

Radiant Care Services Ltd

# Radiant care services LTD

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Radiant care services LTD is a domiciliary care agency based in Redhill, providing support with personal care to people in their own homes and flats. At the time of our inspection there were 60 people using the service. People had physical support needs, some of them also lived with dementia.

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

The registered manager had a very hands-on approach to overseeing the care provided to people. However, the service grew significantly in the recent year and the governance systems did not always support them to have an effective oversight. Hence, not all quality and safety improvement needs around people's and staff records and processes in the service were identified and addressed.

The registered manager ensured appropriate action was taken to address people's individual risks and to provide them with support when their needs had changed. However, people's care records did not always reflect those changes.

Where people required support to take their medicines, staff supporting them were trained in medicines and their practice was checked by management during spot check visits. Staff also received induction when they first started and the registered manager ensured they were competent for their roles before supporting people on their own.

There were enough staff to support people and the registered manager supported staff hands-on which minimised risks to people who had consistent support allocated. Staff told us they felt supported in their roles and people and their relatives found staff competent and kind.

People felt safe with staff who knew how to recognise and report any concerns, including concerns around their health, wellbeing, risk of abuse or neglect.

People, their relatives and staff commented that the service had a positive culture and management were approachable and acted on their feedback to improve the service.

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 good (published 25 May 2021)

### Why we inspected

The inspection was prompted in part due to concerns received about risk management and safety of people's care. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. However, we found no evidence during this inspection that people were at immediate risk of harm from these concerns. Please see the Safe and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Radiant care services LTD on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Radiant care services LTD

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people 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 gave the service 24 hours' notice of the inspection. This was to ensure the registered manager was present in the registered office on the day to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people using the service and five relatives. We spoke with the registered manager and

two office support staff. We reviewed care records for five people and multiple medicines records. We also reviewed service records, including staff records for three care staff, quality and safety monitoring records, as well as policies and procedures.

After the inspection

We spoke with five staff providing care to people in the community. We also reviewed further evidence provided by the registered manager electronically. This included the service improvement plan, staff training records and other management records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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.

Assessing risk, safety monitoring and management; Using medicines safely

- People and their relatives told us they thought staff knew their needs and how to support them safely. One person said, "They make sure [equipment] is on properly before they move me. They make sure I'm safe when they [support me]."
- A relative told us how staff acted on a change in the person's skin integrity risk, "[Staff] identified that [person] needed a different mattress, so they arranged for a community nurse to come in and sort this for [person]. [Person's] carer makes suggestions on how we can make [person] feel more comfortable."
- People had individual risk assessments in place addressing any hazards in their home environment, as well as personal risks such as COVID-19, or allergies. The registered manager had a business contingency plan in place.
- People and their relatives told us they received safe support with their medicines when needed. One relative said, "[Staff] are diligent with giving [person] her tablets and sit with her to make sure she takes them." Another relative commented, "[Staff] support [person] with their tablets. They have a folder in the kitchen where this is all recorded."
- Staff were trained in safe management of medicines. The registered manager re-assessed people's medicines recently and addressed high risk areas in their individual risk management plans. They also ensured staff knew when people required support with their medicines at a certain set time and prioritised those visits to keep people safe.
- Risks to people around their needs and medicines were mitigated as the registered manager trained staff in person before they supported anyone, regularly communicated with staff and supported them via the on-call phone. However, people's care records did not always reflect their up to date needs clearly.
- We addressed this with the registered manager as this could pose a risk to people should new staff support them without the input from the registered manager, especially in emergencies as the service continued to grow. The registered manager started making some changes in how people's care needs were documented in response to the feedback. This was to ensure robust and clear guidance was always available to staff.

Staffing and recruitment

- New staff had to complete pre-employment checks such as Disclosure and Barring Service (DBS) checks, right to work and identification checks. DBS check includes a criminal record check which supports the providers to make safer recruitment decisions. New staff also had to undergo an interview and an induction programme led by the registered manager.
- However, there was limited evidence on how the provider assured themselves of staff's employment history and their conduct in previous employment in social care, although some character references were

obtained.

- There was no evidence of any impact on people as the registered manager ensured staff were provided with hands on induction and regularly supervised to check their competencies. The registered manager assured us a full audit of staff records would be undertaken and action would be taken to mitigate any risks going forward.
- There were enough staff employed to ensure people received timely care as per their assessed needs. People and their relatives confirmed this. One person also said, "I have a regular dedicated carer and three to four other carers who are backups when my carer is off."
- Staff told us their planners were achievable and enough time was provided for travel in between the care visits. They also told us they could spend enough time with people to support them with what they needed and could count on support from the management team in case of any emergencies. Staff told us the management would ensure someone else attended the visit so people received the care as planned.
- Staff providing live-in care to people told us they had appropriate breaks and could request support. One staff said, "If I need a break, I can always call [the registered manager] to give me relief time."
- The management team operated an on-call system and maintained an electronic oversight of staff attendance on the care calls on a daily basis.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with staff. One person told us, "I am absolutely safe, all [staff] from Radiant Care are all very caring, very nice."
- Staff knew how to recognise and report any concerns and received appropriate training. One staff member told us, "I would report to the office, they definitely listen and act on it." Staff also knew they could contact healthcare services or the police in emergencies and social services to report any safeguarding concerns, as well as CQC with their feedback.
- The registered manager reported and investigated any safeguarding concerns and worked together with the local authority to address any risks to people to protect them from the risk of abuse or neglect.

Preventing and controlling infection

- Staff protected people from the risk of infections. One person told us, "Yes, they do (follow good infection prevention and control practice) and they test themselves every day." A relative said, "Yes they do wear masks. They keep the house fairly clean and tidy."
- The provider ensured staff had ongoing access to personal protective equipment (PPE) and knew how and when to use it to keep people safe. Staff received training in infection prevention and control.
- Staff worked in their own geographical areas which minimised the risk of spreading the infection. Staff were supported to test regularly and had access to the vaccines.

Learning lessons when things go wrong

- The registered manager reviewed incidents and accidents and identified lessons learned to improve the service. For example, they reviewed how they recorded people's risks around specific medicines to provide more information for staff.
- The registered manager also reviewed their procedure of re-starting the care for people following a hospital visit or stay to ensure staff had all the information on any changes to people's needs.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to 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; Continuous learning and improving care

- The management team did not always operate an effective governance system which posed a risk of quality and safety issues being missed. The service had grown significantly since our last inspection and the registered manager found some of the recording systems ineffective which led to information about people's care being inconsistently recorded and audited. However, they continued to grow before this issue was rectified.
- People's care and medicines records were kept both in paper and electronic forms and there was a lack of evidence of ongoing monitoring if those records were consistent or linked with each other. This posed a risk of staff missing vital information on how to keep people safe. Not all records were up to date and although action was taken to seek support from other health and social care services when risks to people changed, this was not always reflected in people's plans of care.
- For example, one person had a range of equipment and guidance in place on how to prevent them falling but this was not recorded in their risk assessments. Another person's medicines records showed discrepancies which were not clearly addressed in spot check audits. The registered manager explained what action they took to ensure the person was safe, but this was not recorded appropriately.
- The service improvement plan addressed high-level development needs but did not clearly identify the day to day quality and safety improvement needs directly affecting people's care. For example, issues around care and medicines documentation, staff records or recording systems. These were not clearly addressed with timescales identified of what needed to be done and by when to achieve it to ensure good outcomes for people.
- Risks were mitigated by the registered manager who showed staff how to support people and advised them on how to report any changes and seek support from the office team. They also shared any updates on people's care with the staff via phone or in person. However, as more and more people used the service and some required short term care only, this posed a risk of things being missed.
- We discussed this with the registered manager who addressed some improvement needs around people's risk assessments straight away and provided us with evidence of the updates made. They also provided a reviewed action plan addressing the governance systems and monitoring structures and they allocated another member of staff to support them with this. We will monitor that work and follow up at the next inspection.

The provider had failed to ensure their governance systems were used effectively and failed to maintain accurate and complete records. This is a breach of regulation 17 (Good governance) of the Health and Social

- The registered manager was aware of the requirement to inform CQC of certain events in the service and had done so.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they thought the service had a positive culture. One relative said, "[The registered manager] has been in care a long time and is hands on which is reassuring. She's very encouraging and she monitors what the carers do and keep them on the ball. I can have a frank discussion with her. [The office staff] is also very nice and reassuring. They do try to do their best by [people]."
- People and their relatives had regularly opportunities to voice their feedback and preferences around their care. The management team carried out spot check visits to seek people's feedback and see if the care met their needs and expectations. They also sought people's feedback via satisfaction surveys, the last one being mostly complimentary around the care staff provided.
- When people or their relatives raised issue, these were looked into and addressed by the management, for example by changing the allocation of staff.
- Staff told us they felt listened to and engaged in the service. One staff member said, "I am definitely supported by the office. I just ring if there is anything. They do listen and act on it, they get back to me and tell me whatever I need. They support me, we work together." Staff told us they were overall happy with the support provided by the management which included individual chats over the phone, spot check visits or supporting them to review people's care when their needs changed.

Working in partnership with others; 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 management team worked closely with local hospitals, occupational therapy and community nursing teams, pharmacies, people's GPs and families as required to ensure they had ongoing access to health and social care services when required.
- The registered manager understood their duty to work in an open and transparent way and kept people and their representatives informed of any adverse events when required. They also worked with other external partners to investigate and address any such events in a transparent way to protect 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	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure their governance systems were used effectively and failed to maintain accurate and complete records.