

G P Homecare Limited

Radis Community Care (Reading)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Radis Community Care (Reading) is a domiciliary care agency based in Reading, providing personal care support to 48 people living in their own homes.

Overview of findings:

Staff were not always trained or regularly assessed as competent to administer medicines in line with the provider's policy, clinical guidance and best practice.

Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place to ensure that staff knew when to administer PRN medicine.

Audits had not always been undertaken. Those that had, did not always identify gaps or highlight trends, themes or lessons learnt.

Care records did not always clearly reflect how staff were meeting people's specific health conditions.

Care records did not always reflect what decision people could make for themselves when they lacked capacity.

Where others signed consent to care forms on behalf of people who received support, it was not always clear they had the legal authority to do so.

Where lessons learnt had been identified following complaints, concerns, accidents and incidents, the registered person had not always implemented the required changes to improve the service.

Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

People told us they felt safe with the staff who supported them.

People's right to confidentiality was protected and their diversity needs were identified and incorporated into their care plans, where applicable.

People and their relatives said staff were caring and respected their privacy and dignity.

People felt the service they received helped to maintain their independence where possible.

People knew how to complain and knew the process to follow if they had concerns.

Staff felt the management was supportive and approachable. Staff were happy in their role which had a positive effect on people's wellbeing.

Rating at last inspection:

The service was inspected on 15 July 2016 (published 27 August 2016). We found the provider was in breach of Regulation 11 of the Health and Social Care Act, (Regulated Activity) Regulations 2014, (Need for consent). We conducted a focussed inspection to follow up this breach on the 6 February 2017 (published 4 April 2017). We found the provider was compliant at the time of that inspection.

Why we inspected:

This was a planned comprehensive inspection.

Enforcement:

Full information about CQC's regulatory response can be found in the full report which can be found on our website at www.cqc.org.uk.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 not always Safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always Effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was Caring.

Details are in our Caring 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 not always Well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Radis Community Care (Reading)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Radis Community Care (Reading) is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and people who may have dementia, a physical disability, learning disability, a sensory impairment and/or mental health needs.

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:

The inspection site visit took place on 12 March 2019. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be present at the office to assist us with the inspection.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection we had not received any statutory notifications. Notifications are information about important events the service is required to send us by law.

We looked at care plans, daily notes and other documentation, such as medication records, relating to six people who use the service. In addition, we looked at the records related to the running of the service. These included a sample of quality assurance records, staff and training records. We spoke with seven staff members including, the registered manager, care co-ordinators and care staff. We spoke to nine people who use the service and four family members of people who use the service. We requested information from external health and social care professionals and received three responses.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was not always assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

- People were supported to administer medicines by staff who were not always assessed as competent or trained to do so.
- The provider had a "Medication Policy and Procedure" which stated staff should have a, "Formal assessment of their competency undertaken to enable them to become competent in the administration of medication" and "All staff who administer medication will be expected to renew their training...on an annual basis." We found that 20 out of the 29 staff had not completed annual refresher training in line with the providers policy.
- We found that staff had not had their knowledge, skills or competency suitably reviewed in line with clinical guidance and the providers policies and procedures, to ensure they were able to administer medication safely. The National Institute of Clinical Excellence (NICE) states that social care providers should ensure staff, "have an annual review of their knowledge, skills and competencies." The registered manager told us that they were in the process of introducing medication administration competency assessments on staff but they had not yet introduced this.
- Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place to ensure that staff knew when to administer PRN medicine or what the PRN medicine was for. The providers policy stated that, "Care/ Support Workers are not permitted to assist with these [PRN] medicines unless there are specific instructions." We found that staff were supporting people with PRN medicines without the appropriate guidance in place.
- We found medicines administration records (MARs) did not always clearly reflect whether a person had received their medicines as prescribed. For example, we found MARs charts had gaps where staff failed to sign that they had administered the persons medication. We looked at the person's daily notes, however, these also did not document that medicines had been administered. Therefore, it appeared people were not always appropriately assisted with taking their medicines.

The failure to ensure the proper and safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong:

- The registered person had not always taken appropriate action following lessons learnt identified from complaints, concerns, accident and incidents.
- For example, a complaint that was made and investigated found that the provider had not always taken appropriate action in relation to the safety, care and wellbeing of a person. These concerns included missing a care call that was scheduled and poor record keeping.
- The registered person did not have oversight of late or missed care visits. They were not reviewing, as required their internal systems that clearly highlighted when visits took place and the duration. We looked at this system and found examples of where staff were arriving late. In one instance a staff member arrived at the person's home over one hour late.
- At our inspection in July 2016 the provider had failed to evidence that consent to care had been sought from the relevant person in each case to safeguard people's rights. The provider submitted an action plan to the Care Quality Commission advising they would ensure that they would ensure consent signatures and where people had not signed their own care documents clarification would be sought as to why and documented. In addition, the provider undertook an action to audit people's care files and ensure information was being updated.
- At this inspection we found that records did not always reflect why people had not signed their own care documents. When a relative or other had signed on a person's behalf, despite having no legal right to do so, the reason for this was not recorded.
- The registered person did not currently undertake audits of people's care plans.

The failure to consistently assess, monitor and improve the quality and safety of the services provided is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management:

- People's needs were being met in relation to their specific health conditions. However, records did not clearly reflect how staff were meeting these specific health conditions. Following the inspection, the registered manager advised that they would ensure records reflected how they were supporting people with their specific health conditions.

We recommend that the registered provider refer to current clinical guidelines and best practice to ensure systems and processes and accurate records are in place. This will help to identify and assess risks to the health, safety and/or welfare of people who use the service.

- Staff carried out a health and safety assessments of people's homes to ensure the person being supported was safe while carrying on the regulated activity. These included risk of pets, action to take in the event of a fire and the control of substances hazardous to health.
- Some relatives of people who use the service felt that staff kept the person safe. One relative said, "He's very safe, we trust them."

Systems and processes to safeguard people from the risk of abuse:

- Staff were trained with regard to safeguarding and knew how to deal with any issues relating to people's safety.
- Staff told us they were confident the management team would act on any concerns reported to ensure people's safety.
- People said they felt safe with the staff.
- Relatives said they felt their family members were safe with the staff.

Staffing and recruitment:

- Required staff recruitment checks were carried out to ensure people were protected from having staff work with them who were not suitable.

Preventing and controlling infection:

- Staff received training in the control of infection.
- Staff were provided with personal protective equipment so they could carry out their work safely.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act (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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At our inspection in July 2016 the registered person had failed to evidence that consent to care had been sought from the relevant person in each case to safeguard people's rights. We conducted a follow up inspection in February 2017 and found that the provider was compliant at that time.
- At this inspection, we found the provider was not always able to evidence they were acting in accordance with the MCA.
- Where people may lack capacity to make certain decisions, records should reflect arrangements in place for people's care or treatment. These must show evidence of best interest decision-making in line with the MCA (2005), based on decision-specific capacity assessments. We found the provider could not always evidence they were working in accordance with the MCA (2005).
- One person was deemed to not have the capacity to make decisions for themselves. Their care records stated, "[Name] does not have full capacity" and "[Name's relative] makes all choices and decisions on her behalf." However, the registered person could not evidence that the relative had a legal right to make decisions on this person's behalf. The provider had not completed a mental capacity assessment to understand what decisions this person could make. There was no evidence that a best interest discussion had taken place regarding this person's decision making.
- We found that the provider had not always kept a record of all decisions taken in relation to the care and treatment of people who use the service. People's care records indicated whether the person themselves, or a representative had signed and consented. However, where consent had been signed by someone other

than the person themselves, it was not clear whether the person had given permission for someone else to sign on their behalf.

- For example, one person's records showed a relative had signed some of their consent documents. This relative did not have the legal authority to do so and records did not indicate that the person had consented to this, nor was there a record confirming they had verbally consented to the plan. We were told that the relative had signed this as the person was unable to due to a sensory impairment. However, this was not recorded.

The above is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke to had the knowledge related to MCA and demonstrated they knew how to work with people in a person-centred way.
- Staff encouraged people to make their own decisions on a day to day basis, ensuring those important to the individual were involved in this decision making, if appropriate.

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

- People received effective care and support from staff who knew how they liked things done.
- Each care plan was based on a full assessment of needs and included details on people's individual preferences.
- Care plans detailed the outcomes people wanted to achieve.

Staff support: induction, training, skills and experience:

- People said staff had the knowledge they needed when providing their support.
- Relatives thought staff had the training and skills they needed when supporting their family members.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- Once a year staff had a formal appraisal of their performance.
- Staff told us they had regular supervision which they felt enhanced their skills.

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

- Where providing meals was part of the package of care and/or where there was a concern, daily records included how much people had eaten.
- Where people were not eating well staff would highlight that to the person's relative, the registered manager or a senior member of staff and advice would be sought from a health professional, if necessary.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- Records showed the service communicated with other health and social care professionals such as social workers, GP's and dieticians, to make sure people's health and care needs were met.
- Healthcare professionals we spoke with were complimentary about the provider. One commented, "The staff I have observed have been very reactive at calling appropriate services when needed to ensure that the person has access to the appropriate services."

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

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:

- People were treated with kindness and compassion. Staff were caring and treated each person as individuals.
- Where people had equality and diversity needs, these were identified and set out in their care plans. People felt that their individual preferences and needs were being met.
- One person told us, "They [staff] are very nice, I get on well with them." Another person said about care staff, "I think the world of them."
- A health and social care professional told us, "The staff I have observed have been professional, caring and supportive to the service user, the family members and also visiting professionals."

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

- People and relatives told us they were involved in some day to day decisions about their care, such as meal choices.
- Regular reviews of people's care were undertaken by staff and the person being supported.

Meeting people's communication needs:

- The provider had an awareness of the Accessible Information Standard (AIS). From August 2016 all organisations that provide adult social care are legally required to follow the AIS.
- The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The service identified people's information and communication needs by assessing them. Staff understood people's communication needs.

Respecting and promoting people's privacy, dignity and independence:

- People told us they were treated with respect by staff. Their privacy and dignity were upheld during the provision of their personal care.
- Staff underwent privacy and dignity training and had access to relevant guidance.
- One person told us when asked if staff treated them with dignity and respect, "One hundred percent [staff member] does that."
- People and their relatives said the staff encouraged their family members to be independent.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received support that was individualised to their personal needs.
- People told us their care was kept under regular review. We saw their care plans were updated as soon as their care needs changed.
- Reviews were held with the person, their representative and any professionals involved in their care, where appropriate.
- People felt staff knew them well and understood their personal routines.
- A relative told us about staff's responsiveness to any concerns, "They are on it."
- A health and social care professional said, "Staff I observed were keen to ensure that the person was treated as an individual and had remembered facts about the service user [person] that they could talk about which really engaged the [person]."

Improving care quality in response to complaints or concerns:

- The service had received one complaint in the last 12 months which had been responded to appropriately. However, records did not clearly indicate the investigation that had taken place into the complaint. We discussed this with the registered manager who was able to verbally tell us what actions they had taken, but had not documented this.
- People told us they had been provided with information about how to make a complaint and knew how to.
- Staff understood people's right to make a complaint and their role if people made a complaint to them.

End of life care and support:

- At the time of this inspection the service was not providing end of life care to anyone using their service.

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

Service oversight was inconsistent. Systems and processes did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- We found that the provider had not always kept a record of all decisions taken in relation to care and treatment of the person and did not always make reference to discussions with people who use the service.
- For example, one person had their medication kept in a locked safe storage box which they did not have access to. The provider was unaware as to the reasons behind this restriction. The registered manager later provided information that stated the person was at risk of misusing their medication. We spoke with the person who told us they were happy with this arrangement. However, this was not documented in the person's care records.
- People's needs were being met in relation to their specific health conditions. However, records did not clearly reflect how staff were meeting these specific health conditions.
- There were some quality assurance audits in place. However, we found some of these were not always effective. Audits of medicine administration records were completed to identify that medicines had been administered in a safe way and that there were no gaps in recording. However, an audit completed on one person's MAR chart for January 2019 did not identify whether there were gaps in recording and the staff member conducting it had omitted completing this particular question posed. We found that there were 23 gaps where staff had failed to sign whether the person had been administered their medicine.
- We found the provider did not always use systems in place to monitor late and missed visits. The provider did not have an oversight of late and missed visits to enable them to look at trends, themes and patterns to address any concerns. We reviewed the providers internal system and found that on staff had arrived late to people's homes. There was no evidence as to the reason for this or whether the provider was monitoring this or acting to make service improvements.
- People and their relatives told us that care staff were not always on time. One relative said, "They're not always on time." A person who uses the service said, "They're a bit late but they come, they've got others to go to."
- The service had received one complaint in the last 12 months. There was evidence of what initial action had taken place to resolve the complaint. However, records did not clearly reflect the investigation that took

place and whether there were any actions taken forward as a result which could improve the service.

The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a system in place to log any safeguarding concerns and statutory notifications. Providers are required to submit statutory notifications to inform the Care Quality Commission (CQC) of certain events affecting people and the running of the service.
- At the time of inspection, the provider had not submitted any notifications to CQC in the last 12 months. However, we found a record which highlighted an allegation of abuse against the provider. The registered person had contacted the local authority safeguarding team regarding this. However, they had failed to notify CQC. The registered manager was directed to the notification guidance and advised they would submit a notification promptly.
- The service had a registered manager as required.
- There was a clear management structure in place. Staff were clear on their roles and who they should report to.
- A health and social care professional commented that communication with management was, "professional" and "responsive", with "a good level of clear communication."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

- Staff said their managers were accessible and approachable and dealt effectively with any concerns they raised.
- Staff said they would feel confident about reporting any concerns or poor practice to the registered manager.
- Staff promoted an open and transparent atmosphere and no blame culture.
- The registered person had a good understanding of their responsibilities under the Duty of Candour regulation and followed it whenever it applied.

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

- The provider carried out formal quality assurance surveys to obtain the views of people and their families.
- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service.
- A regular newsletter was sent to staff to update them on work, people and issues arising.

- Staff received training in relation to the Equality Act and human rights as part of their induction.

Working in partnership with others:

- The provider and staff team worked well with other external services to achieve positive outcomes for people.
- Feedback from professionals who had worked with Radis Community Care (Reading) were very positive.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. The registered person failed to ensure the proper and safe management of medicines.</p> <p>12(1)(2)(c)(g)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person failed to evidence care and treatment of service users was provided with the consent of the relevant person. The registered person failed to consistently act in accordance with the Mental Capacity Act 2005.</p> <p>11(1)(2)(3)</p>

The enforcement action we took:

The provider was served with a warning notice, which required compliance with Regulation 11 by the 27 May 2019.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. Risks were not always assessed and monitored to mitigate such risks to ensure the safety and welfare of service users. Service user records were not always up to date and accurate. Audit and governance systems were not always effective.</p> <p>Regulation 17(1)(2)(a)(b)(c)(e)(f)</p>

The enforcement action we took:

The provider was served with a warning notice, which required compliance with Regulation 17 by the 20 May 2019.