged for these preferences.

People had signed to say they had taken part in their reviews and agreed to their care plans. Staff demonstrated they were aware of the content of people's care plans. They told us about the people they cared for. One member of staff said, "I check the care plan to see if people have any specific needs I should be aware of." Care plans provided staff with specific instructions about people's preferences which staff followed. For example, one person liked deodorant put onto their underwear. Records showed that staff provided people's care as planned.

People could contact the office to discuss their care arrangements, People told us they could contact the office and make changes to their care needs. This was relayed to care staff by a text message. For example, when a person was admitted to hospital or required changes to their care needs. The care co-ordinator told us this was a good way of making sure staff got up to date information.

Although staff were not responsible for people attending social activities they were proactive and encouraged people to participate in activities that were of interest to them. The care co-ordinators told us they encouraged people to be independent at all times and where possible to take part in social activities for example attending a day centre. Staff told us they supported people to participate in activities and to attend day centres or outings. One member of staff told us this was co-ordinated by the service and people's individual social workers.

There was a system in place to routinely listen and learn from people's experiences, concerns and complaints. One person said, "When I made a complaint, I felt comfortable in raising the concern." Another person said, "One staff was always late, but I had a word with the office and they sorted it out for me."

Staff were aware of the provider's complaint procedure and how to raise concerns if needed.
Records showed that there had been three complaints in 2016; these had been responded to in line with the provider's policy. We spoke with two relatives and one told us they felt their relative was safe. They said, [relative] would tell me if they were not."

There had not been any complaints recorded in 2017; the care co-ordinators told us day to day concerns were dealt with on a daily basis but these had not been recorded. We brought this to the attention of the

providers representative who showed us they were currently in the process of reviewing the complaint policy and procedure to try and improve consistency of recording all complaints.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. We contacted the provider and they told us they were in the process of recruiting a new registered manager through internal candidates first, but the outcome was not concluded at the time of our visit. This is a condition of their registration with the Care Quality Commission. There had been no manager in place for 20 days.

The person overseeing the service at the time of our inspection had the skills and knowledge to ensure the service was managed competently. They understood their responsibilities, which included notifying the commission of incidents or changes to the service. Records showed that we had been notified appropriately of any incidents when necessary.

The provider supported the member of staff overseeing the service in the absence of a registered manager, who demonstrated commitment to providing a good service for people. The provider had a clear vision of providing person centred safe care with clear communication between people who used the service, their relatives and staff. The provider ensured that staff could communicate easily with each other and the care co-ordinators. The care co-ordinators were dedicated to providing the best care to people by constantly evaluating the care that was provided.

People told us the member of staff who was overseeing the service in the absence of a registered manager was approachable. One person said, "Overall I am happy with the service provided." Staff were complimentary about the office staff. One member of staff said, "Brilliant, I have regular support daily. There is always someone on the end of the phone. They are very approachable."

There were systems in place to monitor and improve the quality and safety of the service. The service promoted a positive culture that was person-centred, open, and inclusive. One person said, "They call to ask how things are going." A relative told us they had completed a questionnaire in how the service was run. Staff felt they provided a good service and this was reflected in what people had told us overall. One staff member said, "People get consistent care staff and weekly set Rotas." Staff told us they were proud the service helped to keep people living in their own home.

The provider was prompted to update their statement of purpose as it did not reflect the current service; The provider amended this immediately at the time of inspection.

The culture of the team was described by staff as one of close team work with good communication. One staff told us all the staff team were friendly and supportive.

The provider also told us they planned to introduce more specialists training and continue to update staffs knowledge and skills. This would be through e learning and free distance learning.

Staff team meetings were used to inform staff of any changes in people's needs, and of new people joining

the service. Team meetings were used to relay feedback from people who used the service and the results of audits, for example, findings from the care plan and daily records audit. There was an opportunity to share good practice at team meetings and introduce specific policies or training subjects to inform staff of people's specific needs. One member of staff felt there should be more team meetings. Staff felt improvements could be made to their rotas to identify the difference between a care call and a domestic call.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the main office and on their website.