RadiantLife Ltd

Radiant Life Care

Inspection report

183 Cherry Tree Lane
Rainham
Essex
RM13 8TU

Date of inspection visit:
05 October 2016

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18 November 2016

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 5 October 2016 and was announced. The registered manager was given some notice because the location provides a domiciliary care service. This was to ensure members of the management team were available to talk to. This is the first inspection since the service was registered with the Care Quality Commission in 2012.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Radiant Life Care provides care and support to people living in their own homes. At the time of our visit, they were providing personal care to 40 people. The service had 26 staff in their employment.

Most people were satisfied with the service they received. However before our inspection we received information about two people who were not happy with the service.

During our inspection we noted not all care plans included personalised information about people and risks to people were not always identified.

The registered manager did not inform the Care Quality Commission of significant events that affect people's safety and wellbeing. We found the systems in place to assess and monitor the quality of the service were not effective.

Staff received training to ensure they had the skills and knowledge to support people appropriately. However, there was an inconsistent approach to the provision of staff supervision. Staff had received induction training related to their role.

There were enough staff available to meet people's needs safely. However, there was no back up system to monitor if staff were visiting people in the event of problems with the service's internet connection.

People's right to give consent and make decisions for themselves were not always encouraged or recorded.

People were supported to have a balanced diet, which took into account their preferences and were supported to access health and social care professionals. There were systems in place to ensure people received their medicines at the correct time.

Staff treated people in a caring way and showed dignity and respect when they provided support. They promoted their independence and maintained their privacy and gave them choices in how they wanted their care provided.

People were supported to maintain good health and were referred to health care professionals when needed.

Systems were in place to safeguard people from abuse and these were being appropriately used. There was system in place to handle and respond to complaints that had been made by people who used the service or their relatives.

We identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Risks associated with people's care were not always identified, and there was not sufficient guidance for staff about how to keep people safe.

There were enough staff to make sure people had the care and support they needed. However, there were shortfalls in staff recruitment processes.

There were systems in place to reduce the risk of abuse. Staff knew how to recognise and report any allegations of abuse.

Systems were in place to make sure people received their medicine safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had an understanding of the Mental Capacity Act 2005 and sought people's consent before providing any care and support. However, we noted people's capacity to make decisions had not always been considered.

Staff had completed a structured induction and there was a varied training programme available that helped them meet the needs of the people they supported. However, staff did not receive regular supervision sessions to support them in their roles.

Where people required assistance preparing food, staff assisted with this in an appropriate way.

People were supported to maintain good health. The registered manager worked with health care professionals to ensure people's needs were met.

Is the service caring?

Good

The service was caring.

Staff demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

They supported people to maintain their independence where possible.

People and or their relatives were involved in decisions about the support they received and their independence was respected and promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive the care and support they required because their plan of care did not include all the information required to do so.

People were provided with information on how to make a complaint. Complaints made were investigated and responded to.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had arrangements in place to monitor and improve quality of the service provided. However, this was not effective and some improvements were needed.

The registered manager was not always informing us of significant events that affect people's safety and wellbeing.

People told us they thought the service was generally well run. Staff felt there was a good atmosphere and an open culture in the service. They said the registered manager was supportive.

Radiant Life Care

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 checked 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.

Before the inspection, we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law. We spoke to the local authority to have an update of the recent safeguarding alerts regarding the service.

During the inspection, we reviewed people's records and a variety of documents. These included seven people's care plans and risk assessments, six staff recruitment files, staff training information, the staff rota system and medicine administration record (MAR) sheets. We also looked at records relating to how complaints were managed. We spoke with the registered manager.

After the inspection we spoke with three people using the service, five relatives and four members of staff, by telephone, to obtain their views of the service.

Requires Improvement

Our findings

People and relatives told us they felt safe when staff were in their homes and when they provided care and support. One person told us, "The carers look after me, I don't have any concerns when they come to see me." A relative said, "I am happy with the carers and my family member has not any bad to say about them and they do feel safe."

However, we found people were not always protected from potential risks related to their care needs. Of the seven care plans we viewed, five contained detailed information about risks relating to people's support, and had clear guidance for staff on what to do in an emergency. The remaining two did not contain information, with "not stated" written for each section despite risks being referred to in other sections of the care plan. This meant people were not always protected against risk of harm.

We also noted the provider did not have an effective system in place to monitor incidents and accidents in the service. The registered manager maintained an accident book, in which two accidents involving staff were recorded but did not include accidents involving people who used the service that were referred to in people's care notes. The accident book did not also contain details of any other incidents that had occurred in the four years the service had been operating. The registered manager did not undertake any analysis of accidents or incidents to determine trends, or implement changes to improve the service people received as a result.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had their needs met by sufficient numbers of staff. Most people told us they "generally" had the same member of staff that visited them. We looked at the staff rota for over a four weeks period and noted the same staff were visiting people. The registered manager told us there were enough staff employed to meet the needs of the people being supported and they aimed for people to have the same staff team as much as possible. This helped with consistency of care and support people received.

People and their relatives told us they were happy with the staff and the service itself. However, some people said the staff did not stay for the whole time that they had been allocated or arrived late. People had mixed opinions about whether the office let them know if staff were running late. The registered manager explained that they used electronic software that recorded staff arrival and departure times. They said they would get an alert if a staff member was late or did not arrive.

We looked at 18 call log records over five days, from 27 August to 1 September 2016. Of these, six showed the staff member as logging in at the scheduled time for the call and staying for the scheduled length of time. The remaining twelve showed the staff member as logging in up to 13 hours after the scheduled time for the call, or showed the call as lasting a very a short amount of time. For example, one person was scheduled to have a staff member visit for 45 minutes from 8am. Their call log for 1 September 2016 showed that the staff member visited at 5:32pm for less than one minute. Another person was scheduled to have a staff member visit for 45 minutes from 8am, however their call log showed the staff member visited the person for 2 minutes from 6:07 to 6:09pm.

The registered manager informed us this was reflective of the issues with the data network that care staff experienced. This made it difficult for them to log in, and all calls were monitored through the central computer in the office. However, on the day of the inspection, the broadband internet connection at the service was not working. We found that there was no other system available to ensure or monitor if people had been visited when they were scheduled to. We were concerned people could have missed calls if the office staff did not get an alert due to poor mobile phone reception. The registered manager told us they did not have a back up system for when such issues occurred. This left people at risk because the provider did not have an effective system to ensure people were receiving support when they were supposed to. They did not maintain an accurate, complete and contemporaneous record of the care people received.

The above issues are a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had an adult safeguarding policy in place. We saw staff had received training in safeguarding adults and the subject was also discussed during staff meetings and staff supervisions. A staff member said, "The safeguarding training has made me more aware of things, I wouldn't hesitate in reporting any concerns I have." Staff demonstrated good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. The registered manager was familiar with the process to follow if any abuse was suspected and knew the local safeguarding protocols. Records showed they had assisted with safeguarding investigations and attended meetings.

There was also a whistleblowing policy which informed staff how they could raise concerns about any unsafe practice in the service. Guidance and additional information was available in the staff handbook; this included details of how to report concerns to relevant agencies.

We looked at six staff files and found that recruitment practices were safe and that the relevant checks had been completed before staff worked with people in their homes. This included written references, fitness to work questionnaires, proof of identity and right to work in the United Kingdom and references. However on one file, there were no references and the registered manager explained that they had received them by email. On the day of our inspection, the broadband at the service was not working and we were unable to verify this. The registered manager had carried out Disclosure and Barring Service (DBS) checks on staff. The DBS check helps employers make safer recruitment decisions. It identifies if staff have any criminal records or are barred from working with people using the service. Staff had also filled in application forms to demonstrate which relevant skills and experience they had. Staff confirmed that checks had been undertaken before they were allowed to start work.

People told us staff supported them with their medicines in the ways they wanted them to. One person said, "They [staff] make sure I take my pills before they leave." People's medicines were managed in a safe way and administered by trained and competent staff. Staff had received training on the administration of medicines. Where people needed assistance to take their medicines we saw the assessment records

outlined the medicines the person was taking and how staff should support them. For example, in one care plan, a person's records showed they did not require any help from staff to take their medicines. In another, we saw the person needed staff to open the medicine packaging and put the medicines into their hands. Staff also had to hold the beaker of water that the person used to swallow their medicines. Medicines Administration Records (MAR) charts were in place where staff administered people's medicines.

Requires Improvement

Our findings

People were supported by staff who had the knowledge and skills to meet their needs. One family member told us, "The staff know their job and I am pleased with what they do." A person who used the service said, "I am very happy with the way the carers [staff] look after me."

The registered manager was aware of their responsibilities under the Mental Capacity Act 2005 and in relation to the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and found that while the provider had a comprehensive policy in place, this was not reflected in the practice and documentation found at the service. For example, three of the care plans we viewed did not make reference to the person's capacity to understand and make decisions about their support at all.

A fourth plan we viewed was agreed by the person's relative, despite the plan stating the person was "able to express [their] views and wishes". This person's plan clearly documented that the person's relative did not have legal authorisation to consent on their behalf, and stated that the relative's consent was obtained "as representative for a best interest decision", yet there was no record of an assessment of the person's capacity, or best interests decision-making taking place.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had been trained in the Mental Capacity Act (MCA) 2005. They had a good understanding about people's capacity and making decisions that were in their best interests. People and relatives told us staff

sought their consent before undertaking any support or personal care tasks. The registered manager told us that no one was subject to an order of the Court of Protection at the time of the inspection.

Staff completed training in a number of areas, for example, infection control, safeguarding, moving and handling, medicines management and health and safety. Staff told us the training they received was satisfactory and helped them to meet the needs of the people they supported. There was a training plan in place, which detailed the training staff had undertaken and what they required over the following year.

We found staff were enrolled to complete the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. There are an identified set of 15 standards which social care staff complete during their induction and adhere to in their daily working life.

Staff told us they were well supported by the registered manager and there were opportunities for them to further develop their skills and knowledge. Records showed the registered manager completed observations of staff to ensure they were working to the appropriate standards that were expected of them. Unannounced spot checks were undertaken by senior staff. These were unannounced, whilst staff were undertaking visits to people. During these observations, staff were observed to check they were following good practice.

We saw staff were supported in their role and received a thorough induction before they started working on their own. Newly employed staff confirmed they had received an induction including shadowing experienced staff. One newly appointed staff member said, "I went out with more experienced staff to people's home to shadow them and this helps to know people before I started working with them." Staff confirmed they had undertaken a structured induction when they started working for the service. This included completing the company's mandatory training in subjects such as food hygiene, the principles of care, infection control, first aid and safeguarding adults.

Records and staff comments indicated that most staff had received supervision sessions and an annual appraisal of the work performance. However, we noted this was not consistent as we saw some staff were not having regular supervision and this could impact on the quality of care and support people received. We discussed this issue with the registered manager who said that action would be taken to rectify the situation and would make sure all staff received supervision sessions on a regular basis.

People were supported to have enough to eat and drink and at the times they wanted. Where staff were involved in preparing and serving food, people were happy with staff's methods. People were encouraged to drink and eat enough. Staff prepared their meal from what people had in their home. They would leave a drink for later to ensure people had sufficient fluid intake when they were on their own. One relative told us, "The carer always leaves a drink for my family member before they go." Staff monitored people who were at risk of poor nutrition or hydration. If they had any concerns about what a person was eating and drinking, they would raise them with the office staff or the person's family if they needed to.

People were supported to maintain good health. A relative told us how staff either contacted them or called for the GP if their family member was not well. They said, "If [family member] is not well, the carer will contact me and if I am not around they will contact their manager who will contact the doctor." Staff knew people well and would notice any concerns with their health. Staff described how they would appropriately support someone if they felt they needed medical attention. One staff member told us, "If I see a client is not well and needed urgent help, I will call an ambulance."

Records showed people had referrals to other health professionals, where the registered manager felt their input would be valuable. For example, we saw an occupational therapist visited a person's home to show staff how to use a lifting aid to help transfer the person using the correct procedures. There was information about people's health conditions in their care plans so staff knew about people's health needs. When needed, the registered manager would contact other health professionals for advice and guidance. For example they would contact the local authority if they felt people needed more time for their visits.

Good

Our findings

People told us staff were caring and listened to them. Staff had built up good relationships with people and were familiar with their needs and preferences. People and relatives were complimentary about the staff. Comments included, "They (staff) are very good and caring. I am happy with the carers and do not have any concerns." One relative commented some staff "Went that extra mile" when they provided care and support to their loved one.

People and their relatives told us staff treated them with dignity and respect and they had their privacy respected. For example, staff always maintained their dignity when providing personal care by keeping them covered when washing them. Staff understood the importance of promoting people's privacy and dignity. One staff member told us, "When I am giving someone a wash, I cover the part of their body that I am not washing." Staff had received training in treating people with dignity and respect as part of their induction and had their practice observed during spot checks.

People were mostly involved in their initial assessments and the planning of their care. Care plans contained information about people's needs and preferences, so staff could have guidance about what was important to them and how to support them. Care plans also showed people's preferences had been discussed about whether a male or female member staff supported them in their homes. One relative said that they requested a female staff member as their family member preferred female staff to attend to support them. A copy of people's care plan was kept in the office of the registered provider and a copy was kept at people's own homes. This helped to ensure staff had the information they needed to care and support people. Staff demonstrated a good knowledge of the people they supported, their care needs and their wishes.

People were encouraged to maintain their independence wherever possible. One staff member said, "I always encourage the clients to do things that they can, for example if they can pour their drinks, I will encourage them to do this." One relative told us, "My family member likes their independence, the staff just make sure they are okay." People's care records clearly stated what they could do for themselves and what they needed help with.

The registered manager informed us that none of the people using the service at the time of our inspection had an advocate to help them to express their wishes about their care. An advocate is an independent person who supports people to make and communicate their wishes. However, the registered manager was reminded that a list of advocates and contact numbers must be made available for people to access if they required this support.

The registered manager ensured information about people were treated confidentially. Staff were always reminded of their responsibilities about confidentiality either during team meetings or during their supervision sessions. We saw people's records were kept locked and information which was kept on an electronic server, was password protected.

Requires Improvement

Our findings

People told us they were happy with the care and support they received. One person said, "The carers are very kind and caring." One relative mentioned that the staff were "hardworking and very helpful and caring".

We looked at seven people's care plans and associated care records. Of these, three were for people who paid for their care themselves and so were not guided by a local authority assessment of their needs. These care plans were based on an assessment of the person's needs by the registered manager, and were highly detailed. They contained clear guidance for staff on how to support people appropriately and safely, and included people's preferences for their support.

The remaining four care plans we viewed were for people whose support was funded by the local authority. The local authority had provided an assessment of their needs when the person was referred to the service for support. These care plans were incomplete, did not contain appropriate information about people's preferences for their support, and did not contain clear guidance for staff on how to support people safely. We found that the author had copied and pasted information from the local authority assessment into the care plan without conducting their own assessment of the person's needs and preferences. This information was repetitive and confusing for staff, and often entered into inappropriate sections in the care plan document.

For example, in one person's care plan in the section headed 'What personal care support do I require? Personal care', the author wrote "[The person] requires assistance with washing and dressing as there is some concern about how [they were] managing and [they] might have not been having a proper body wash. [The person] likes to remain as independent as possible but encouragement needs to be given to ensure good personal hygiene is maintained. [The person] is able to have a strip wash in the downstairs of [their] property." This section was directly copied from the 'Maintaining personal hygiene needs' section of the local authority's assessment, and was copied verbatim into other sections of the care plan. These included the 'Moving and handling support required when bathing' section, the 'Moving and handling support required when washing' section and the 'Moving and handling support required when showering' section of the care plan. This was despite containing no information about what moving and handling support was required for the person to maintain their personal hygiene.

Another of these care plans referred throughout to "daughter reports…", "daughter states…" and "daughter advises…", with no indication that the person conducting the assessment asked the person themselves

what they wanted and needed for their support. Although the 'Communication' section of this person's care plan stated "[The person] was able to engage in the assessment process and was able to express her views and wishes", this was not reflected in any section of the plan.

Some care plans we viewed used a mixture of first person pronouns (referring to the person in need of support as 'I') and third person (referring to the person by their name), sometimes in the same sentence. One care plan we viewed used 'I' to refer to both the person in need of support and the author of the plan, which was confusing for the reader.

This meant the provider did not carry out an adequate or consistent assessment of people's needs and preferences, nor enable people to participate in decisions about their care.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service provided information to people and their relatives about how to make a complaint. We viewed the complaints folder and saw that there had been one complaint recorded in 2016. The complaint was addressed by the service through a meeting with the complainant and action was taken as a result. Complaints recorded in 2015 were mainly from another service provider to whom the service provided staff. They were addressed mainly through the supervising of staff and implementing the service's staff disciplinary procedure where required.

We saw the service had also received positive feedback such as a compliment from March 2016. It described how a staff member calmly and appropriately responded to a person was at serious risk of harming themselves and how the staff member defused the situation. Another compliment was from a relative who wrote, "The care and support the carers have offered is beyond our expectations. We are now able to balance our lives around our [relative] knowing that [they are] being well cared for."

Requires Improvement

Our findings

People and their relatives commented that the service was managed well and they could approach the registered manager if they had to discuss their care needs. Staff also felt it was a good service to work for and the registered manager was supportive.

The service had a registered manager in post, however they did not fulfil the conditions of their registration through telling us about important events that affect the service and the people who use it. We saw records of three safeguarding adults investigations involving the service, about which we had not been notified as required by law.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

The registered manager held occasional meetings for all care staff, and separate monthly managers' meetings. The minutes of these meetings demonstrated a clear vision and values for the service, with opening and closing prayers and a reference to "sharing Christ with people". Some issues of quality had been identified through these meetings. For example, the minutes of the meeting dated 19 April 2016 showed that not all care staff had received regular, appropriate supervision to monitor and guide their work. However, this had not been addressed by the time of our visit in October.

The registered manager told us that they operated an 'open door' policy and staff could speak to them at any time. Staff confirmed to us the registered manager was very understanding and they could talk to them if they had any concerns about work or on a personal level. One staff member said, "The manager is very good."

The provider sought the views of care staff through periodic surveys of quality, focussed around one of the CQC's key questions (is the service safe, effective, caring, responsive or well-led?). The management team identified actions as a result of these surveys. For example, we noted "all domiciliary care workers booked for medication training course". However these had not always taken place to address the concerns identified by the team. There were also surveys for people their relatives and other stakeholders, however these were very long and asked many irrelevant questions. We found they did not result in actions or improvements to the service people received. We saw that three of these surveys had been completed by two people who use the service, in May 2015. This was not an effective method of gaining people's feedback about the service.

The service had expanded significantly in the year prior to our inspection, growing from three to more than thirty people receiving support. The registered manager said, "We wanted to concentrate on a few packages for now, rather than take on a lot of packages which we cannot handle and lose our reputation." However, there was a clear lack of good standards in the care plans and assessments after the service had expanded. This showed that these areas of management required improvements.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Care Quality Commission (CQC) of incidents which had occurred within the service as required by the CQC (Registration) Regulations 2009. Regulation 18 (2) (e).

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not have suitable arrangements in place for planning people's care and support, in a way that meets their individual needs and preferences. Regulation 9 (1)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not have suitable arrangements in place to ensure people consented to their care and support in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation

Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The risks to the health and safety of people who used the service had not been assessed and all that was reasonably practicable had not been done to mitigate any such risks. Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records relating to the care of people were not fit for purpose, they were not always completing records accurately. Regulation 17(1)(2)(c).