

G P Homecare Limited

Radis Community Care (Fareham)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Radis community care provides care and support to adults in their own homes in Fareham and Gosport and surrounding areas.

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 this inspection 12 people were supported with their personal care.

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

A new manager was appointed at the service in October 2019 and had applied to register with CQC. The new manager had identified recruitment of care staff a priority to address.

Action plans and audits were in place to drive improvement in the service and provide the new manager with oversight of the service.

The provider had developed a range of quality monitoring systems, such as surveys and audits, and feedback was used to help drive improvement. Remove spaces or add a line break.

Staff felt very well supported by the manager who was approachable and available for support and guidance.

People were supported by staff who were aware of the risks to them and how to support them safely in line with their care needs. Staff had received training in how to recognise signs of abuse and were aware of their responsibilities to report and act on any concerns that came to their attention. People were supported to receive their medication as prescribed. Staff had been recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with dignity and respect and routinely encouraged people to be involved in decisions regarding their care. Staff were described as kind and caring, and people received care and support based on remove line break
their individual assessment needs and preferences.

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

Rating at last inspection

This service was registered with us on 04/12/2018 and this is the first inspection.

Why we inspected

This was a planned 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Radis Community Care (Fareham)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission. A manager was running the service and had applied to register with CQC. This means that the provider was solely legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be available to support the inspection.

Inspection activity started on 04/12/2019 and ended on 05/12/2019. We visited the office location on 04/12/2019.

What we did before the inspection

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 of this information to plan our inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with four relatives and people about their experience of the care provided. We spoke with four members of staff including the area manager, the manager and care workers.

We reviewed a range of records. This included four people's care records and four medication records. We looked at four staff files in relation to recruitment and staff supervision. 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 provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were sufficient staff to meet people's needs, staff rotas were produced each week and circulated to staff. The area manager told us that they were currently recruiting more care staff to make the service more resilient and said they would not take on any new care packages until recruitment of more staff was achieved.
- Relatives told us they were aware that the service was short of staff at present but that their relative had received all planned care on time and that there had not been any missed calls.
- Robust staff recruitment practices and ongoing training supported people's safety. Potential staff were screened for their suitability to work with people, and the training staff undertook meant they were aware of their role and responsibilities in promoting safety.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to protect people from abuse and avoidable harm. People told us they felt safe with the care staff.
- Care staff were confident the manager would listen and act upon any concerns quickly. Staff understood their responsibilities to safeguard people and were aware of the signs of abuse. Staff knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The manager promoted an open culture to encourage staff to raise any concerns. Staff were aware of local safeguarding policies and procedures.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been assessed, and records provided clear guidance for staff on the measures needed to reduce potential risk. For example, information as to how to use equipment safely, such as a hoist or rotunda, when supporting a person.
- Prior to offering support, a variety of risk assessments took place, including environmental risk assessments in people's own homes. Where areas for action had been identified, these had been followed up. For example, where one person had been assessed in hospital, it was recognised they would need additional equipment to help support their independence in their own home and actions were taken to obtain the equipment on behalf of the service user.

Using medicines safely

- Medicines were managed safely. Staff received training to administer medicines and their competency was checked regularly by the manager. Staff told us they were observed to make sure they were doing it right.

- Where people were supported with their medicines, they received these as prescribed. People's medicines records were returned to the office where the manager audited these to ensure they had been given as prescribed.
- Staff could tell us when they needed to administer 'as required' medicines such as creams. Guidelines were in place for these medicines to ensure staff knew where people needed these. People confirmed they were supported with their creams as prescribed.

Preventing and controlling infection

- Staff knew how to prevent and control infection, such as wearing disposable gloves and aprons and washing their hands regularly. People confirmed that staff wore gloves and aprons. One person said, "Yes they do, they are very strict about it."
- Staff had been trained on how to reduce the risk of the spread of infection. They told us they followed infection control measures when handling food or supporting people with personal care. People confirmed that staff wore personal protective equipment (PPE), such as disposable gloves and aprons when supporting them with personal care. Records showed staff collected these from the office regularly.

Learning lessons when things go wrong

- The manager had systems in place to review accidents and incidents that occurred to look for patterns or trends. Advice was sought to reduce the risk of re-occurrence.
- The manager shared information with staff when things went wrong to develop the staff's knowledge.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to using the service people undertook an assessment of their needs and were able to be involved in choosing the staff that supported them. This assessment included people's physical, mental health, communication and social needs. This was carried out seeking the views of the person and their representatives, such as family and other professionals involved in their care.
- These assessments carried out helped to ensure the service could meet people's diverse needs and to provide care to people that met national guidance and best practice.

Staff support: induction, training, skills and experience

- All staff completed the Care Certificate. This is a nationally recognised standard which all care staff should meet. Staff were offered the opportunity to complete additional vocational qualifications such as level two and three in health and social care.
- Staff received regular supervision and observation sessions to help monitor and improve their care practice. Staff confirmed this. One staff member said, "They check what I'm doing, that I'm wearing aprons and gloves and make sure I'm talking to people properly, with dignity."

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

- Not everyone was supported by staff with their food and drinks. People who were supported with this said staff provided the right support. People also said they had a choice of what they wanted to eat, and staff respected this. One person said, "They ask what I would like, I choose and then they cook it." Another person said, "I tell them what I want to eat. They also make me a nice cup of tea."
- People's nutritional needs were being met and staff supported them to stay hydrated and have a healthy diet. Care plans advised staff if people required support with meals and discussed allergies and preferences about how they liked their meals and drinks to be served.

Staff working with other agencies to provide consistent, effective, timely care

- People's care was enhanced, as the service worked in a timely and effective way with other organisations involved in people's care, which included doctors, district nurses and occupational therapists.
- Relatives told us staff would normally contact them if they were concerned about their family member's health. They also said staff stayed with the person until relatives arrived or other health professionals took over the person's care. One relative said, "They (staff) called me and did offer to call the GP."
- The manager had worked with the commissioners of people's care when adjustments were needed to call times. This had helped to ensure people received effective care.

Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of people's healthcare needs and the importance of assisting people to obtain medical support if required. Relatives told us they were kept informed if their loved one became or felt unwell. One relative told us, "They will tell us things like if [person] has a cough."

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People were asked to consent to their care and care plans had been signed. No-one was being deprived of their liberty. People we spoke to confirmed this.
- Staff were aware of the principles of the MCA and clear guidance was provided to staff within people's care records.
- Where people had a Lasting Power of Attorney (LPA) in place this was recorded in people's care records. An LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service promoted a person-centred culture. Staff built relationships with people, listened and acted upon what people said. People confirmed staff spoke with them about things that mattered to them.
- People confirmed they were treated as individuals and in a way that protected their human rights. They confirmed staff were attentive, professional and kind. A person told us, "The staff don't treat me as an old person. They really look after me. I like the staff they are very good to me."
- People's diversity, cultural and spiritual needs were recorded. Staff were aware of this information. People we spoke with confirmed their care was provided in a non-discriminatory way and they were supported to live their life the way they wished.
- The manager promoted equality and diversity to the staff. A person told us, "Staff have the right attitude and that comes from the top."
- Staff told us they loved supporting people using the service. A member of staff told us, "I ask how people want their care delivered and act on what they say."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records documented people's preferences and information about their backgrounds.

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

- Records confirmed that people and their relatives or representatives were involved in formulating and reviewing care plans. Care plans were reviewed six monthly or as required. One relative said they were involved in their loved one's care and had a "relationship with [staff]." A staff member confirmed, "We communicate all changes with [relatives] and then update the [care plan]."
- Where possible, people had signed their care plans. This confirmed people had the opportunity to contribute and have their say about the support they would receive.

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was supported and information about people was held securely. People were given information about the data held on them and how it was used.
- People told us staff respected their privacy and upheld their dignity when providing personal care. Staff told us how they achieved this. For example, by covering people with towels and closing doors.
- People were encouraged to maintain their independence where possible. Staff told us how they encouraged people to do as much of their personal care themselves and people confirmed this. One relative

when asked if their care helped their relative stay independent said, "Yes it does, otherwise they couldn't live at home on their own."

- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. They told us they were always treated with respect and felt comfortable in the care of staff supporting them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- All the people using the service and the relatives we spoke with said they had been involved with the service's staff in preparing care plans designed to meet their needs. One person told us, "[The manager] did a very thorough care plan based on a detailed risk assessment to make sure [Name] can be moved safely around the house. People told us the care plans were only changed with their consent.
- People told us they were confident staff knew the contents of their care plan and provided care in line with their wishes. One person told us, "The carers know what I want them to do and we have a very good routine." Another person said, "They [staff] listen carefully to how I want them to help me. I set the rules and they follow them. That makes life easier for all of us.

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 circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with staff.
- The manager was aware of the accessible information standard and ensured they assessed this as part of a person's package of care. If information was required in an alternative format the manager was able to access this.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place for people and relatives. The manager told us they had not received any complaints.
- People told us they had not needed to complain but they would be able to speak to the manager if they needed to. People were confident the manager would resolve any concerns. One person said, "I would speak to (name of manager), I see them once a week, they are absolutely lovely and would put it right."

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection. However, should anyone require end of life support this could and had been provided.
- Where necessary, people were supported to express their end of life wishes. This included the recording of a do not resuscitate order when these were in place.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of this inspection there was no registered manager in place however the service had recruited a manager who was in the process of applying to the care quality commission to be the registered manager. The manager is supported by an area manager employed by Radis.
- Although this did not adversely impact people's care, this meant that the well-led section of this report must be limited to 'requires improvement'.
- The provider had several systems in place to monitor the governance of the service including spot checks on staff, managers completing calls to talk to people, and medicine audits.
- Staff were provided with updates of policy and procedures through staff meetings.
- There were quality assurance processes in place. Some audits we saw completed and other audits had not been completed for the previous month, we spoke to the area manager and manager who were aware of this and said this was due to the previous manager leaving at short notice and a new manager being employed, the manager told us she would update all and we were confident this would be addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were respectful in how they supported people and it was evident that they knew people's needs well. Information about people's needs was appropriately shared because care plans provided detailed information for staff to follow.
- People were very positive about the service they received and most felt fully involved in any decisions about their care. People's comments included, "The staff come out and do their job well".

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 manager was aware of their responsibility to report and act on any concerns that came to their attention. Where safeguarding concerns came to light, they were acted on appropriately.
- The manager knew the standards of care required by the local authority and the regulations. They told us they ensured staff were supported to provide care in line with these expectations.
- The manager knew about their responsibility to be open and honest when things went wrong. They reported relevant issues to CQC and the local authority.

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

- A relative told us they had been able to discuss the care planned for their family member and this was kept under review with them. They told us they could also contact the service at any time to discuss any changes.
- Records showed people had been asked for their views on the quality and safety of services; the manager had a system in place to review this feedback to ensure any actions that were needed in response to the feedback could be taken.

Continuous learning and improving care

- When we asked people and their relatives if they felt any improvements to the service could be made, one relative said, "None, they are very good." A person confirmed, "No, it's good the way it is." However, one person said they would like more staff to help out the girls as there are only four regular staff."

Working in partnership with others

- The service worked alongside other professionals such as district nurses and social workers to ensure people's needs were met.