

G P Homecare Limited

Radis Community Care (Huntingdon)

Inspection report

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Date of inspection visit:

19 February 2019

26 February 2019

28 February 2019

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29 April 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Radis Community Care (Huntingdon) is a domiciliary care agency. The agency office is in Huntingdon. Care is provided to adults in their own houses and flats in the Huntingdon, St Neots, Ramsey, Yaxley, and the surrounding areas. There were 123 adults receiving personal care at the time of our inspection.

People's experience of using this service:

Staff had not always identified risks to people who used the service or put in place guidance on how to reduce risks where these were identified. Staff had not always updated people's risk assessments to reflect their changing needs. The registered manager had not always investigated incidents that occurred.

The registered manager had not always carried out robust checks of staff to make sure they were suitable for their roles.

Governance systems and provider oversight were not sufficiently robust to have identified the issues we found in relation to the management of staff recruitment, medicines, assessment and care planning.

People were satisfied with the way staff supported them to take their prescribed medicines and they said they received these at the right times. However, staff did not always record that they had administered medicines that had been bought over the counter, rather than prescribed.

There were enough staff to ensure people's needs were met safely and at the right time.

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination.

Staff knew the people they cared for well and understood, and met, their needs. Staff were trained and well supported to meet people's assessed needs. Staff supported people to have enough to eat and drink. Staff supported people to access external healthcare services to help maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were fully involved in making decisions about their care and support.

People and their relatives were involved in the setting up and review of their or their family member's individual support and care plans. However, some people's care plans lacked guidance for staff in how to provide people's care and had not been updated when people's needs changed.

Staff were kind, caring and friendly. Staff respected and promoted people's privacy, dignity and

independence.

Staff worked in partnership with other professionals to ensure that people received care that met their needs.

People's suggestions and complaints were listened to, investigated, and acted upon to reduce the risk of recurrence. The registered manager sought feedback from people about the quality of the service provided.

We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment, fit and proper persons employed, and good governance. Please see the 'action we have told the provider to take' section towards the end of the report.

Rating at last inspection: Good (report published 17 August 2016). At this inspection the rating went down to requires improvement.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service. We will return to re-inspect in line with our inspection timescales for services rated requires improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Radis Community Care (Huntingdon)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection. An Expert by Experience contacted people and relatives by telephone before the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type:

Radis Community Care (Huntingdon) is a domiciliary care agency. It provides personal care to adults living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We told the provider five days before our visit that we would be coming. We did this because we wanted to speak with people who use the service, relatives, and staff, prior to visiting the service.

What we did:

Before our inspection visit we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons need, by law, to tell us about. We used this information to assist with planning the inspection.

We asked for feedback from the commissioners of people's care, representatives from the local authority and Healthwatch Cambridge. On 18 February 2019 we spoke on the telephone with 12 people who used the service and four of their relatives. We also spoke with three care workers. These people's views helped us to plan our inspection.

The registered manager was on leave on the first day of our inspection visit on 19 February 2019. We spoke with the area manager, two senior care workers, a care co-ordinator and a care worker. We looked at six people's care records. We also looked at other files in relation to the management of the service. These included one staff member's recruitment and training records, complaints and compliments records, and records relating to the systems for checking the quality of the service.

On 26 February 2019 we carried out a second inspection visit. We spoke with the registered manager and a further care worker. We looked at three further people's care records, three staff recruitment and training records, and records relating to the quality monitoring.

In all we spoke with 12 people who used the service and four relatives. We spoke with five care workers, two senior care workers, a care co-ordinator, the registered manager and an area manager. We looked at a total of nine people's care records, four staff members recruitment and training records. We also looked at records relating to the management of the service including complaints, compliments and audits.

On 28 February 2019, the registered manager sent us more information in relation to policies and procedures and staff training.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff had not always identified risks to people or put in place guidance on how to reduce risks where these were identified. One person had received care from the service since November 2018. Their care needs assessment showed they were at risk of falling. A staff member told us the registered manager had instructed them two weeks before our inspection on 19 February 2019 to complete the person's risk assessment. However, at our inspection staff still had no guidance in relation to risks for that person or how to reduce them.
- Staff had not always updated risk assessments to reflect the equipment people needed to keep them safe. Until recently staff had supported a person to shower using a piece of equipment, however, they had not completed a risk assessment to assess whether this was safe for the person or staff. In October 2018 an occupational therapist (OT) had told staff to use a piece of equipment when helping the same person to move. Staff had recorded this recommendation in the person's care plan. However, they had not completed a risk assessment about its use. The area manager told us they would address this as a matter of urgency. However, when we returned to the service a week later, this had still not been addressed.
- We asked five people about how the staff managed risks. People told us they either hadn't had any risk assessments carried out or that staff had done these a long time ago. One person told us, "I think they probably did when I started with them. I have no particular problems." Another person said, "They have not done one for a long time."
- Systems were not in place to manage emergency situations. For example, staff did not always have access to information in each person's file on who to contact if equipment or utilities failed.
- The registered manager had not always carried out investigations after incidents occurred. For example, we found a staff statement about an incident where a person had become anxious and threatened a staff member's safety. The area manager and registered manager confirmed the provider's policy had not been followed. An incident form had not been completed, and there was no record of an investigation having been carried out or actions taken to reduce future risk.

The lack of risk assessments, systems to manage emergency situations and investigations following incidents meant that people were at risk of unsafe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a business continuity plan in place covered. This advised staff of actions they should take in the event of, for example, fire, burglary, and internet failure in the office to ensure people continued to receive the service.
- Staff stored people's personal information securely within the office.

Staffing and recruitment

- The registered manager confirmed the providers recruitment policy had not always been followed. This meant we could not be confident all staff were suitable for their roles.
- The registered manager had not explored one staff member's incomplete employment history and two unsatisfactory work references.
- Three of the four files did not contain the three references in line with the provider's policy and did not contain verification of why the staff members had left previous jobs.
- The registered manager had not always followed up to check if staff member's declared health issues would affect their role or whether they needed reasonable adjustments.

The lack of robust recruitment checks meant that people were at risk of receiving care from staff who were not fit and proper persons. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had received satisfactory proof of recent photographic identity, and a criminal records check prior to staff providing care.
- There were enough staff employed to meet people's care and support needs. People told us staff usually arrived on time, where this was agreed, and were reliable. One person said, "They do arrive on time usually yes, within a few minutes".
- Staff incorporated travel time into staff rotas to ensure people received care at the time, and for the duration, agreed with them.
- The registered manager told us they continually reviewed staffing capacity against people's needs, to ensure there was always sufficient staff to meet people's needs. Senior staff and office staff also provided care when needed.

Using medicines safely.

- Staff administered medicines to some people and reminded others to take them. People's care plans guided staff in the level of help each person needed to take their medicines.
- People were satisfied with the way staff supported them to take their prescribed medicines and they said they received these at the right times.
- Staff were not consistently following the provider's policy to ensure medicines were managed safely. For example, the policy stated staff should not provide help with medicines that had bought over the counter (OTC), and were not prescribed. However, the area manager told us staff were applying such creams to several people's bodies. Staff had not consistently recorded the name of the OTC and there were not always directions for staff to follow about these medicines.
- Staff had not always updated people's records to show their prescribed medicines had changed. For example, one person was prescribed a medicine for seven days. Staff had recorded that the person had received the medicine, but they had not added this to the person's medicines administration record. The person's daily care records showed that staff had given them their medicines, but staff had not updated and signed the persons medicines administration record to show each medicine given.
- Senior staff audited medicines records to check medicines were given in line with the prescriber's instructions. However, they had not always identified shortfalls in the recording of people's medicines.
- Staff members told us that they were trained to administer people's medicines and that senior staff checked their competency regularly during 'spot checks' to ensure their practice was safe.

Preventing and controlling infection

- Staff confirmed, that they had received training in the prevention of cross contamination and infection control. They told us they were supplied with enough single use protective equipment such as gloves and

aprons.

- People confirmed that staff used appropriate personal protective equipment, such as disposable aprons and gloves, when they received care. One person told us, "Yes, they do wear gloves and aprons. They are very clean and tidy."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff supporting them. One person told us, "I feel very safe with the carers, they look after me very well indeed." Another person said, "Yes, I trust them, they do a good job."
- People and staff had information about how to keep people safe and how to contact the local authority.
- Staff had received training in, and had a good understanding of, safeguarding procedures. The registered manager understood their responsibility to safeguard people. This included using the provider's disciplinary procedures and referral to external agencies to ensure people were safeguarded from potential harm.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this

Staff support: induction, training, skills and experience

- Care workers were competent, knowledgeable and skilled to carry out their roles effectively.
- The provider's staff induction process for care workers reflected the Care Certificate. This training included a set of standards that social care and health workers must apply in their daily working life. It is the minimum standards that should be covered as part of their induction training as a new care worker.
- In addition to training, care workers also 'shadowed' more experienced care workers until a senior staff member assessed them as, and they felt competent to, provide care alone.
- Staff had received training in subjects such as moving and handling, safeguarding people from harm, and medication administration.
- Most staff told us they felt well supported. One staff member told us, "I've got the back up at the end of the phone. I can get any advice I need." Another staff member said, "I would go to the office anytime with concerns. It's nice to get everything out in the open."
- Staff did not receive formal supervision in line with the provider's policy which stated this should be every three months. Records showed that five of the 45 staff had not received any supervision and a further five staff had not received supervision in the last year. Further, 29 staff had not had an appraisal in over a year.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, such as their physical, mental health and social needs, were assessed before they received the service. This helped to ensure staff had the information they needed to write people's care plan and so they could provide appropriate care. One person told us, "[Staff] know me very well, and just what I need."
- Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet.
- Staff used technology and equipment to enable people to be as independent as possible. For example, where needed, people had personal alarms to summon help in an emergency, and equipment to help their mobility.
- Staff communicated with other care professionals, including social workers, district nurses and occupational therapists. These professionals worked with the registered manager and staff to support and promote people's well-being in line with legislation and good practice guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans provided guidance to staff if they required help with food and drink to stay healthy.
- One person said, "I have microwave meals and they warm them for me. They make me cups of tea as well."

Staff work with other agencies to provide consistent, effective care; Supporting people to live healthier lives, access healthcare services and support

- People's care records showed external health and social care professionals were involved with people's care when needed.
- One relative told us how staff had summoned emergency services after their family member had fallen. They said, "[Staff] arrived just after [my family member] had fallen and they organised an ambulance and waited with me." Another person told us how staff had "recognised that I was real poorly" and stayed with them until an ambulance arrived.

Ensuring consent to care and treatment in line with law and guidance

- 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Most staff had an adequate understanding of the MCA. However, some senior staff lacked the necessary knowledge to complete the provider's assessments in relation to the MCA. As a result, some people's care records were not clear in relation to people's mental capacity to make specific decisions and any support they may require with this. Following our inspection, the registered manager told us they were arranging for senior staff to have more training and supervision in this area.
- Staff encouraged people to make decisions for themselves and sought consent before providing care. One person's relative told us, "[Staff] chat to [my family member] all the time and say what they are going to do next."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us that staff were kind and caring. One person said, "[Staff] are all very respectful but are very friendly and cheery too. It makes my day to see them."
- Staff were compassionate when providing care. A relative said, "[The staff] are very kind, considerate and compassionate people. They treat [my family member] as a person and not a number."
- Staff treated people with respect and were mindful of how each person wanted their care provided. One person told us, "[Staff] are very caring people. Nothing is too much trouble and they always ask if I am ok."
- People said that most staff knew them well. They said this was due to having a small team of care workers who got to how they liked things done. This knowledge enabled staff to ensure people got the care they needed.
- Relatives told us that staff were patient and understanding of people's needs. One relative told us, "They are excellent with [my family member]. [They] have dementia and [staff] are very understanding and patient."

Supporting people to express their views and be involved in making decisions about their care

- People had choice about how they wanted things done and the staff respected their choice. One person said, "[Staff] always listen to me and ask me what I think about things." Another person said, "I feel that [staff] value me and my opinion. They do listen to me. They know I can be fussy."
- People told us that they liked that staff provided them with a list of the staff who would be visiting them in the coming week. However, some people and staff expressed frustration that office staff did not always pass messages on, for example, telling people that staff were running late.
- Where appropriate, staff involved relatives in decisions about people's care. One relative told us, "[Staff] listen to me, as his carer, which I find very good." Another relative said, "[Staff] always ask my opinion and I appreciate it."
- The registered manager told us that if people were unable, or required support, to make decisions independently, they would arrange for them to use the local advocacy service to support this. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with respect and promoted their privacy and dignity when supporting them with personal care. One person said, "[Staff] are very respectful and considerate of me and my privacy." A relative told us, "[Staff] always make sure doors are shut and [my family member] is covered when they wash [them]. They treat [my family member] with the utmost dignity."
- People told us that staff supported them to be independent. One person said, "They let me do as much as

possible for myself, then they will step in and help when I need it."

- Some people's care records had clear prompts for staff as a reminder for them to respect people's privacy and dignity at all times.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Some people's care plans contained comprehensive information about the person and what they could do for themselves and about what was important to them. However, other care plans were very brief and did not provide staff with the guidance to meet people's needs.
- One person's assessment stated they were 'fiercely independent' and had their 'own ways' of doing things. However, this was not described in the person's care plan which contained little detail of how the person liked things done. This person told us that each time new staff visited, "I have to sit down with them and tell. It doesn't get it off to a good start." The area manager told us they would arrange for this person's care plan to be reviewed as a matter of urgency.
- People confirmed they were involved in the assessment and care planning process. However, some people told us staff had not kept their care plans up to date.
- Care plans had not always been updated to reflect people's changing needs. For example, staff told us that one person had requested showers on set days. However, their care plan had not been updated to reflect this. Whilst care records showed the person was receiving the care as requested, if new staff visited the person there was a risk they would not receive the care they needed.
- Staff completed daily notes that reflected the support provided at each care call. This showed that staff had provided the appropriate care to each person.
- People, relatives and a social care professional made positive comments about the service. They said staff supported people in the way they wanted and achieved good outcomes. One person said, "[The staff] are lovely, they help me all they can." Another person said, "I'm happy with the carers they make me feel comfortable. They ask if there is anything else they can do before they leave."

Improving care quality in response to complaints or concerns

- Systems were in place to deal with any concerns or complaints. People's concerns were responded to, investigated and actions taken where possible to reduce the risk of recurrence.
- People and relatives told us they knew how to complain. Where people had raised complaints, they told us they were satisfied with the outcome. One relative told us, "Yes, we have complained about one member of staff's attitude, and [the registered manager] came for a meeting. It was a good meeting and she has addressed the problem satisfactorily."
- The registered manager had investigated complaints. However, although they had inferred the outcome in their investigation, they had not always clearly recorded this or the action they had taken to prevent re-occurrence.

End of life care and support

- Staff had access to basic training in end of life care. The registered manager told us this was being added to the staff induction and the training all staff were expected to do.

- The registered manager told us the service did not provide specialist end of life care, but would continue to care for people at the end of their life. This was with support from external health professionals, such as specialist nurses, following any guidance they put in place. This helped to ensure staff understood people's wishes and the care they needed and how to provide this.
- Some people's care plans contained basic information about their end of life wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider had systems in place to check the quality of the service provided. However, these were not sufficiently robust and had not identified the shortfalls we found during this inspection in relation to risk assessment, staff checks, medicines and care planning.
- The registered manager confirmed they did not have a system for monitoring complaints, and accidents and incidents to pick up on any themes that may arise.
- Although senior staff audited care records and medication administration records, they had not identified shortfalls we found during this inspection.
- The provider had not checked action plans from their previous annual audit to ensure improvements were made.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider invited people, relatives and staff to complete surveys on an annual basis and the registered manager had taken action following feedback.
- The registered manager was receptive to feedback throughout the inspection and responded quickly to address some concerns and improve the service. However, evidence of effective and sustained systems for oversight need to be demonstrated.
- Senior staff carried out 'spot checks' where they checked staff members' performance. This included asking the views of people who received care.
- Staff and the management team were clear on their responsibilities and their own roles.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives were complimentary about how the service was managed. Most people knew who the registered manager was. They said she was, "Very pleasant and helpful" and that she, "checks up on me to see if I am ok." One person commented that the registered manager "Has been very helpful in addressing problems we have had."
- The registered manager had sent CQC appropriate notifications about events such as accidents, incidents and safeguarding concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives knew how to contact senior staff and the registered manager.
- The provider and registered manager asked people and their relatives to comment on the service provided. This was through telephone, face to face reviews and surveys.
- The management team supported the staff team, as well as the people they provided a service to. Staff said they could contact the registered manager and office staff for support.
- Team meetings provided staff with an opportunity to feedback suggestions for improvements and to discuss a variety of issues, including any concerns about providing care effectively.

Working in partnership with others

- Staff worked in partnership with other professionals to ensure that people received joined-up care. These professionals included GPs, community nurses, and others involved in a person's care.
- An external social care professional told us, "I only have positive feedback to give regarding [the service] and their staff. They are excellent to work with and open to creative ways of working with people."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014, Safe care and treatment.</p> <p>The lack of risk assessments, systems to manage emergency situations and investigations following incidents meant that people were at risk of unsafe care and treatment.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014, Fit and proper persons employed.</p> <p>The lack of robust recruitment checks meant that people were at risk of receiving care from staff who were not fit and proper persons.</p>

