

G P Homecare Limited

Radis Community Care (Reading)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was a focused inspection, carried out on 6 February 2017 to follow up on a previous regulatory breach and a recommendation made following a comprehensive inspection on 15 July 2016. The inspection was announced. The provider was given 48 hours' notice of this inspection because the location provides a domiciliary care service and we needed to be sure the registered manager would be available to assist the inspection.

At the previous inspection we identified a breach of Regulation 11 of the Health and Social Care Act, (Regulated Activity) Regulations 2014, (Need for consent). People's rights may not always have been protected because it was not always clear care and treatment was provided with the consent of the relevant person. We also made a recommendation the registered manager referred to relevant guidance to develop systematic and demonstrable monitoring systems for the service.

At this focused inspection we found the registered manager had taken, or was in the process of taking, action to address the areas identified. The service was now compliant with Regulation 11.

Radis Community Care (Reading) is a domiciliary care agency based in Reading, providing personal care support to 84 people living in their own homes. A registered manager was in post.

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.

We found staff understood the need to obtain day to day consent from people before providing their support and people confirmed they did this. People and their representatives had been involved in planning the care and had consented to care plans. Where others had the legal authority to make care decisions on behalf of people, this was documented. Where the involvement of others had otherwise been authorised by the person supported, this was also documented.

The registered manager had put new systems in place to monitor the operation of the service and had an effective management audit process in place. Team meetings had been held regularly and there were plans to further improve team working.

People's views about the quality of the service were sought systematically and any issues identified were acted upon and resolved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good 

The service was effective.

People's day to day consent to care was sought by the staff supporting them. People or their representatives had been involved in planning their care and had consented to the care plan.

People's rights were protected because it was clear where other people had the legal authority to make decisions on people's behalf or had otherwise been given permission to be involved.

Information regarding power of attorney was now clearer and staff understood the need to involve people in their care.

Is the service well-led?

Good 

The service was well led.

The registered manager had effective systems in place to monitor the operation of the service and had an audit process in place.

Team meetings had taken place regularly and there were plans to further improve team working.

People's views about the service were sought and issues identified were acted upon.

Radis Community Care (Reading)

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 update the rating for the service under the Care Act 2014.

We last inspected the service on 15 July 2016. At that inspection we found the service was non-compliant with Regulation 11 of the Health and Social Care Act, (Regulated Activity) Regulations 2014, (Need for consent). People's rights may not always have been protected because it was not always clear care and treatment was provided with the consent of the relevant person. We also made a recommendation the registered manager referred to relevant guidance to develop more systematic and demonstrable monitoring systems for the service.

This visit which took place on 6 February 2017 was a focused inspection to follow up on the previous regulatory breach and the recommendation made. We found the registered manager had taken, or was in the process of taking, action to address the areas identified.

The provider was given 48 hours' notice of this inspection because the location provides a domiciliary care service and we needed to be sure the registered manager would be available to assist the inspection.

The inspection team consisted of one inspector and an inspection manager. Before the inspection we sought feedback from the three local authorities currently contracting with the service and received no concerns. We checked records relating to the focus of this inspection, such as notifications. Notifications are reports of events that the provider is required by law to inform us about.

During the inspection we spoke with the registered manager and care coordinator and checked records relating to the focus of this inspection. This included care files, records of relevant training, supervision and

appraisal for all staff and relevant policy documents. We looked at the management monitoring systems now in place. Following the inspection we sought the views of seven people receiving support from the service and two staff.

Is the service effective?

Our findings

At the previous inspection on 15 July 2016 the service required improvement under "Effective". The service had failed to evidence that consent to care had been sought from the relevant person in each case to safeguard people's rights.

We found people's rights were now protected. Records identified who had consented to decisions about care. Where this was not the recipient of care themselves, evidence of the authority for another person to consent was on file. This included Power of Attorney or where the care recipient had otherwise given consent to the involvement of other family members on their behalf.

People felt staff sought consent to deliver care before providing support. Two people said, "Yes, always," and others said, "Oh yes, every time" and, "Yes they do." People also told us their views about how they wanted things done, were taken into account and their wishes adhered to as part of planning their care.

People also commented positively about other aspects of the effectiveness of care. One said, "They are like my family, they cheer me up". Others said of the staff, "They are all very nice," "They changed my life" and, "I have three regular girls, they are wonderful." People described the service as, "Very flexible" and, "Very, very helpful, and so friendly." A relative said, "Yes, they always ask and make sure [name] is comfortable."

One person was unhappy that their preference regarding the gender of staff had not always been adhered to. This had since been addressed. A family member was unhappy about a particular issue to do with their relative's support. The issue was passed on to the registered manager who agreed to address it directly.

Staff received training on the MCA and consent as part of induction and this was refreshed at least every two years. 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.

Staff files also contained confirmation they had received a copy of the provider's MCA and consent policy. We saw this was the case from a sample of six staff induction/training records. Staff indicated clearly they understood people's rights regarding consent although one was unsure when they last attended training on the Mental Capacity Act and consent. Staff described clearly how they sought consent and enabled people's involvement in care decisions and their daily care. Although spot check records we saw did not explicitly note whether consent was sought appropriately, they did note where staff "showed respect" for the person supported. The registered manager agreed to incorporate more observation/recording of this in future spot checks.

The registered manager was clear all those currently receiving support had at least the capacity to make basic decisions and give day to day consent. None of the current service recipients had required the

completion of a capacity assessment. No one had needed a best interest decision to be made on their behalf. One person's level of capacity was not totally clear from their care file as the notes appeared to contain conflicting references to this. The registered manager agreed to ensure this was clarified. Two people had appointed family members with power of attorney so this was in place should it be required later. Two others had given specific consent for family members to be involved in decision making. Other advance decisions made were also documented in people's files. One person's file required further clarification regarding whether and which power of attorney had been granted.

The registered manager demonstrated in discussions, she had a good understanding of the MCA and consent issues. She had acted since the last inspection to clarify where power of attorney was in place and, where possible, had obtained copies to evidence this, having sent a form to each family to request this information. This was now part of the initial assessment process to try to obtain copies of documentation initially, to ensure the service fully supported people's legal rights. It was not clear that other office staff had sufficient understanding of the MCA and a potential training issue was identified to the registered manager to action.

Is the service well-led?

Our findings

At the previous inspection on 15 July 2016 we made a recommendation under "Well led". This was that the registered manager referred to relevant national guidance in order to develop ways to demonstrate a more systematic approach to the monitoring of records, events and the completion of cyclical tasks.

Audit and monitoring systems were business and process focused and did not demonstrate effective monitoring of some key aspects of the service and systems. Where the registered manager did monitor such things as records and files, this was not documented so as to record any identified issues and the action taken to address them. Some telephone surveys had been carried out by the registered manager, but not as part of a planned cycle to ensure everyone's views had been sought. The results were not collated to identify issues or trends requiring action. The registered manager received three-monthly supervision from the area manager. However, there was no expectation she provided written evidence of her service monitoring activity between meetings to demonstrate effective governance by the registered provider. Staff meetings had taken place but had been held on an irregular basis.

At this inspection we found improvements had been made in all of the above.

People told us they were happy with the way the service was run. Comments included, "I'm very happy" and "They are very good." One person felt the office staff hadn't responded positively enough to their concerns on one occasion but this had since been addressed. People confirmed that spot checks had taken place where management visited them to observe staff at work and sought their views about the staff. Some people had received recent written surveys to complete, seeking their views about the service.

Team meetings had been scheduled on approximately a six-week cycle with the minutes being sent to all staff. Recent meetings had taken place in September 2016, October 2016 and January 2017. We saw that action had been taken to address issues raised.

The registered manager had an audit format on her computer to record her monitoring of records and systems. The areas monitored included safeguarding events, accidents, a sample of care and staff files, staff supervision, appraisals, complaints and notifiable incidents. She had devised a matrix to record quality assurance calls to people to obtain views about the service in a more systematic way. To assist the registered manager with this, care coordinators were also to take on these calls, with the registered manager signing off all call records to maintain an overview. Complaints records also included reference to any action taken following the findings of the investigation which cross-referenced to the complaints noted in the audit tool.

We saw that detailed records of staff supervision, appraisal and spot checks were available to the manager from the computer rostering system to support her direct monitoring of these processes via staff files. Care files monitoring included checks that people's consent to their care plan had been recorded.

An in-house inspection of the service was carried out by the provider after Christmas. The resulting report

was not yet available to the registered manager. A business development plan was in place for the service compiled between the staff team, registered manager and area manager. It was planned to set up a series of sub teams lead by team leaders, responsible for specific groups of clients. Additional team building work had taken place around Christmas 2016 including during the December team meeting, which the registered manager said had been positively received.