

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?

**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, providing personal care support to people living in their own homes. At the time of the inspection, the service was supporting 48 people with their personal care needs.

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

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.

Care records were not always up to date and accurate. Governance systems were not always effective and did not always identify actions for continuous improvements. Audits in place were not always effective.

People were protected from the risks of abuse and said they felt safe with the staff providing their support and care. People and their relatives told us they felt safe with the staff who supported them.

Medicines were handled correctly and safely. People's rights to make their own decisions were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received effective care and support from staff who knew them well. People benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 13 May 2019) and we found breaches in regulation 12 (Safe care and treatment), regulation 11 (Need for consent) and regulation 17 (Good governance).

The provider completed an action plan after the last inspection to show what they would do in relation to a breach in Regulation 12 (Safe care and treatment) and by when to improve. The provider was served a warning notice for breaches in regulation 11 and regulation 17.

At this inspection enough improvement had been made in relation to regulation 11. However, not enough improvement had been made in relation to regulation 12 and 17 and the provider was still in breach of these regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We undertook this focused inspection to check the provider had made the necessary improvements and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We carried out an announced inspection of this service on 12 March 2019. Breaches of legal requirements were found. The provider was asked to make improvement after the last inspection to show what they would do and by when to improve by in relation to regulation 12 (Safe care and treatment), regulation 11 (Need for consent) and regulation 17 (Good governance).

The ratings from the previous comprehensive inspection for those Key Questions, not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

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

#### Enforcement

We have identified continued breaches in relation to Regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to end of reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

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

#### Inspection team

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

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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

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

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

#### During the inspection

We spoke with the registered manager and area manager. We reviewed a range of records. These included six people's care plans, associated monitoring records, daily notes and medicine records. We looked at four staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four people who use the service and two relatives about their experience of the care provided. We requested feedback from six professionals who have contact with the service and received one response. We requested feedback from 25 staff members via email and received one response. We telephoned eight of these staff members. We received one response.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the registered person failed to ensure the proper and safe management of medicines. This was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 12.

- At the last comprehensive inspection we found concerns related to the handling of people's medicines. At this inspection we found that people received their medicines in a safe way. However, the registered person had failed to take all the necessary steps to ensure the proper and safe management of medicines.
- At the last inspection the registered provider had failed to ensure they had guidance in place for people who were prescribed 'as required' (PRN) medication. At this inspection, although staff knew people's needs, the service still did not have protocols or guidance in place to ensure that staff knew when to administer PRN medicine. Whilst there was no evidence that people were harmed, records did not reflect if the person was able to identify for themselves when they needed their PRN medicine. There was no information to support staff to look for particular signs and symptoms to ascertain if the medication should be given.

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

- People received their medicines as prescribed. Only staff trained in administering medicines and assessed as competent were allowed to do so.
- People's medicine administration records had been completed to reflect when people had been administered their own medicines.

### Assessing risk, safety monitoring and management

At our last inspection we recommended the registered person refer to current clinical guidelines and best practice to ensure systems, processes and accurate records are in place in relation to specific health conditions. At this inspection the provider had made improvements.

- Where people had an identified health condition such as epilepsy, care plans were in place to support and guide staff on how to manage these health conditions.

- Risks to people's safety had been identified and people told us they were managed safely by staff, for example; risks arising from people's home environment.
- 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.
- Staff could explain how they minimised risks to people's health and well-being and knew the appropriate support people required.

#### Staffing and recruitment

- The provider used robust recruitment processes. These made sure, as far as possible, that people were protected from staff being employed who were not suitable. Staff files included most of the required recruitment information, such as criminal record checks and checks that applicants weren't barred from working with people made vulnerable by their circumstances.
- However, in two recruitment files the employment histories had gaps which had not been explained as required. One recruitment file did not contain the reason a person left one of their roles in health and social care.
- The registered manager obtained the missing information promptly after the inspection. They explained that, going forward, they would make sure they checked that all required recruitment information was obtained before new staff worked with people using the service.
- People, relatives and staff told us there were enough staff to meet people's needs.

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

- People were kept safe from risk of abuse by staff who were knowledgeable. Staff knew how to recognise and protect people from the risk of abuse and had received training in safeguarding adults. They knew what actions to take if they felt people were at risk of harm.
- People and their relatives told us they felt safe with staff. One person said, "I let them in but I feel entirely safe with them." A relative told us about their family member receiving support, "She is safe and fine."

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had been trained in infection control and people confirmed staff used protective equipment such as gloves and aprons, when appropriate.

#### Learning lessons when things go wrong

- There had been no accidents or incidents since the last inspection. However, procedures were in place to ensure any incidents or accidents were recorded, together with details of actions taken and the outcome of any investigation.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection 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. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff knew the principles of the MCA and understood people's right to choose and sought people's permission before supporting them.
- 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.
- People's rights to make their own decisions were protected. The records seen demonstrated that people were involved in making decisions regarding their care and support as well as their everyday life.

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. One relative told us, "They have sussed [understand] my mum." Another relative told us, "[Staff member] has really got to

know [named person]."

- Each care plan was based on a full assessment, included individual preferences and choices, and demonstrated the person had been involved in drawing up their plan.
- Care plans were reviewed regularly when people's needs changed or new information came to light.

Staff support: induction, training, skills and experience

- The provider used training, competency assessments, supervision and appraisal meetings to ensure staff developed and maintained the required skills and knowledge to support people according to their needs.
- The service provided training in topics they considered mandatory, such as moving and handling and first aid.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.

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

- Staff members ensured people received food and drink, according to their needs when this was part of their package of care. One relative told us about their family member receiving support, ""They [staff] make sure [family member] has some juice beside [family member], .... [they] heat up meals that are pre-prepared, [they] ensure that."
- 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

- Staff knew how to refer people to other healthcare services if they had concerns about a person.
- Records showed staff communicated with other health and social care professionals such as social workers, GP's and occupational therapists, to make sure people's health and care needs were met.
- People's care plans were updated to reflect any changing needs following these referrals.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection 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 and service user records were not always up to date and accurate. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 17.

- There were some quality assurance audits in place. However, we found these were not always effective. The provider had undertaken care record audits to ensure that these records were up to date and accurate. However, these had not been consistently undertaken and not all care files had up to date and accurate information. For example, one person's risk management plan stated, "Client has a wheelchair, care workers to ensure brakes are put on when in a static position". However, when we discussed this with the registered manager they advised that the client was mobile and did not have a wheelchair. Another person's care records stated that, "Care workers need to empty the night bag/catheter." However, when we discussed this with the registered manager we found this person did not have a catheter in place. These care records had not been audited.
- Staff were able to describe how they supported people's individual needs. However, inconsistent documentation meant that information was not reflective of people's needs, and this had not been appropriately picked up by the registered person. We found that whilst staff provided care to people, accurate records were not always maintained or did not accurately reflect the support people were being offered.
- At the last inspection we found the registered person did not have oversight of late, early and missed visits to enable them to look at trends, themes and patterns to address any concerns. At this inspection the registered person had failed to introduce any systems to monitor this. We looked at people's daily notes and saw that staff had not always arrived at the time specified in their care plan. For example, one person had a daily note entry 1 hour after their care call was due to finish. Another person had a diary entry that was completed 1 hour and 30 minutes prior to their visit was due to start. There was no indication in people's care records that they were happy for staff to attend at flexible times.

- People told us staff did not always attend on time. One person said, "They are sometimes a bit late, but they usually ring you to say." Another person said, "They let us know they might be struggling to find someone to do one of the visits, but we were happy to cancel it."
- The registered manager was unaware of the reasons why staff were not arriving on time to people's care visits.
- At the last inspection the registered person had failed to ensure that where people were prescribed 'as required' (PRN) medicine that appropriate guidance for staff on when to administer such medicines. Following the last inspection the provider submitted an action plan which stated they would, "ensure any PRN medication is clearly identified to allow staff to follow appropriate instruction." At this inspection the provider had failed to implement appropriate PRN guidance.

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

- We saw some audits that the provider had undertaken were effective. For example, audits were undertaken on people's medicine administration records to identify any gaps in recording. When reviewing these records, we saw that any concerns had been identified and addressed appropriately.
- There was a management structure in place, which gave clear lines of responsibility and authority for decision making.
- The provider had notified the Care Quality Commission of specific events in line with their legal obligations.
- Ratings from our last inspection were prominently displayed within the office and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff told us they enjoyed working with people who use the service. They felt they were provided with training that helped them provide care and support to a high standard. They felt well supported by the registered manager and were confident they would be listened to if they had any concerns.
- Staff promoted an open and transparent atmosphere and no blame culture.
- During the inspection, we found the management team to be accessible, honest and transparent. There was a clear desire to drive improvements within the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had an understanding of the duty of candour and knew the action to take should something go wrong. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

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

- Staff told us they had meetings where their views were sought on any proposed changes, as well as suggestions requested for any improvements to the service.
- Staff confirmed they were asked for suggestions on how to improve the service and felt any suggestions they made were taken seriously.
- There were a number of different ways that the views of people and professionals were sought and used in the monitoring and development of the service. For example, telephone surveys were conducted with

people receiving care and their relatives. An annual quality assurance survey was also carried out.

Working in partnership with others

- Staff worked in partnership with other organisations including local social and health professionals.
- People's care records reflected where professionals were actively involved in their care and appropriate information was shared with other professionals. This included GPs, chiropodist, mental health teams and opticians.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person failed to ensure the proper and safe management of medicines. 12(2)(g)

### The enforcement action we took:

We served the registered provider with a warning notice which they must comply with by 6 September 2019.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. Service user records were not always up to date and accurate. Audit and governance systems were not always effective. Regulation 17(1)(2)(a)(b)(c)(f)

### The enforcement action we took:

We served the registered provider with a warning notice which they must comply with by 6 September 2019.