

GP Homecare Limited







# Radis Community Care (Reading)

## Inspection report

2 Windsor Square  
Silver Street  
Reading  
Berkshire  
RG1 2TH  
Tel: 0118 986 7891  
Website: [www.radis.co.uk](http://www.radis.co.uk)

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### Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	<b>Requires Improvement</b>	
Is the service effective?	<b>Requires Improvement</b>	
Is the service caring?	<b>Good</b>	
Is the service responsive?	<b>Requires Improvement</b>	
Is the service well-led?	<b>Requires Improvement</b>	

### Overall summary

This inspection took place on 20 and 21 January 2015. The inspection was announced to ensure the manager was available.

The service is a domiciliary care agency providing personal care support to people in their own homes.

People's needs were mainly related to old age. The service was providing personal care support to almost 100 people across Reading, Wokingham and West Berkshire.

The service is required by law to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage

# Summary of findings

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 service has not had a registered manager since April 2014. A manager had managed the service for part of the period since then but did not apply for registration. The current manager was appointed in November 2014 and her application for registration was being processed at the time of this inspection.

At the last inspection on 20 and 27 May 2014 we told the provider to take action to make improvements in five areas, obtaining consent, assessment, care planning and risk assessment, recruitment procedures and staff training and support.

Although action had been taken these issues remained only partially addressed and further work was needed in each area.

Although people told us they felt safe when being supported by the agency we found that some potential risks remained. The provider's risk assessments had been improved but were too generic and lacked sufficient detail about specific risks related to individuals. Staff had not always been assessed following training in moving and handling and medicines management, to ensure they were competent in these areas. This meant that there was a risk that these aspects of care might not be delivered safely. The practice of hand copying medicines instructions from pharmacy labelled packaging to the medicines record sheets is potentially unsafe and could lead to medicine administration errors.

Staff had all completed training on safeguarding and whistle-blowing and demonstrated an understanding of their responsibilities. A rolling programme of staff training was provided but some staff had not had recent training updates.

The service could not always demonstrate that appropriate consultation had taken place or that consent had been obtained in accordance with the law.

Staff demonstrated they had the skills to meet people's day-to-day care needs and communicated well with them while providing support. The provider had significantly improved the support provided to staff through supervision, appraisal and team meetings.

We saw staff provided care patiently, respected people's wishes and supported them to make choices and to contribute to their own care where possible. Where people had stated a gender preference regarding the staff providing their care, this was respected. People also told us the staff listened to and involved them and sought medical assistance for them when necessary.

The provider had reviewed care plans and made further improvements. However, care plans and the records of care provided sometimes lacked sufficient information to reflect the needs of the individual. Where safeguarding issues had arisen the provider had taken appropriate action with the exception of a delay in reporting of one event.

The provider had sought the views of people through a survey and quality monitoring phone calls. However, survey conclusions had not been shared with participants to show what action had been taken in response to their feedback. Complaints records had improved and issues had been investigated and addressed appropriately.

The provider had improved the way they conveyed their values and expectations to staff. Plans for the on-going improvement and development of the service were clear. The service had a manager in post who was also working to address the issues previously identified.

# Summary of findings

## 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.

Although people felt safe when supported by the agency, further improvements were needed to the risk assessment process and staff competency checks to minimise the risk of harm.

Staff had all received training on safeguarding, whistle-blowing and safety, including moving and handling and medicines management. For the most part staff demonstrated appropriate practice and awareness in these areas.

There was a risk that errors may be made when copying medicines administration instructions onto the medicines recording forms.

Safeguarding concerns that had arisen had been investigated appropriately and any necessary action was taken.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Staff knew whether people had capacity to consent to their care. However, improvements were needed to records to show decision making processes were supported by appropriate consent and evidence regarding people's capacity.

Staff had the skills to meet people's needs effectively and communicated well when delivering care.

The provider offered an appropriate range of training courses to staff on a rolling programme. However, some staff were not up to date with all their training according to the provider's own stated requirements.

The provision of support to staff through supervisions and appraisal had been improved significantly since the last inspection. Team meetings had also been recently reinstated. Spot checks of staff skills and performance were being completed.

**Requires Improvement**



### Is the service caring?

The service was caring

People told us and we saw that staff supported them in a caring and patient way, offered them choices and encouraged their involvement.

Staff respected people's dignity and privacy and interacted with them appropriately when supporting them.

The provider took account of people's preferences regarding the gender of staff providing their support.

**Good**



# Summary of findings

## Is the service responsive?

The service had improved its responsiveness to people. People felt staff responded to changes in their needs and sought support from health professionals promptly when necessary.

Staff worked flexibly with people, addressing their care plan whilst responding to their wishes and support needs at the time.

The provider had improved care plans. However, there was still insufficient detail about individualised care within these and the records of the care provided.

The provider had carried out a quality survey and completed quality monitoring phone calls to people and relatives to seek their views. Action had been taken to address the issues identified although the survey results had not been shared with participants. Complaints records had improved.

**Requires Improvement**



## Is the service well-led?

Improvements had been made in the way the service was led. A new manager had been appointed who had applied to become the registered manager. The manager was taking steps to address issues of concern previously identified.

The provider had taken steps to improve their awareness of issues within the service and had taken further action to address some of these.

Some improvements had been made to the information provided to staff and the way the provider conveyed their values to staff and supported them to achieve these.

**Requires Improvement**



# Radis Community Care (Reading)

## 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 20 and 21 January 2015. The provider was given 48 hours notice because the location provides a domiciliary care service and we wanted to be sure the manager was present. This was a comprehensive inspection which included follow-up of progress on the non-compliance identified in the reports of the previous inspection on 20 and 27 May 2014 and the 'Warning Notice' follow-up inspection on 5 August 2014. Where applicable we have referred back to the concerns arising from these previous inspections to report the progress made since that visit.

The inspection team consisted of two adult social care inspectors 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, for older people.

Before the inspection we reviewed the information supplied by the provider in their 'Provider Information Return' (PIR). The PIR is a form completed by the provider giving us information about their service. We also reviewed the information we held about the service including any

'Notifications' they have provided about events relating to the service. Notifications are how the provider has informed us about specific events which they are required to report. We viewed the report by the local authority of their most recent monitoring visit in November 2014 and spoke with one of the other local authorities who had care contracts with the provider.

As part of the inspection an inspector visited five people at home, with their consent, during care visits to observe the interaction between people and the visiting staff and seek feedback about their experience. The inspector also telephoned and spoke to six staff about their experience of working for the provider. The 'expert-by-experience' telephoned a further 15 people supported by the provider to get their opinions about the service they received.

During the inspection we examined various records relating to the provision of care and management. We looked at 12 staff recruitment records and 12 people's care files, including needs assessments, care plans, risk assessments and other care related records such as the visit records completed by staff. We also looked at records of reviews, team meetings, supervisions, appraisals, training and spot check visits and requested additional documents following the inspection. We spoke at length to the new manager over the two days of the inspection. The manager had been appointed in November 2014 and had applied to become the registered manager of the service. Her application was being processed at the time of this inspection so we have referred to her as the 'manager' in this report rather than as 'registered manager'. The manager provided us with all of the documents we requested.

# Is the service safe?

## Our findings

At our inspection of 20 and 27 May 2014 the provider was not meeting the requirements of Regulation 10 (Assessing and monitoring the quality of service provision), or Regulation 21 (Requirements relating to workers) HSCA 2008 (Regulated Activities) Regulations 2010.

The provider had not always completed necessary risk assessments to identify potential risks to their safety and the action necessary to address these. The provider had not carried out the required recruitment checks before staff began work, to safeguard people from the risk of unsuitable staff being employed.

The provider sent us an action plan on 5 August 2014 describing the actions they were going to take to meet the requirements by 6 October and 30 September 2014 respectively.

At this inspection on 20 and 21 January 2015 we found that the provider had not fully met the requirements of Regulation 10. They had made improvements to risk assessments but further work was required to these documents to fully address the risks identified in each case and detail the appropriate actions in response. Some risk assessments were still too generic rather than individualised.

The provider had taken appropriate steps to address the previous shortfalls in staff recruitment procedures.

Although people felt safe when supported by the agency, further improvements were needed to risk assessments and staff competency checks to minimise the risk of harm

We looked at the files for 12 people supported with personal care by the agency. Each file contained an environmental risk assessment and a completed "Risk Plan" together with copies of specific risk assessments where relevant. The majority of the risk assessments had been reviewed since the last inspection in May 2014. However, it was still not always clear from the risk assessments how identified issues had been addressed and the level of detail varied between them. Some risk assessments required additional detail on the action to reduce risks. Others remained too generic and lacked the person-centred details relevant to the individual. For example one person's moving and handling risk assessment identified the need for a ceiling hoist but there

was no information about any action taken to obtain one. Another person's care plan indicated a significant risk of depression but there was no risk assessment relating to this.

Food preparation risk assessments were often generic and lacked individual details. One person's financial risk assessment was solely a statement of the task with regard to supporting the person with their finances. It did not identify any possible risks or actions needed to address them. Their content suggested a lack of understanding of the purpose of risk assessment and of the need to identify issues individual to each person and how to address them.

The provider's lone working policy identified the need to assess the potential risks to staff from lone working. The lone working risk assessment was a generic document which did not appear on the service user files we saw. The section for recording any risks associated with a particular person or location was therefore not completed, so staff could be put at risk because risks had not been identified or acted upon.

The agency had experienced significant turnover of staff in the past 12 months, with 16 staff confirmed as having left in the period. The manager said that the agency had a rolling recruitment programme in place to address this issue. Records confirmed that recruitment was ongoing with ten staff having been recruited since the last inspection in May 2014.

We looked at a sample of 12 recruitment files, of which three were recent recruits since September 2014. The records showed that pre-appointment checks had been completed and the required evidence was on file. The records included confirmation of a recent check of previous criminal record, references including from the previous employer and copies of documents confirming identity. The recent records were more comprehensive, demonstrating that action had been taken to address the shortfalls identified at the last full inspection in May 2014. Where possible, the gaps identified in older records had been addressed. A previous manager had audited the recruitment files to identify shortfalls and there was a copy of the audit within each file. Company policy was for criminal records checks to be updated after three years and we saw an example where an application had been made for one person where this was due.

## Is the service safe?

Of the 20 people we spoke with, 19 told us they always felt safe when the agency's staff were supporting them. One person told us the majority of staff made them feel safe: "but one or two are not so good". Other people said they "get on with them all" and: "I have been with them for four years and have confidence in the staff". Another person told us: "Oh yes, the carers are all ok". People and relatives were happy with the support provided with medicines. One person said: "They always ask if I have taken my tablets" and another told us: "They pop them out for me, they don't forget".

People and relatives were also happy with the support staff provided with moving and handling where this was needed to assist people to move about their home. A relative told us that two staff were always present when using the hoist and added that new staff always worked with an experience colleague when they first started.

During a home visit we saw that staff used appropriate and safe moving and handling techniques and equipment when moving people and interacted with them to offer any necessary reassurance. People were also supported correctly to take their medicines where this was part of their care plan and administration was recorded correctly. No gaps were seen on medicines records. However, the medicines administration record (MAR) sheets were transcribed by hand from the instructions on medicines containers, rather than being supplied typed from the pharmacist. There was no record of who had transcribed the instructions or of any check of their accuracy. The practice of transcribing administration instructions could present a risk of errors being made.

Staff told us and records showed they had received training on medicines management and moving and handling. Some staff said their competence in these areas had been observed during monitoring visits by their supervisor. Others told us this hadn't happened, so it was unclear whether all staff had been subject to these competency checks.

One complaint relating to moving and handling issues had arisen in December 2014 which had led to the staff member being re-trained on moving and handling and having their competency assessed. A complaint relating to moving and handling, raised in June 2014 was resolved in discussion with the family. The manager told us that moving and handling competency checks had not been happening previously except as part of the office-based training, but

this had now been identified as an issue. She planned to introduce these on at least an annual basis to be done as part of the 'spot check' monitoring visits carried out to observe care practice. These would enable checks to be made based on use of the relevant equipment in the specific person's home situation. This is important because the space and layout of people's homes could vary and may not be ideal for the use of equipment such as hoists.

People received a range of support with medicines. Depending on the care plan staff might remind or prompt people to make sure they took their prescribed medicines. They might assist people, for example by removing medicines from packaging or might administer prescribed medicines to the person. The manager said she was satisfied that staff now reported any issues or concerns with medicines to the office if they arose. The provider had a medicines management policy. However, it was dated 2011. The policy was in the process of being reviewed at the time of the inspection. The policy referred appropriately to Royal Pharmaceutical Society guidance "The Handling of Medicines in Social Care".

Medicines competency checks had already begun to be carried out as part of spot check visits as reported by some staff. The manager planned to ensure that these now also took place at least annually. All staff had completed an annual computer-based "e-learning" course on medicines management but around a quarter had not received any hands-on training on managing medicines. The manager explained that this had arisen due to the resignation of one of their training staff and she planned to ensure that all staff received this training.

Staff told us and records confirmed they had received training on safeguarding vulnerable adults and whistle-blowing and described correctly how to respond to such concerns. One staff member told us: "I would tell either the supervisor or the manager". Staff also knew how to escalate any concerns if they felt the management had not responded to them. One staff member said: "I'm sure that wouldn't happen, but I would tell social services". Another told us: "I wouldn't let it go".

We were notified by the service in November 2014 of an allegation of inappropriate care practice reported to them by the local authority. There was a delay in the issue being reported to the local authority at the time. The manager told us that staff awareness had now improved and any concerns were now reported immediately and investigated.

## Is the service safe?

An issue had been raised by the local authority in September 2014 relating to some care calls for one person which could not be evidenced as having taken place. Staff had not reported where they had been unable to gain access to provide care. Call times were altered and other changes made to better meet the person's needs and this had improved the situation. The manager told us that staff had been told to report any issues with gaining access to a person's home or any care refusals, immediately to the office. The local authority monitored the situation and were satisfied with the action taken and the outcome.

The manager told us the call monitoring system used for two of their areas would soon also be introduced for the West Berkshire area. This system provided live alerts to the office should a staff member not make contact to confirm their arrival at a care call. This enabled the office to investigate and make alternative arrangements if required, and also to alert the person who was to be visited, of any delay. This helped ensure people were safe because their care needs would be met as planned.

# Is the service effective?

## Our findings

At our inspection of 20 and 27 May 2014 the provider was not meeting the requirements of Regulation 18 (Consent to care and treatment), or Regulation 23 (Supporting workers) HSCA 2008 (Regulated Activities) Regulations 2010.

The provider did not have suitable arrangements in place for obtaining and acting in accordance with, the consent of people or others able lawfully to consent to care and treatment on their behalf. The provider did not have suitable arrangements in place to establish, and act in accordance with, the best interests of people. The provider did not have suitable arrangements in place to ensure people they employed were appropriately supported including through training supervision and appraisal.

The provider sent us an action plan on 5 August 2014 describing the actions they were going to take to meet the requirements by 5 and 6 October 2014 respectively.

At this inspection on 20 and 21 January 2015 we found that the provider had made improvements in how they addressed the issue of consent and capacity but were not fully meeting the requirements of Regulation 18 in that they had not checked people had the legal authority to consent to care or treatment where they did so on behalf of others. Copies of capacity assessments were not on file where there was a doubt a person had the capacity to give consent.

Capacity assessments are done under The Mental Capacity Act 2005, which protects the rights of people with regard to decision making about their lives, whether they have the capacity to make these decisions or not.

The provider had made significant improvements to staff supervision and appraisal but some shortfalls in training provision still remained.

When we visited some people to discuss their experience of the agency we saw that staff sought consent from them for the support they were going to provide. The staff were competent providing moving and handling support to people where this was part of the care provided. People told us the staff generally had the right skills to support them effectively. One person felt a few staff did not have all the skills they needed and thought that more training would be useful. One person said: "They help wash me, dress me and give me my breakfast, my lunch and my tea

at night". Another told us: "They know what they are doing". Two people told us how new staff were introduced and shown how things should be done. One said new carers were: "shown the ropes". People told us the staff sought their consent before providing support and chatted to them during the visits.

People were happy that staff responded to health issues if they arose. One person told us about a situation when the staff had been concerned about something and had contacted the district nurse to arrange a visit. The care files within people's homes contained signed consent forms for the care plan and how staff accessed the person's home. The files also contained details of any health needs or care needs relating to food and fluids. Where people had support from staff with preparing their meals they were happy with the support they received. People confirmed that 'spot-checks' were carried out by managers to monitor the skills of staff.

The care files in the office each contained a signed consent form for the care agreed within the care plan. Ten of the 12 consent forms we saw were signed by the person receiving care. Two had been signed by a family member. In one case the relative had power of attorney which gave them the authority to make decisions on behalf of the person receiving care. The manager said that power of attorney had been checked but no written confirmation of this was on file. In the other case the person had given verbal consent but was unable to sign, so their relative had done so, on their behalf. The manager stated they would in future request to see records of power of attorney where this was in place and would record that they had been seen, where a copy was not provided by the holder.

The manager told us staff contacted the office if they had concerns about a person not having the capacity to consent. However, there was still insufficient information around capacity in some care files. The manager confirmed that care files did not currently contain capacity assessments where there was doubt over a person's capacity. The manager undertook to ensure that in the future, a capacity assessment by an appropriate professional would be sought if required and the outcome clearly recorded in the person centred plan of the service user.

Staff were aware of people's day-to-day capacity. One described a person they supported with capacity who was: "Able to make her own decisions and knows what she

## Is the service effective?

wants". Another staff member was aware that a person they supported did not have capacity and said: "The care plan was worked out with the family". A third staff member was aware of a person who had a mental capacity assessment and said their partner was involved in decision making about their care. They told us they involved both the person and their partner in their care and said: "I talk to them both constantly".

Staff files contained signed forms to confirm receipt of a copy of the revised Mental Capacity Act policy and others as well as the provider's staff handbook. Staff had also signed to confirm they had read the General Social Care Council handbook and the company's confidentiality policy. Staff had now all completed a computer-based course on the Mental Capacity Act 2005 in the last two years. The training included completion of a test to a satisfactory standard and copies of the resulting certificates were on staff files. Staff demonstrated an understanding of the issues of consent and capacity when asked.

Records showed and staff confirmed they had received an induction and core training when they began work for Radis. Induction was based on the nationally recognised "Common Induction Standards". During the inspection we saw that four staff attended training in the office about recording within care records. Practical training was provided on moving and handling in the office and in the past also on medicines management. However, the person trained to deliver the medicines training had recently left and had yet to be replaced. Other core training was via a rolling programme of computer-based courses. Staff could also request additional training on areas of interest and some additional training on subjects such as dementia care had been provided previously.

Despite staff having completed or updated various training since the last inspection there were still some staff whose training appeared not to be up to date according to the provider's stated requirements. The manager provided a copy of the training overview. The record identified where people were due for refreshers to specific courses. Although we saw no evidence of impacts on people, six staff had not received an annual update to practical moving and handling training during 2014 although they had received this training previously. The same number had not completed an annual update of medicines or infection control training in 2014 but had completed the

training previously. One person had no recorded date for having completed the medicines training. The manager said she would clarify whether this training was outstanding or this was a recording error.

Significant improvements had been made in supervision and appraisals. Almost all staff had an appraisal since the previous inspection, with all having been appraised in the previous 12 months. The records showed that all available staff had attended a supervision meeting within the last three months apart from one which was booked later in January. Staff confirmed supervisions, appraisals and team meetings had been taking place and felt they were listened to by the new manager. One staff member told us their supervision covered: "Any training we need, any issues about clients, and how things are running". Another staff member confirmed that staff meetings had taken place but added: "But we could probably do with more". One staff member told us that she hadn't been able to attend the last staff meeting but had received a copy of the minutes.

The manager showed us how upcoming supervisions were included in the weekly roster information provided to each staff member as part of their scheduled work. This information also detailed their care calls and provided a summary of the care to be delivered to ensure this was communicated to them. It was too soon to tell whether these support improvements would be sustained and this will be monitored at the next inspection.

Additionally, staff were monitored through unannounced 'spot-check' visits by management to observe their care practice with the consent of the person being supported. Records showed that all staff had received a spot check since the previous inspection with many having had one within the previous three months. Any observed issues were discussed within supervision. The manager told us that the target was for these to be carried out on a quarterly basis for all staff. This will be reviewed at the next inspection.

The manager also told us that staff could ask to see her any time they wished to discuss anything. Additional supervision meetings could be requested by staff or management where the need arose. The manager had already held one staff meeting since starting in post in November and was planning to seek a larger local venue to enable more staff to attend future meetings. Staff had the contact numbers for management in an emergency and

## Is the service effective?

two people from the management team were contactable via the on-call phones out of hours for support. Staff were also given the local authority out hours contact numbers for emergencies.

Staff access to on-going developmental training via the National Vocational Qualification (NVQ) or equivalent courses had been improved. At this inspection 17 staff had completed or were working towards their NVQ level 2 or equivalent and a further five had completed or were working towards level 3 or equivalent. Staff could register for this course once they had successfully completed their six-monthly probationary period. Three further staff had recently signed up to do so.

People's care files included details of any day-to-day support required with eating and drinking as well as any health-related care needs. There were no identified risks

associated with nutrition or dehydration for the people supported. However, the level of detail around such things as meal preparation varied between files. Some contained limited person-centred information around offering choice and how people liked particular foods prepared for them. The people supported did not have complex health needs requiring significant liaison with external health professionals. The manager told us and records showed the agency had involved the occupational therapy team where the need for a hoist or other mobility aids had been identified.

The manager told us the provider had a policy of not using physical intervention when working with the people they supported. This was documented within the policy on physical intervention within the policy and procedure file in the office.

# Is the service caring?

## Our findings

People told us they were supported in a caring way and felt respected by staff. One person said: “They try and send the same carers, they are very good. I don’t know what I would do without them”. Another person told us the staff were: “More like a friend, extra special”. Staff were also described as; “Ever so helpful and cheerful”. People generally spoke highly of the service.

When we visited people while staff were present we saw that they addressed people’s needs in a caring and supportive way. Staff greeted people well, were good at supporting them with their physical needs and had a good rapport with them. They explained to people what was going to happen before using equipment such as hoists. When assisting people to move around their home, staff moved at the person’s pace and did not hurry them. One person said: “They don’t rush you”. Staff were friendly, patient and supportive. They reminded people gently and respectfully about things such as taking medicines and involved them where possible, in their own care.

One staff member told us that people: “Make their own decisions and choices”. Another said: “I try to encourage them to manage by themselves if they are able”. People told us their personal care was provided with due regard for their dignity and privacy, behind closed doors. Staff also described how they worked to respect people’s dignity. One staff member told us: “I always take them out of the room [to their bedroom] for personal care if family are around”. Another said they would ask family to leave the room before providing support with personal care.

People were referred to by the name which they preferred. A relative told us the staff treated their family member: “As

you would your own. They have a good laugh with [name]. I would hate to see any of them leave”. A staff member also commented: “I always ask ‘do you mind’ before helping them and I’m always mindful of their feelings. I treat them as I would my own grandparents”.

People were also respected by having a copy of the visit times and the names of the staff that were due to visit. They told us staff did not use their mobile phones for personal calls during care visits. People told us they were generally informed of any changes and said the staff usually kept quite well to the appointment times. One person said: “You usually get a phone call if they are going to be a bit late”. They were also happy that consistent staff were normally sent. Another person told us: “They can’t always be dead on time. Only once have they come quite late but they phoned to let me know”. The agency respected people’s preferences regarding the gender of staff supporting them with personal care.

It was clear that people had been fully involved in more recent reviews of their care plan and each file had a signed consent form confirming this. We saw that care records reflected the involvement of the people being supported or their representative. This involvement had not always been as evident from files in the past.

Staff were provided with training on recording to enable them to properly demonstrate people’s involvement. The care files contained some details about people’s life histories, wishes and preferences to assist in planning care with due regard to these. People were asked where they wished their care file to be stored in their home to respect their privacy and confidentiality.

# Is the service responsive?

## Our findings

At our inspection of 20 and 27 May 2014 the provider was not meeting the requirements of Regulation 9 (Care and welfare of service users), or Regulation 10 (Assessing and monitoring the quality of service provision) HSCA 2008 (Regulated Activities) Regulations 2010.

The provider had not planned the delivery of care so as to meet people's individual needs. Care plans were task focused, sometimes lacked key information and did not reflect people's individual wishes and preferences. One person did not have a care plan. The provider had sought the views of people about the care they received but had not acted upon their findings.

The provider sent us an action plan on 5 August 2014 describing the actions they were going to take to meet the requirements by 31 October and 6 September 2014 respectively.

At the inspection on 20 and 21 January 2015 we found that the provider had made improvements to care plans. However, the level of individual information and detail about people's preferences varied and some remained too task focused rather than reflecting individualised care.

A further survey of the views of people about the care provided had been carried out. The issues raised had been acted upon and included within the provider's complaints records. However, no feedback had been provided to participants to demonstrate the results of the survey and the actions taken to address the issues raised.

Staff worked in a flexible way responding to people's individual needs and wishes whilst following the care plan. People were being involved in day-to-day decisions about their care and staff respected their preferences. This included responding to people's expressed wishes regarding the gender of staff. We saw staff asked one person what they would like for breakfast and made this along with the cup of tea they had asked for. One person told us the staff did little things: "like make sure my kettle and water jug are full up before they leave, which I like". Another person said: "They bend over backwards to help" and described two situations where staff had provided support at very short notice. People also told us they were

confident the staff would respond if they were unwell and call the GP or district nurse on their behalf. One staff member confirmed they had done this and another had sought an ambulance for a person on one occasion.

People told us they had been consulted about their needs and the agency had responded where these had changed. We were told the staff also responded to people's day-to-day wishes appropriately, for example around their meals or clothing. The care plans seen in people's homes contained a support plan entitled "All about me" which identified the things that were important to the individual and how best to support them. It also included details about important people in the person's life and about any needs relating to cultural or spiritual identity. Also available was a copy of the assessment of their support needs. Staff told us the care plans were written by the supervisors in discussion with the person receiving support and that supervisors also took their views into consideration. Almost all of the care plans had been reviewed since the last inspection in April 2014. Six reviews were still to be carried out plus three for people who were in hospital.

Staff told us the management team listened to any concerns they might raise about people and had made changes and taken action in response. One staff member said: "A lot of what they [the office] do is based on what we say". Another staff member told us: "If I think something needs changing I inform the supervisors". They confirmed that the supervisors responded positively when this was done.

The level of detail within care plans and records of care had improved but remained varied in terms of how well diversity, independence and involvement in care were reflected. Information was sometimes limited with regard to how privacy and dignity were to be addressed. Some care plans remained too task-focused. This meant some of the care plans and the records of the care given lacked sufficient evidence of the person-centred care that people told us was actually being provided by staff.

People told us they knew how to complain if necessary. One person said they had only had to complain: "once in the whole time with them". This had been about a late call and the provider had explained what had happened. The same person also said that the agency didn't always notify them if the staff were running late. Another person had

## Is the service responsive?

complained and wanted a female staff member and the agency had provided one in response. Staff told us they would encourage people to contact the office if they had a complaint, or would do so on their behalf if asked.

The provider carried out a survey to obtain people's views about their care in October 2014. A total of 130 surveys were sent out to people and their families and 51 were returned. The manager provided us with a copy of the action plan resulting from the survey. Five issues were raised in relation to administrative and organisational matters. These related to lack of contact from the office of staff changes or staff running late, lack of provision of a rota for the scheduled care, inappropriate timing of calls and lack of awareness of the complaints procedure. A practical issue regarding a poor standard of bed-making was also raised. The action plan identified the proposed actions to address the issues raised but did not include deadlines, assign responsibility for actions or include details of the outcomes. The manager supplied an updated copy immediately following the inspection. The updated action plan stated what had been done to address these issues and also identified future monitoring and practice to prevent recurrence. Each of the issues had also been logged within the record of complaints, which also noted the action taken to address them.

However, we were told that no report of the survey outcomes had been provided to participants to demonstrate the responsiveness of the service when issues were raised. The manager reported that this was now an agenda item for the directors to consider following the 2015 survey. Within service user files we saw records of the most recent quality monitoring phone calls made to each person or their representative by office staff. Eight of the 12 files we looked at had records of these calls having been made since the previous inspection. The records on file suggested that two people had last been contacted in 2012 and 2013 respectively and two had no record of such a call having been made yet. Going forward the manager told us these calls would be carried out on a quarterly basis according to the provider's stated goals.

The complaints log identified 20 complaints since the previous inspection in May 2014. This included the six issues raised within the staff survey. The log included brief details of the action taken and outcome. More detailed information was available from head office about the investigation and outcome in each case. Seven compliments were recorded for the same period. A significant number of complaints had arisen since the previous inspection but we saw that appropriate action had been taken to address and resolve them.

# Is the service well-led?

## Our findings

At our inspection of 20 and 27 May 2014 the provider was not meeting the requirements of Regulation 10 (Assessing and monitoring the quality of service provision) HSCA 2008 (Regulated Activities) Regulations 2010.

The provider had not adequately assessed or monitored the quality of the services provided and had not sought the views of staff about the service

The provider sent us an action plan on 5 August 2014 describing the actions they were going to take to meet the requirements by 6 October.

At this inspection on 20 and 21 January 2015 we found that the provider had a variety of monitoring and audit processes in place but that these had not been consistently applied and not all identified issues had been addressed. Staff had expressed mixed views about how well led the agency had been. The new manager had made progress in some areas and was putting in place more consistent monitoring although it was too soon to establish whether these systems would be maintained.

The service has not had a registered manager since April 2014. A manager was appointed in May 2014 but did not apply for registration. A new manager has been in post since November 2014 and has applied to become the registered manager. Her application was being processed at the time of this inspection. These changes had impacted on the continuity of management and on how some of the issues had been addressed in the period between inspections. The provider's own quality audit dated 8 May 2014 had identified numerous shortfalls in records and systems. Although considerable progress has been made, not all of these issues or those raised in the May 2014 inspection had been fully addressed by the time of this inspection. A further provider quality audit was due in May 2015. The local authority was also due to visit the service over the next six months to monitor on-going improvements. The manager planned to complete a monthly audit process herself to monitor progress on the service's action plan. This will include checks on a sample of care files and other records and monitoring of spot checks by field supervisor staff.

People told us they mostly felt the agency was well led. One person was unhappy about the way staff sometimes had their calls changed but added: "I'm generally very happy

with the service". Another person said: "It's not perfect but it is good". People confirmed that senior staff visited them on occasions to: "Check things are OK" and they had been sent surveys to complete. People generally said they would recommend the agency to others. When asked if they would recommend the agency one person said: "I have, I have been very happy with this one". One person wasn't happy about communication from the office when staff were running late.

Staff had not always been confident that the service was well led. This was reflected in the responses to the staff survey and some concerns raised anonymously with the Care Quality Commission in May 2014. These related to reviews being done without the involvement of the person receiving care, inadequate complaints investigations and issues around the attitude of one of the office staff. These led to the involvement of the local authority and informed the previous comprehensive inspection, which found shortfalls in these and other areas. This resulted in an inspection report requiring actions by the provider and an action plan and on-going monitoring by the local authority.

The current manager told us the steps she and the provider were taking to ensure that going forward, the service was more effectively monitored. This included her plans for monitoring key areas including records, complaints and people's views about the service. The manager stated that care quality calls to people would be carried out on a quarterly basis as well as an annual survey. As yet these plans were not written down as part of a service development plan with deadlines for attainment. However, the manager had ensured that monitoring information was available to her from the computerised administrative system and had begun to tackle the shortfalls previously identified.

The changes put in place since the last inspection suggested the service was now better led by the provider and well-led at manager level. For example reviews were being brought up to date, staff supervision, appraisals and spot checks were now more regular and team meetings had been reinstated. The manager told us competency checks on medicines management, infection control and moving and handling were going to be included in spot check visits to monitor competence in these key areas. We could see from the records within people's files, that a file audit had taken place to identify omissions. These had largely been addressed. Staff were feeling more positive

## Is the service well-led?

about the agency and its management. However, further work was required to bring systems and records up to the required standard and to ensure this change was sustained over time.

A staff survey had been undertaken in August/September 2014, which received only seven responses. The resulting action plan, dated December 2014 described the feedback received and the proposed actions to enhance the sense of involvement and satisfaction of staff. However it did not include specific deadlines (stating only “immediate and on-going”), or any information about these actions having been completed. An updated copy was provided immediately following the inspection which included this additional update, dated January 2015. The update confirmed various actions including the introduction of care recognition awards for staff, confirmation that regular supervision and appraisals were now in place and team meetings were scheduled. In response to the inspection the provider supplied a letter dated January 2015 which was to be sent to all staff to update them in the survey results. The survey responses, although limited, suggested some dissatisfaction with the provider’s support of its staff.

Staff were provided with a range of guidance, policies and procedures and training to demonstrate provider expectations with regard to the quality of care delivered. Staff had signed for receipt of the General Social Care

Council nationally recognised care standards guidance, the service’s policy on the Mental Capacity Act 2005, the staff handbook and some policies including one about maintaining confidentiality. The provider’s aims and objectives and ‘Mission Statement’ were posted in the office. A document about the provider entitled “About Radis” had been produced and given to newer staff. It was not clear how the provider was monitoring to check that these values would be embraced and demonstrated by staff in the course of their work.

Staff told us they felt supported by the management team. One said: “I get on well with my supervisor, they understand the difficulties”. Another told us: “I really enjoy working with the company it’s a pretty good team”. One member of staff told us that if there were problems with the planned schedule of care calls they could raise it and the manager: “will change it”. Staff felt teamwork was good and they could contact senior staff for support at any time. One staff member told us: “There is always somebody on the end of the phone. If I am running late, I will ring ‘out of hours’ to tell them about it and they phone the client”. Staff also felt supported around their training and developmental needs. They told us the manager listened and dealt with the issues raised. One staff member told us: “There is a good standard of on-going training”