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?	Requires Improvement
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

This announced comprehensive inspection was undertaken on 29 July 2016. We gave the service 24 hours' notice of our inspection. Radis Community Care (Huntingdon) is a domiciliary care agency which provides personal care to people living in their home in Huntingdon, Ramsey, Yaxley, St Ives, St Neots and the surrounding areas. There were 85 people being supported with the regulated activity of personal care at the time of our inspection.

There was a registered manager in place during this inspection. 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager had an understanding that people being supported by the service who lacked the mental capacity to make day-to-day decisions should have an application to the Court of Protection made on their behalf. The majority of staff were able to demonstrate a sufficiently robust understanding of the MCA. This meant that any decisions made on people's behalf by some staff would be in their best interest and as least restrictive as possible.

People had care records in place which documented people's support and care needs and assessed risks. Plans are put in place to minimise people's identified risks and to assist people safely whilst supporting their independence. However, people did not have risk assessments or care plans for all of their identified risks. People's care records included how people wished to be supported, and what was important to them and their identified goals. These records and reviews of these, recorded that people and/or their appropriate relatives had been involved in this process.

Arrangements were in place to ensure that people's medicines were administered safely. Records regarding the administration of people's prescribed medicines were kept. These showed that improvements were needed by staff around the accurate recording of people's medicine administration were being actioned by senior staff and the registered manager.

People's nutritional and hydration needs were met. People, who required this support, were assisted to contact and access a range of external healthcare professionals to maintain their health and well-being.

People who used the service and their relatives said that staff respected their choices about how they/their family member would like to be supported. People were supported by staff in a kind and respectful way. Staff promoted people's privacy and dignity.

There was a sufficient number of staff to provide people with safe support and care. Some people experienced care calls that were later than the agreed time and this was not their preference as this made

them anxious.

Staff understood their responsibility to report any suspicions of harm or poor care practice. There were pre-employment essential checks in place to ensure that all new staff were deemed safe and suitable to work with the people they supported.

Staff were trained to provide care and support which met people's individual needs. The standard of staff members' work performance was reviewed during supervisions, competencies checks and appraisals to make sure that staff were competent and confident to provide the agreed care and support.

The registered manager sought feedback about the quality of the service provided from people who used the service and their relatives. Staff meetings took place and staff were encouraged to raise any concerns or suggestions that they may have had. Quality monitoring processes to identify areas of improvement required within the service were in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's care and support needs were met by a sufficient number of staff. Some people experienced care calls that were later than the agreed time which made them anxious.

People's medicines were managed and administered as prescribed. Accurate records were not always kept.

Staff were aware of their responsibility to report any concerns about poor care or suspicions of harm that people may experience.

Safety checks were in place to make sure that only staff who were suitable to provide care for people were recruited.

Is the service effective?

Good

The service was effective.

The majority of staff were aware of the key requirements of the Mental Capacity Act 2005 (MCA).

People's health, nutritional and hydration needs were met.

Staff were trained to support people to meet their needs.

People were assisted with external healthcare appointments and referrals when needed.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful in the way that they supported and engaged people.

Staff promoted people's right to privacy and dignity when delivering their personal care.

Staff encouraged people to make their own choices about things

that were important to them. Staff assisted people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

There was a system in place to receive and manage people's suggestions or complaints.

People's care and support needs were planned and reviewed to make sure they met their current needs.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

Audits were undertaken as part of the on-going quality monitoring process to identify and make improvement.

People who used the service their relatives and staff were able to feedback on the quality of the service provided.

Radis Community Care (Huntingdon)

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 provide a rating for the service under the Care Act 2014.

This inspection took place on 29 July 2016, and was announced. This was because we needed to be sure that the registered manager and staff would be available. The inspection was completed by two inspectors and an expert-by experience. An expert by experience is a person who has personal experience of working with or caring for someone who uses this type of care service.

We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law.

We spoke with 14 people who used the service and six relatives of people using the service. We spoke with the registered manager, the operations/ finance worker, a care co-ordinator, and three care workers. We also received feedback about the service from people who used the service and their relatives and friends. This information was used to plan this inspection.

We looked at six people's care records, two staff recruitment files and the systems for monitoring staff training and development. We looked at other documentation such as quality monitoring, feedback surveys, staff meeting minutes, compliments, complaints, and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

Care records we looked at showed that some people had identified areas of risk. These risks included, but were not limited to; being at risk of slips, trips and falls; poor skin integrity; known allergies and specific health conditions. However, we found that some of the care records we looked at did not always have individualised care plans or risk assessments in place as prompts for staff on how to monitor and support a person deemed at risk. We also noted that identified areas of risk were not always documented throughout people's care records as guidance for staff. For example, people's known medicines allergies were not always recorded as a reminder for staff on people's medication administration records. Staff we spoke with demonstrated knowledge of the people they supported who were assessed to have risks, and the actions to take to make sure that these risks were minimised. However, due to a lack of robust and consistent documentation around people's identified risks and allergies, there was an increased possibility that staff could misinterpret these records and place people at risk.

We found that people had a personal emergency evacuation procedure in place as a prompt for staff in the event of an emergency such as a fire. There was also a business contingency plan in the event of a foreseeable emergency. This showed that there was information for staff in place to assist people to be evacuated safely in the event of an emergency.

The majority of people we spoke either managed their medicines themselves or had a relative support them with this. Relatives of people who used the service and people using the service who were supported by staff with their medicines told us that they had no concerns. Records clearly recorded who was responsible for the collection and safe disposal of these medicines. One relative said, "They [staff] are generally pretty good with medicines." Staff who administered medicines told us, and records confirmed that they received training and that their competency was checked. Where people had medicines 'as required' we noted that there were clear protocols in place for staff about this.

We saw records of medicines administration were kept and where improvements in this record keeping had been identified, this was being addressed with the staff member involved. However, these improvements needed were still on-going. This was because the corrective action taken so far with staff had not made all of the necessary improvements required. Medicine administration records still had gaps in the documentation. This was where a staff member had not signed to say that they had given a person their medication. We spoke with the registered manager about this during this inspection.

Care records we looked at had assessed each person needs and this helped determine how many staff a person required to assist them and the time each care call should be. Documentation we saw showed that there were enough staff available to work to meet the number of care hours contracted /commissioned.

The majority of people who used the service and their relatives had positive opinions about staff punctuality with their care call time. One person said, "[Staff members] have not missed any [care] calls, [they are] on time and stay the whole time [of the care call]." One relative told us that, "[Staff] have never missed a call, on time always and stay the time and sometimes longer." Another person said that there were, "No missed calls

and usually they are on time, never later than 15 minutes and they stay for what they should." However, a third person told us, "They [staff] are often late, probably a problem with the previous call, no one rings to tell me. My 7.30am call last week they came at 9.00am and the carer said that it was a busy night – I was worried…happens about once a fortnight." They went on to confirm that they had experienced no missed care calls. Another relative said, "Only problem has been that some of the calls are later than we like which is 7.30am to 8.00am, but this week they [staff] have come at …8.15am; 8.30am…we had one come at 9.00am which was too late. When they get here they do stay…The timings could improve anything between 7.15am and 9.00am is too long." A fourth person told us, "No missed calls, [staff are] only late when there are traffic problems but that is not often. They stay the whole time [of the care call]." The impact on people who experienced late care calls was that this caused them some anxiety.

We saw that there was a new electronic monitoring system in place. This system meant that staff had to 'log in' when they arrived at a care call and 'log out' when they left. The provider told us that this system would alert them and office staff if any staff member who had not logged in more than 30 minutes after the care calls start time. They said that this monitoring system then make sure that they and/or office staff were aware of any late care calls and could react accordingly.

People using the service and their relatives had mainly positive opinions about having consistent staff members to assist them and accurate staff rotas. Rotas were issued to inform people and/or their relatives of the named staff member(s) that would be attending the care call. One relative said, "[Family member] is safe with his regulars [staff] and he knows and trusts them." A person told us, "[I] get a rota sheet and that helps." A third person said, "I like the security of knowing that my regular carers are coming." However, a relative said, "They [office staff] don't let us know of any changes in the carers and we don't know who is coming…does not happen often…it is when someone is off sick. When [family member] does not know who is coming he is very nervous."
People and their relatives told us that they or their family member felt safe using the service. This was because of the support and care that was provided. One person said, "I feel safe as [staff member] is very considerate…very careful." Another person told us, "I am safe; it is the way that they [staff] react to my needs." A relative said, "[Family member] is safe with them [staff] as they are fully aware he walks slowly." Another relative told us, "Yes [family member] is safe because the carers are very good at their jobs and they do a very good job."

Staff said that they had undertaken safeguarding training and records we looked at confirmed this. Staff demonstrated to us their knowledge on how to identify the different types of harm and report any suspicions of this or poor care practice. One person confirmed to us that, "No one [staff] has ever shouted at me and [I've] had no accidents." Another person told us, "I talk to them all, they listen to me and I can talk to them about any worries I might have." Staff told us what action they would take in protecting people and reporting such occurrences. This included external agencies they could contact, such as the local authority or the police to report suspicions of poor care practice. Staff were also able to describe to us the signs they would look for which could identify a person at harm. One staff member said, "Signs of abuse, [being] anxious, very quiet or not being comfortable with a certain member of staff. Any unkempt appearance due to lack of care." We saw information, on how to report suspicions of harm, was available for staff on a communal notice board in the office training room to refer to if needed. This showed us that there were processes in place at the service to reduce people's risk of harm.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and said that they were confident to do so. This meant that staff understood their roles and responsibility in protecting the people they assisted.

During this inspection staff said and records confirmed that essential pre-employment safety checks were carried out prior to them starting work and providing care. Checks included references from previous employments. A criminal record check that had been undertaken with the disclosure and barring service, photographic identification, proof of current address, and any gaps in a staff members previous employment history had been documented. These checks were in place to make sure that staff were of a good character and that they were deemed suitable to work with people who used the service.

Good

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The registered manager told us that during this inspection no one being supported by the service lacked the mental capacity to make day-to-day decisions. This meant that there had been no requirements to make applications to the Court of Protection.

Staff and records showed that staff had training on the MCA. One staff member said, "Assume capacity. Support people to make decisions. [For example], what do you want to eat? It's all about having a discussion about people's rights or their best interests." They then told us how they had attended a 'best interests' meeting with a person's social worker, other staff members and the person's family. This meeting was held to discuss what could be done to support the person in their best interest. The staff member said how this had helped them embed their knowledge and understanding of the MCA. Another staff member told us, "People [should] have the same equal say. If they lack capacity, show them the best options and explain it. This is how you support a person to choose appropriate clothing, show and explain the weather to them, but the person makes the choice, you do this together but respect their decision." The majority of staff were able to demonstrate to us a sufficient understanding of the MCA and how people could be supported in their best interest and with the least restrictions. The understanding from staff meant that any decisions made on people's behalf by staff would be in their best interest and as least restrictive as possible.

People told us that where needed, they were supported by staff with the preparation of meals and drinks. One person said, "I have cereal in the morning, but [staff member] asks me what I would like and would I like a [named fruit]." Another person told us, "I buy the ready meals and they heat them up for me." A third person said, "They [staff] get my breakfast. I have the same every day, and have a delivery of frozen meals once a week…They make me a glass of squash and they ask me do you want another one?"

Staff talked us through the recruitment process undertaken before they joined the service. One staff member involved in interviewing new staff said, "Attributes we look for are that staff have a real interest in providing care and not [viewing this] as just a job." Staff told us that when they first joined the team they had an induction period which included mandatory training and shadowing a more experienced member of staff. This was until they were deemed confident and competent by the registered manager to deliver effective and safe care and support. One relative said, "We have a young [staff member] who is newish and [family member] kept repeating things to her, but she was fine with him as she had the right training. [Staff member] has not long been out on her own, [Staff member] came out three times with a more senior [staff member] and came twice [with another staff member] to learn the ropes." Another relative confirmed to us that, "The new ones [staff] shadow an experienced one [on care calls]."

Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people needed. This was confirmed by the record of staff training undertaken to date. Training included, but was not limited to; moving and handling theory and practical training; safeguarding adults; safe use of medicines; food hygiene; first aid; equality and inclusion; infection control; and dementia awareness. Specialist training was also undertaken for staff supporting people with specific health care conditions and needs such as diabetes. One person told us that staff, "Are well trained." A relative said, "They [staff] have the right training and are kind." This meant that staff were supported to develop the necessary skills to perform their work effectively.

Staff members told us they were supported and enjoyed their work. One staff member said, "All staff get on very well with each other. [They have] got the right work ethic and enjoy the job. [We] get the job done." Staff said they attended staff meetings and received formal supervision, competency spot checks and appraisals to review their skills and develop their knowledge. Spot checks included but was not limited to; people's medicine administration, infection control and prevention and safe standards of work. This showed us that staff were supported to develop and maintain their skills.

People told us and records showed that staff supported them to contact or visit external healthcare professionals if needed. One relative told us, "[Family member] had [specific health care concern] and the staff member suggested that we spoke to the district nurse, which we did. They are meeting his needs." Another relative said, "[Staff] take [family member] to collect their prescription from the doctors." This showed us that staff supported people where needed.

Good

Is the service caring?

Our findings

People and their relatives had positive comments about the care provided. One person said, "My carers are absolutely marvellous." Another person told us, "They are very good and they come and are very efficient… it is like having old friends come back, they are perfect." A third person said, "My care giver is a lovely, kind, considerate, very caring person and I could not wish for better, I would like to clone her." One relative said, "The carer is competent, knows her job and is very pleasant and amicable."

Staff told us how they respected people's choice about how they wished to be assisted. This was confirmed by the people we spoke with. One person said, "[Staff] ask for my permission before doing anything and are very friendly."

People's care records showed that staff had taken time to gather the goals that people wanted to achieve; for example to maintain their independence as appropriate and continue living in their own home. These were then taken into consideration when planning all aspects of their care. Care reviews took place to make sure that people's care and support plans were up-to-date and met people's current needs and wishes. One person said, "I have been asked whether I wanted male or female carers and I told them female and all my carers are female." A relative said, "Care plans? We occasionally have meetings…a senior carer comes and… I can pass back anything through her." Records we looked at documented that people, and/or their appropriate relatives were involved in the reviews of their care.

We were told that staff supported people in a kind and respectful manner. One relative said, "[Family member] is always listened to and respected. [Staff] are caring and friendly. They do talk to [family member] and they listen to [family member]." One person told us, "I definitely talk to them [staff] about any worries; they listen and treat me with respect." Another relative said, "We are very happy, they [staff] are friendly, we treat them as part of the family…and [staff] treat us with respect, no doubt." A third person confirmed to us that staff were, "Extremely pleasant and nice."

Staff told us how they promoted people's privacy and dignity when supporting them. Staff were able to demonstrate their knowledge of the different ways they would support a person with their personal care whilst maintaining their privacy and dignity. This was confirmed by the people we spoke with. One person said, "They [staff] always ask if it is alright before they do something and they do respect me for instance I have a bath every night and they always say if I want my top on or off." Another person told us, "They [staff] always ask for my consent before doing anything."

People who used the service and their relatives told us how staff respected their privacy. One relative said, "[Staff] knock and call out before they come in." One person confirmed that staff, "Always knock." Another person who was sensory impaired told us that staff, "Let themselves in and they call out to me." This showed us that staff were aware that they needed to promote the dignity and privacy of people they assisted.

Advocacy services information was not available for people and their relatives should they wish to access this information. We spoke to the registered manager about this and they said that they would look into

making this information more accessible to people who used the service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

We noted that the service had received 32 compliments from people and their relatives since the previous inspection in July 2014.People who used the service and their relatives told us that that they knew how to raise a compliment, suggestion or complaint should they need to do so. People and their relatives had positive comments about the way that concerns raised with the service were dealt with. One relative said, "Any concerns I speak to [care co-ordinator] or [registered manager] in the office." They then went on to tell us how they had raised a concerns and that the concern was listened to and resolved to their satisfaction." Another relative told us, "I can complain to the office, got the phone number, but one of the office [staff] comes twice a week, but I do ring the office if they are late. They always answer and tell me that they are running late." A third relative said, "I have never needed to ring the office…if I had a problem I would ring the office."

We looked at that the 13 complaints raised with the provider since the last inspection. They had been investigated and responded to, with any action taken documented as a result of any learning opportunities. Staff said that they knew the process for reporting concerns or complaints. Records showed that complaints received had been responded to in a timely manner and resolved where possible.

People's care and support needs were assessed and planned by the provider to make sure that they could meet people's individual needs. This was assessed by a member of staff and in conjunction with the person. A support and care plan was then put in place to provide prompts for staff on the support and care the person needed. Reviews were carried out to ensure that people's care and support needs remained up to date and provided guidance for the staff that supported them. This was confirmed by people we spoke with. Records showed that these reviews took place with the person and/or their appropriate relative. Staff confirmed to us that if they felt that the care and support plans needed updating to reflect people's current needs, they would contact the office based staff and said that this would be actioned.

People's support and care plans contained detailed guidance to care staff on how many care workers should attend each care call and how people wished to be supported during their care call. Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. We saw samples of detailed notes which were held in the service's office.

People who used the service and their relatives who we spoke with told us that they did not need staff support to maintain their links with the local community to promote their social inclusion. Although, we did see that social calls formed part of some people's care and support package.

Good

Is the service well-led?

Our findings

People and their relatives had mainly positive opinions about the quality of communications. One person said, "I have rung them [office staff] to tell them I was not going to be here for a lunch time call and that worked well." Another person told us, "Any problems I immediately ring the office and it is sorted…they are good." However, some people who used the service and their relatives felt communication could be better when staff were running late for their care call.

We saw that the registered manager sought feedback about the quality of the service provided from people using the service and their relatives. Feedback received was mainly positive. One person said, [I] have a yearly questionnaire and the last one came about two-three months ago and my comments were all very positive." A relative told us, "Asked for feedback with a questionnaire the other week…it was all positive from us." We saw improvements documented included a face to face meeting with a person and their relative to discuss the concerns they raised further. However, another relative said, "Was asked for feedback and filled it in six months ago, I did include my comments about the changes of carers, but have not heard anything."

There was a registered manager in place. They were currently being supported by care and office staff.

Arrangements were in place to monitor and audit the quality of the service provided. These audits included, but were not limited to; people's daily notes and medicine administration records. We saw that the most recent annual audit carried out to look at the service overall had identified that people's risk assessments needed to be more robust. Where improvements required had been found on audits undertaken, we saw that actions to be taken were recorded and being worked on.

All staff spoken with confirmed that their role and the values of the service were to give people the best care they could. One staff member said, "I would have a family member looked after by my staff, they are very caring and will go that extra step." Another staff member said that the service values were, "Valuing people, integrity and being professional."

Staff said how they could make a suggestion to the registered manager and feel listened to. They gave us examples of this and how their suggestions had been implemented or how they had been supported. One staff member said, "[Registered manager] is very approachable. [I] can call her at any time." Another staff member said of their work, "I love it, I find it so rewarding…I can ask a question even if I think it is a daft question [and feel supported]" Records we looked and staff confirmed that staff meetings were held. We saw that these meetings were also used as opportunities to update staff on the service provided, service development, and people's care and support needs.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC in a timely manner.