

G P Homecare Limited

# Radis Community Care (Huntingdon)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# 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. At the time of our inspection there were 74 people receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At our last inspection we found the provider to be in breach of regulations 12, 17 and 19 of the Health and Social Care Act (2008). Due to the improvements made since the last inspection the provider was no longer in breach of these regulations.

### People's experience of using this service and what we found

There had been good improvements made since our last inspection. People, relatives and the staff team were positive about their experiences at the service.

The provider had policies and procedures to ensure people were kept safe. The registered manager understood safeguarding and the importance of reporting any concerns.

Quality assurance audits were completed, any issues identified were reviewed and action plans completed to ensure improvements were made. The registered manager responded appropriately to incidents, complaints and concerns.

People told us they were happy with the care and support they received. Peoples care plans contained good guidance for staff, which included appropriate risk assessments that were reviewed every six months or when required.

Recruitment practices were robust and included appropriate checks by the provider. Staff received regular training which included infection control, they understood how to keep people safe and the importance of reporting any concerns. Staff understood their roles and felt supported by the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 30 April 2019).

### Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions in Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Radis Community Care (Huntingdon)

## **Detailed findings**

### Background to this inspection

#### The inspection

This was a focused inspection to check on specific concerns we had from our previous inspection.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Radis Community Care (Huntingdon) provides personal care and support for people in their own homes. 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 gave the service over 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed the information we requested from the provider to show the improvements they had made where a breach had been identified at the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and one relative about their experience of the care

provided. We also spoke with five care staff and the registered manager.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence we found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating has improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At the last inspection we found staff had not always identified risks to people or ensured that guidance on how to reduce these risks were updated and available in people's care records.
- Systems were not always in place to ensure investigations following incidents were documented or completed to reduce further risks.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found the provider had made enough improvements and were no longer in breach of Regulation 12.
- The provider had ensured staff understood the correct procedures to report any concerns.
- Systems and protocols were in place to document and respond to concerns, incidents and complaints.
- Risk assessments were updated in people's care plans, this was completed regularly and when a person's needs changed.
- The registered manager demonstrated that the previous concerns were now managed appropriately to keep people safe.

- At the last inspection we found a lack of robust recruitment checks that meant 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.

- At this inspection we found the provider had made enough improvements and was no longer in breach of Regulation 19.
- The provider had ensured robust recruitment practices were followed.

### Staffing and recruitment

- Staff confirmed there had been recruitment procedures carried out before they started work at the service. Criminal record checks and satisfactory references had been obtained for all staff. One staff member said, "I was asked for my DBS (Disclosure and Barring Service check) and references."
- The registered manager had implemented checks to ensure the provider's recruitment process were followed.
- All staff completed an induction which involved working with experienced staff until they were competent to work on their own.

- Staff confirmed they received an induction, completed their required training and had unannounced spot checks. This ensured good practices were followed. People confirmed their calls were always completed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood the importance of documenting and reporting incidents. We found where incidents had been documented they were reviewed and responded to appropriately.
- The registered manager had a good overview of the service and was ensuring that where required, action plans were in place and lessons learnt were shared with staff.
- Staff understood how to report any concerns both internally to the service management and externally to other bodies, these included the local safeguarding team, police and CQC.
- Staff demonstrated they understood what constituted a safeguarding. One staff member told us, "if there were any issues, I would report these to the office."
- One person said, "I feel safe with the staff, they make me feel comfortable."

Using medicines safely.

- Staff received training to administer people's medicines safely. Medicines administration records [MAR's] were completed by staff when medicines were administered.
- Systems were in place to safely monitor medicines and staff received competency assessments.

Preventing and controlling infection

- The provider had appropriate procedures for infection prevention and control.
- Care staff confirmed they were provided with appropriate supplies of personal protective equipment (PPE) including gloves, masks and aprons.
- Staff completed infection control training and received support from the registered manager during the pandemic.
- All staff took part in the national COVID-19 testing programme.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection we found not all care plans contained comprehensive information about the person and what was important to them.
- At this inspection we found care plans were person centred and written by staff who had received training in, person centred care planning.
- People received care that was planned with them to meet their individual needs.
- One person said, "I have a care plan and I have had a call to discuss this". Another person said, "Staff always check what I want. I have had calls to check I am happy with my care. I would recommend this company".
- Care plans contained risk assessments with good information and guidance for staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some

- The provider understood the importance of accessible information for people, they ensured that information was made available in different formats.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise their concerns if they needed to and were confident, concerns or complaints would be dealt with.
- Complaints and compliments were reviewed and responded to by the registered manager.

End of life care and support

- Radis Community Care (Huntingdon) provided end of life care to people when required. At the time of this inspection no person was receiving end of life care.
- Care plans contained peoples end of life wishes and the registered manager confirmed they had plans to develop this further.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

- At the last inspection systems were not in place to check the quality of the service provided. We confirmed the previous registered manager did not have a system for monitoring complaints, and accidents and incidents to identify any themes that may arise. Action plans from previous monitoring had not been checked to ensure appropriate actions had been taken.
- The lack of robust quality assurance meant, this was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found the provider had made enough improvements and was no longer in breach of Regulation 17.

Quality monitoring systems were in place and regularly completed. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a good understanding of their legal and ethical responsibilities towards the people they supported.
- There were systems to monitor and review the quality of the service provided. Incidents and accidents were reviewed, and lessons learnt shared with staff. The registered manager ensured they had a good overview of the service.

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

- Staff understood their roles and felt supported by the registered manager. One staff member said, "[Registered manager] has an open-door policy and I feel very supported. I can see the improvements [they] have made to the service."
- People were happy with the service provided. One person said, "Staff are excellent, they know what to do".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding about duty of Candour and told us they encouraged an open culture and confirmed their door was always opened.

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

- Staff and relatives gave positive feedback about the service and how it was operated. The registered

manager ensured regular monitoring calls to ensure people had a voice and were happy with their care and support they received.