G P Homecare Limited

Radis Community Care (Tamworth)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this service on 6, 7 and 8 February 2017. This was an announced inspection and we telephoned the provider three days' prior to our inspection, in order to arrange home visits with people.

At our last inspection in November 2015, we identified concerns with how incidents and accidents were monitored to lower the risks and ensure that people were protected from further occurrences. Improvements were needed to ensure that the records were completed after medicines had been administered and care plans needed to include information about people's preferences. On this inspection we found that further improvements were needed.

The service provides care and domiciliary support for older people and people with a learning disability who live in their own home in and around Tamworth. At the time of the inspection 160 people were receiving a service.

There was a registered manager in the service. 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.

Some people needed support to take their medicines. Where medicines were administered, systems were not in place to ensure people received them when needed.

People were not always protected from the risks of abuse. The staff knew how to recognise the signs of abuse and would report their concerns, although action had not always been taken to ensure any investigation could take place and protect people from potential future harm.

People did not always receive their support at the time they expected and for the agreed length of time. People had mixed views about how caring the staff were as some people felt rushed. This information was shared with commissioners of the service.

Where people needed support to help them make a decision, assessments had not been completed to ensure the right people helped them to make decisions in their best interests. People knew how to make a complaint or raise a concern if they needed to. People were not always confident that they would be listened to and improvements would be made. There were processes to monitor the quality of the service provided although these systems had not identified these concerns and action had not been taken to make improvements.

People received care and support from staff who were trained and knew how people liked things done. Where risks had been identified, staff knew how to provide support to keep people safe. Systems were in place to ensure that newly recruited staff were suitable to work with people who used the service.

Staff received supervision and had opportunities to develop their skills to meet people's needs. New staff were supported through their induction and given opportunities to meet people before they provided any support. People received care that was individualised to their personal preferences and needs. The provider was flexible and responsive to changes for support times.

People were supported to express their views about the service within quality monitoring calls and through a survey. People were provided with information about how the provider had responded.

We found a number of 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.

Medicine management systems were not always effective to ensure people received the correct prescribed medicines. Care staff understood how to identify where people may be at risk of harm or abuse but action was not always taken to ensure this was suitably reported and investigated. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. There were sufficient staff available and recruitment procedures were in place to ensure people were suitable to work with people.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people were unable to make their own decisions, their capacity had not been assessed and decisions were being made by other people. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Is the service caring?

Requires Improvement

The service was not always caring.

People had mixed views about whether they considered the staff were kind and caring. Some people felt rushed and other people were happy with the support they received and felt it was respectful and dignified. Staff respected people's privacy and promoted their independence. People received care and support from consistent care staff that understood their individual needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive the agreed level of support and did not always receive their support at the agreed time. People felt able to raise any concerns and complaints although some people were not confident these were satisfactorily resolved. People were involved in the review of their care and decided how they wanted to be supported.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems were in place to assess and monitor the quality of care although these did not ensure people were receiving their correct medicines, receiving the correct length of support or had decisions made in their best interests. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. The quality of service people received was monitored through feedback from people.

Radis Community Care (Tamworth)

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.

This inspection visit took place on 6, 7 and 8 February 2017 and was announced. One inspector carried out this inspection with an expert by experience. An expert by experience is someone who has personal knowledge or experience of this type of service. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us.

This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service. We visited four people with their relative in their home and spoke with five people within two supported living services. We also spoke with six staff, two care coordinators, the registered manager, a training officer and the area manager. The expert by experience spoke with 14 people on the telephone. We sent questionnaires to people who used the service, staff and professionals; we received 19 responses and have used this information to help us form a judgement about the service people received. We also consulted with commissioners of the service. There were 160 people receiving a service at the time of our inspection.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us and information received from

people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at seven people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Requires Improvement

Is the service safe?

Our findings

On our last inspection we found that the provider did not have a system in place to monitor incidents and accidents. This was needed to ensure that people were protected from the risk of further occurrences. On this inspection we saw where people had fallen or had accidents, these had been recorded and care plans had been reviewed to reflect how people needed their support.

The care staff had an understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. Staff had completed training in safeguarding people and understood their responsibilities to report any concerns. One member of staff told us, "If I see anything when I go to visit people, I'd report it. Our training was very good and covered what sorts of abuse there were." Another member of staff told us, "I recently reported my concerns as I saw bruising. I know we have to report what we see to the office so this can be dealt with." We identified that although this had been reported to the office, this had not been raised as a safeguarding concern. The bruising had been investigated by office staff and a decision made that there were no concern or actions to take. The registered manager agreed that this needed to be referred as a safeguarding alert. This meant that although care staff had identified where harm may have been caused, suitable action had not always been taken to ensure concerns were investigated and people protected.

This constituted a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people were responsible for taking their own medicines and were independent in this area and other people needed support or prompting. The records showed that when people received support with their medicines, the medication administration records (MAR) were not always completed to show whether they had received their medicines as prescribed. One member of staff told us, "If we saw something was wrong or any tablet hadn't been given, then we would let the office staff know." There was no information to determine whether staff had reported these incidents and whether this had been investigated, whether it was safe to administer medicines at a different time or they had sought medical support. We saw one person had not taken pain relieving medicines for a week and there was no evidence that any action had been taken to ensure they could receive their medicine. This meant safe systems were not in place to ensure people had all their medicines when they needed them.

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

People had mixed views about whether there were enough staff working in the service to meet their needs. People had agreed the time they would receive their support visit and staff had a rota of who to support and this allowed time for them to travel to people's homes. People understood that staff may be late or early but within a 30 minute timeframe. We saw that people received calls later or earlier than planned and staff did not always stay for the agreed length of time or follow the agreed rota. One person told us, "Some days, they are really late. I generally get a call but when you are waiting for staff to turn up, time seems to go slowly, it's

not ideal." Another person told us, "Sometimes the staff come early and I'm not ready. I have my visits so there spaced out over the day. If the staff are really early or late then this impacts on my care for the rest of the day." We shared our concerns with commissioners of the service as some people were not receiving their care as agreed.

Other people were satisfied with when they received their support visit. One person told us, "I'd say they are almost always on time. On a few occasions they have been a little late, but the first thing they do is apologise. I can only recall one occasion where they were really late and someone from the office called me to let me know there had been an emergency. It was my choice to wait or have another member of staff come. These things happen and they let me know so I understood." We shadowed two members of staff on their usual care calls and saw that they arrived at the time that people expected them to. Staff used a telephone to record when they started and finished their visit to record the actual time spent with people. For people who needed a time specific call to ensure they were safe or administer any medicine, an alert was sent to senior staff to ensure there were no missed calls.

Staff knew people well and people were confident that the staff supported them in a way which helped to keep them safe. People used a variety of equipment to help them to mobilise and we saw staff supported people with care. People had been assessed by health care professionals to ensure all the equipment met their needs and had personal equipment to keep safe. One relative told us, "The physiotherapist came to visit us and made sure we had everything we needed. Since the fall, we now have different equipment to help them to stand and move around. The staff are always very careful." We saw where people needed assistance to move, this was done with compassion and staff ensured that people were correctly positioned before moving. One person told us, "The staff know I need to get my balance before I move. They never rush me. They are very patient." We saw when people stood to walk or move, the staff ensured that people only used their walking frames when they were ready to walk. One member of staff told us, "We are very clear that walking frames are used for walking and not as an aid for standing; that's not safe." Where people needed to use moving and handling equipment, the risks had been identified and staff received specific training for the equipment.

When new staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. We saw that staff's suitability for the role was checked by obtaining references, having a police check and confirming the validity of their qualifications, previous experience and training. Where people have applied for police checks on line they could apply to have these renewed annually for a small fee and these were checked by the provider.

People knew how to contact staff in the event of any emergency. One person told us, "I have all my important numbers written down here so I can call if I need to. The staff always check I have my phone near me when they leave." Some people had private arrangements in place and wore an emergency pendant. One person told us, "I always wear my pendant. They check it now and again to see if it's working. I feel quite safe as I can call the office or just set my alarm off. This works well for me."

Requires Improvement

Is the service effective?

Our findings

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

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff reported that some people who used the service may lack capacity to make certain decisions about their care. The registered manager had not identified that assessments should have been completed and family members had been asked to agree to any care and support where they felt people were not able to make a decision. They told us, "We don't have any assessments to complete and we would make a referral for this to be done." The staff had received training for MCA although they had not identified that where people lacked capacity, assessments should be completed to ensure decisions were being made in their best interests.

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

New staff received an induction into the service after all checks have been received and completed training for the first week. One member of staff told us, "I was new to working in care and I really enjoyed the training. I felt it gave me the information I needed to be able to support people." Another member of staff told us, "It was good that I worked with other people first as it gave me more confidence before I started working on my own." New staff primarily worked alongside an experienced member of staff to ensure they received the experience and knowledge to support people safely. All new staff completed the care certificate which sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff were supported to gain further knowledge and the skills they needed to care for people. One member of staff told us, "We have training today and recently I had training for diabetes. I support people with this condition so it was really useful to learn more about it so I understood why care has to be a certain way for some people." Another member of staff told us, "We've had training for managing pressure sores and incontinence. I have a lot of experience but you can always improve on what you do. I enjoyed the pressure sore training because it made me realise that if we are not doing things right, these can develop so quickly."

People received care from staff who were supervised and their performance and knowledge was assessed by senior staff. One member of staff told us, "There's spot checks so the manager knows we are doing things right. We don't get told when they are coming out; the first thing we know is when we see their car. They check that we are doing things right and use the right equipment and if we are clean and tidy." New staff's

competency was checked monthly and they received individual supervision to discuss anything that was concerning them, their performance and opportunities for the future development of their role.

People had an individual support plan which included information about how they wanted to be supported and people consented to us looking at their records with them. They told us when they first started using the service they were visited by staff who asked them how they wanted to be supported. One person told us, "I was asked about what I wanted when I started having a service. They were very honest with what they could offer." During our observation we saw the staff were knowledgeable about people's care and knew what was required to support them in a safe way. A member of staff told us, "It's nice to be able to visit the same people because you build a relationship and trust and know what people like. If we have to provide cover and we haven't met the people before then, we can look at the support plan because everyone has one in their home."

People retained responsibility for managing their own health care and where people needed support this was provided. One relative told us, "[Person who used the service] has a pressure sore and the staff are very good at putting on cream and letting me know if the sore is getting worse or better. If they see any change in the condition they let me know so I can call the district nurse out. They've never got it wrong." Another person told us, "If I need the doctor or need anything done then I have a phone and call them myself. If I have any changes to my tablets or need something different then I just let the staff know, but I don't need their permissions to get anything done."

Some people needed support to prepare and eat their meals. One person told us, "My family sort out all my meals for me but the staff get everything ready. They always make sure I have something to eat after they have gone and lots to drink." Another person told us, "The staff know what I like and even if I'm not hungry they make me a meal and wrap it up to have later. I can't walk so if I was hungry, I'd have to wait until my next visit, so it works out really well." We saw people were asked what they wanted to eat and staff knew what people liked to eat and offered a choice of meals. One member of staff told us, "For some people we have to cut up the meat or meal so they can manage. Other people are at risk of dehydration so we always make sure they have a drink before we go."

Requires Improvement

Is the service caring?

Our findings

People had mixed views about how they were supported. Some people told us they felt rushed and staff did not always provide support how they wanted this. The comments included, "The staff are always in such a rush." "It's not good when they turn up late as they don't stay as long and are just rushing around so they can go to the next person. I don't like that." Another person told us, "I don't often get the same carer, so they don't know me and that makes it hard and the care isn't as good because they are just reading about me and I have to keep telling them what to do."

Other people felt the staff supported them and told us they treated them with respect and listened to what they had to say. One person told us, "As in life there are some people you get on better with and it's the same with staff, but without a doubt, they are all wonderful." Another person told us, "The staff are great and I think of them as my nieces and nephews, they are really caring and I'm thankful that they are here."

People were given choices in the support they had and staff asked them what they needed. One person told us, "They always ask me what I want to wear today and if I have any plans. I can't see my wardrobe but they get out different outfits for me to see." People had their independence promoted and could continue to take responsibility for their care. One person told us, "The staff used to do everything for me but I'm more independent now and I've actually cut down the support I get, I don't want to be useless. I couldn't have got here without the staff."

The staff demonstrated a good understanding and knowledge of people's life histories, the things that were important to them and how they wanted to be supported. Staff included relatives when providing support and respected the family home. We heard staff ask if they could use the kitchen areas to make and prepare food and drink and whether it was clear to use the bathroom to deliver personal care. Staff asked after family member's welfare and knew about extended family and recent plans. One member of staff told us, "We are visiting people in the family home and we must always remember that this isn't just a place of work, its people's home." Another member of staff told us, "To be a good carer, you have to have a good heart and get to know people and understand them. I'm really fond of people I support and it's important to them that we have a good relationship."

People's right to confidentiality was protected. All personal records were kept securely in the office and were not left in public areas. Where staff were on call, they were clear about how to maintain the on-call records to ensure they were safe.

Requires Improvement

Is the service responsive?

Our findings

On our last inspection we identified that some people's preferences in care had been considered but improvements were needed to ensure that all care plans contained information about how people wanted to be supported and this was reviewed. On this inspection we saw improvements had been made but further improvements were still needed.

People had a support plan developed when they started to use the service, however these plans had not always been reviewed. The registered manager was liaising with the local authority to review these including the visit times, so these reflected what people wanted. Where a review had taken place people told us they were happy with how this had been conducted. One person told us, "I look at my blue folder and it has everything written down. I'm moving soon so it's really important that everything is right for me. I saw a couple of things weren't correct and the staff made the changes so I'm happy now." One relative told us, "Before [Person who used the service] came out of hospital, we went through the plan as everything had changed, so we almost started again. We now have more care and two staff come and provide the support. It was managed really well." We looked at people's care records with them and we saw that they were personalised to reflect their individual preferences, support needs and what they could manage for themselves. One relative told us, "Someone from the office came out and talked about the support plan with us. We talk about what we want and how everything is going."

There were arrangements in place for people and their relatives to raise complaints, concerns and compliments about the service. However, people had mixed views about how their concerns were addressed. One person told us, "Some of the staff aren't as good. I raised this with the office staff but they told me to tell the carers if I'm not happy. It should be them that tell the staff, not me." Other people told us they had complained about the time they received their visit and one relative said, "I've told them many times about how important it is to come on time, but it's still happening." Other people were satisfied with how any issues were addressed. One person told us, "It doesn't matter what the problem is, the staff are very good at sorting things out. I just have to tell them." Another person told us, "I can't praise them enough; they want things to be right." We saw any complaint, whether this was verbal or in writing, was recorded to demonstrate how responsive the service had been, although this was not always effective.

People generally knew who was providing the support and they were informed in advance of any changes. One person told us, I can have a rota but I told them I don't want one. I get the same team of staff come here and I'm not really bothered which one as they are all very good. The worst case scenario is that one staff is different but as they come in two's, there is always one staff I know." Another person told us, "I get a rota but if I don't know who the staff are if they are different or new."

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out, for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Requires Improvement

Is the service well-led?

Our findings

On our last inspection we found that the quality monitoring systems in place had not identified how people received their care, how medicines were monitored, and how people's care was reviewed. This meant that there were not effective systems in place to assess and monitor the quality of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found that improvements were required and has resulted in further breaches of regulations.

The system to monitor and identify whether people received their support on time and ensure that people received the agreed support time was not effective. The electronic system used by the provider identified when staff arrived and left each visit but we saw for some people, they received significantly shorter support visits than had been agreed. Medication management systems were not safe to ensure people received their medicines as prescribed and where people lacked capacity, decisions may have been made that were not in their best interests. This meant not all systems ensured that the service was effectively well led. These issues constituted a breach of Regulation 11 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and information was shared with commissioners of the service.

People were consulted about the quality of the service through carrying out quality checks on the telephone and through a quality assurance survey. Senior staff spoke with people and asked them how they felt they were providing a service including asking people whether they felt respected and whether the staff wore their uniform and this was clean. One person told us, "The office staff often call me to check everything is alright." The analysis of the results from the survey was sent to people and included information about what they felt about the service. The report was available upon request in different formats. The registered manager agreed that people may benefit from receiving a version that was easier to understand. They told us, "We can ask people how they would like to know about what was said and look at different ways of showing them." This would mean that the survey results would be meaningful and understood by different people.

The staff felt part of a supportive team and felt the registered manager was approachable and listened to them if they raised any concerns or suggestions for improvements. One member of staff told us, "We can talk about things through our supervision, but I wouldn't wait. If I needed help or had any problems I speak to the office staff about it." Staff meetings were arranged to ensure staff received information about developments within the service. One member of staff told us, "The staff meetings are organised on a local level as we are a very big team. I think we are all professional and speak about how things are going and what needs to happen."

Staff knew how to raise concerns about risks to people and poor practice in the service and knew about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying. One member of staff told us, "We hold a position of responsibility and need to let somebody know if we are worried. I don't have a problem with this. We are a large group so there are many people we could speak with if we wanted something done and there's always

someone around." This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care or from potential harm.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the office.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and Treatment was not provided with the consent of the relevant person. Where the person was unable to give consent because they may lack capacity to do so, the registered person had not acted in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and Treatment was not provided in a safe way for service users. Proper systems for the safe management of medicines was not in place

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes to protect service users from abuse and improper treatment was not effective.