

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?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We completed an announced inspection at Radis Community Care (Tamworth) on 09 November 2015. At the last inspection on 20 September 2013, we found that the service was meeting the required standards in the areas that we inspected.

Radis Community Care (Tamworth) are registered to provide personal care. People are supported with their

personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported approximately 144 people in their own homes.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had some systems in place to assess and monitor the quality of the service. However, some of these systems were not up to date and the concerns we raised had not been identified.

The provider had not notified us (CQC) of 2 incidents of alleged abuse as required.

The provider did not have a system in place to monitor incidents and accidents to lower the risks and ensure that people were protected from the risk of further occurrences.

People's risks were assessed. Staff knew people's needs and carried out support in a safe way whilst they ensured that people's independence was promoted. However some improvements were needed that ensured people's risks were updated as required.

Systems were in place to ensure that people received their medicines safely, but improvements were needed to ensure that the records were completed after medicines had been administered.

Some people's preferences in care had been considered, but improvements were needed to ensure that all care plans contained people's preferences and people's needs were reviewed.

There were sufficient staff available to meet people's assessed needs. The provider had an effective system in place to monitor the staffing levels against the needs of people who used the service.

Staff received regular training which ensured they had the knowledge and skills required to meet people's needs. Staff told us that they felt supported by the registered manager.

We found that people consented to their care and where they were unable to consent mental capacity assessments had been carried out in line with the Mental Capacity Act 2005.

We saw that staff treated people with compassion, dignity and respect. Staff listened to people and encouraged them to make decisions about their care.

People told us they knew how to complain and the provider had an effective system in place to investigate and respond to complaints.

Staff told us that the management were approachable and that they listened to them. Staff received supervision and spot checks on staff performance was carried out by senior staff.

People were encouraged to give feedback about the quality of service they received. Action plans were in place and acted on where concerns had been raised.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Improvements were needed to the way some medicines were managed and recorded.

Risk assessments were in place, but improvements were needed to ensure that changes in people's risks were updated to protect them from the potential risk of further harm.

People were protected from the risk of harm because staff understood and followed safeguarding procedures. People and their relatives told us they felt safe.

There were enough staff available to meet people's needs and the provider regularly assessed staffing levels against people's dependency levels.

Requires improvement



Is the service effective?

The service was effective.

Staff received an induction including training and support which helped them to carry out their role effectively.

People's consent to care was gained and where people were unable to make decisions the registered manager had followed the requirements of the Mental Capacity Act 2005. Staff understood how to support people in their best interests.

We found that people were supported to eat and drink sufficient amounts and when people's health had deteriorated appropriate action had been taken that ensured people were able to access support from health professionals.

Good



Is the service caring?

The service was caring.

Staff treated people with care and compassion when they provided support.

People were given choices. Staff listened to people and carried out the support in a way that met people's individual needs.

People were treated with dignity and respect when staff provided support.

Good



Is the service responsive?

The service was not consistently responsive.

Requires improvement



Summary of findings

People were involved in the review of their care, however reviews were out of date and people were at risk of receiving inconsistent and inappropriate care.

People told us that their support was mostly provided in a timely way. However, we saw that people did not consistently receive the amount of time to meet their assessed needs.

Some people's preferences in care had been considered, however, improvements were needed to ensure all plans contained people's preferences in care.

People we spoke with were aware of the procedures to complain and the registered manager had a system in place to assess any complaints received.

Is the service well-led?

The service was not consistently well led.

The provider had some systems in place to assess and monitor the quality of the service. However, some of these systems were not up to date and the concerns we raised had not been identified.

We had not been notified of incidents of alleged abuse as required.

People were encouraged to provide feedback about the quality of the service and improvements had been made where concerns were raised by people.

We saw that staff found the registered manager approachable and supportive.

Requires improvement



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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 09 November 2015 and was announced. The provider was given 48 hours' notice, because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available.

The inspection team consisted of two inspectors and an expert by experience that carried out telephone interviews with people who used the service or their relative. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in domiciliary care.

We asked the provider to complete 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. We had requested a PIR but the registered manager had not received the request, so this was not available for us to use when planning the inspection. We reviewed other information that we held about the service. This included notifications we received about incidents and events that had occurred at the service. We looked at questionnaire that we had received from people who used the service and professionals to help us plan the inspection.

We spoke with 17 people who used the service and their relatives, five care staff, the registered manager and the support manager. We viewed seven records about people's care and medicine records. We also viewed records that showed how the service was managed, which included staff training and induction records and audits completed by the registered manager.

Is the service safe?

Our findings

We saw that accidents that had occurred whilst people were using the service were not always recorded appropriately. For example one person had fallen when they were being supported by staff and we saw that this had been recorded in their daily notes but not on the required accident form. The manager was aware of this person's fall, but we found that changes had not been made to this person's risk assessments to lower the risk of further harm. There were no systems in place to enable the registered manager to analyse accidents for any trends or that ensured the appropriate action had been taken to lower the risk of a further occurrence. This meant that improvements were needed to ensure people's risks were reported and managed to lower the risk of further harm.

People told us that staff helped them with their medicines. One person said, "The staff remind me to take my medicines as I would forget if not". Staff we spoke with told us that they felt competent to support people with their medicines. One staff member said, "I have had training in medicines and I make sure I have recorded the medicines afterwards". We viewed medication administration records (MARs) for people who were supported with their medicines. We saw that there were gaps in the recording of creams that had been applied and we were not assured that this person had received their required medicine. This meant that improvements were needed to the way staff recorded the administration of people's medicines.

People and relatives told us that staff knew how to help them safely. One relative told us, "My relative was really safely handled, they [staff] knew what they were doing to keep them safe". Staff were able to explain how they supported people to reduce risks whilst they promoted people's independence. One staff member said, "One person who I support is at risk of pressure areas as they stay in bed. I always make sure that this person has the creams that they need and report any concerns I have to the office". We viewed records that showed people had been assessed for risks to their health and wellbeing. These included people who were at risk of falls, risks to a

deterioration of people's skin and possible risks within the person's home. The assessments gave staff information and guidance on how people's individual risks needed to be managed.

People we spoke with told us that they felt safe when they were being supported by staff. One person said, "No one has ever been horrible to me. They are all lovely". Another person said, "I feel safe with all of them (staff). I can really trust them". Staff were able to explain how they supported people to remain safe and the action they would take if they felt someone was at risk of abuse. Staff told us that they would report any concerns that someone was not being treated properly to their manager immediately. We spoke with the registered manager who told us the procedures they followed if they had been made aware of suspected abuse. They were aware of the professionals that they needed to inform and we saw that where there had been concerns about a person's safety they had reported this as required. This meant that people were protected from the risk of harm.

People we spoke with told us that there was enough staff available to support them and that they stayed for the time required as assessed in the care plan. One person told us, "Staff are normally on time and they stay the amount of time I need them, but sometimes I don't need them as long so I tell them they can go". Another person said, "They [staff] come between a certain time slot, so I have an idea when they are coming". Staff told us that they felt there was enough staff available to meet people's needs. One staff member said, "I think there is enough staff, we take on extra if there is sickness or another member of staff is unable to work". Another member of staff said, "We are a good team and work together to make sure that people get the care they need". We spoke with the registered manager who told us that they had a good team of staff and where there is sickness at late notice the permanent staff covered the hours to provide consistency in care for people. We saw that the registered manager had a system in place to assess the amount of staff required against the needs of people. This meant that there were sufficient staff available to meet people's needs and the provider had a system in place to assess these levels regularly.

Is the service effective?

Our findings

People told us that staff knew how to support them and they felt they were well trained. One person said, “You can tell the staff have all had the same training, as they do things in the same way”. Another person said, “They [staff] are really well trained, you can tell that”. Staff told us they had received an induction before they provided support to people on their own. One member of staff told us, “The induction was good and I shadowed another care worker for about 2 weeks before I had to support people on my own. I had practical training in manual handling as well”. Staff told us that they had received training and that this was updated regularly. One member of staff told us, “I think the training is good and we get regular updates”. We saw that there was a training schedule in place which highlighted the essential training staff needed to carry out their role effectively.

People and their relatives told us that they were involved in their care and they consented to their care and treatment. One person said, “Both myself and my relative made the decisions about the care all the way through the assessment”. Another person said, “I always know what is going on and my relative is involved too”. Staff told us how they supported people to understand the care that was being provided. One member of staff told us, “I always make sure the person knows what I am going to do and make sure they are happy for me to do it”. Staff understood their responsibilities under the Mental Capacity Act 2005. Staff were aware of the actions they needed to take when a person lacked capacity to make decisions. One staff member said, “I give the person time and explain the

decision clearly. If they are unable to make the decision there are plans in place to show who is able to make decisions in their best interests”. We saw that mental capacity assessments had been completed that gave staff guidance where people were unable to make informed decisions in certain areas of their care.

People we spoke with told us that staff prepared meals and drinks for them. One person told us, “They help me with my meals as I couldn’t do it on my own”. People told us that staff knew what they liked and that they always made sure they had a drink next to them when they left. Staff told us that some people they supported needed prompting to eat their food and to drink enough. One member of staff said, “I make sure that the person is given time and not rushed with their food and record what they have eaten and drank”. We saw the daily records showed that people were supported to eat and drink sufficient amounts.

People told us that staff knew how to support them if they felt unwell. One person said, “They know they have to phone my relative if I am unwell and they have my doctor’s details too”. Staff we spoke with explained the actions they took if they thought a person’s health had deteriorated. Staff told us that they could tell if people were unwell because of their physical signs but also by their emotional wellbeing, for example; if someone was quieter than usual or they were lethargic. One member of staff told us, “If I thought someone was unwell I would tell the office, ring for a doctor and tell the family. If I needed to I would call 999”. We viewed the daily records of people who used the service and saw where staff had informed the office if they felt a person was unwell. This meant that people were supported to have access to health professionals when needed.

Is the service caring?

Our findings

People we spoke with told us that staff were caring and compassionate toward them. The comments we received from people and relatives included; “They treat me ever so well. I’ve had the same one over and over so you get to know them well. She’s ever such a lovely lady” and, “They’re all really good to me, ever so gentle and ever so kind.” and, “The girls were absolutely smashing with my relative, you couldn’t fault them. They treated them like glass.” Staff told us how they made sure people felt important and cared for. One member of staff said, “I get a lot of satisfaction in making people feel comfortable and cared for. I make sure people are always happy and treat them in a kind way”.

People and their relatives told us that they were treated with dignity and respect when staff were supporting them. One person said, “The way they handle me is very kind and they cover me up when they wash me”. Another person said, “They are all really good and I know they respect me. They’re as good as gold. They always call me by my full name, which I like”. A relative said, “They [staff] would always ask if they were comfortable, and make sure she knew what they [staff] were doing and if she didn’t feel like being supported they respected that too”. Staff told us that they always made sure that people’s dignity and privacy was protected when they were providing care and support. One staff member said, “I always make sure that people

know what support I am going to provide, give encouragement and make sure that they feel comfortable. I do this by talking to people in a respectful way and when giving personal care I make sure they are covered up and don’t feel embarrassed”.

People were given choices in the support they had and they told us staff always asked them what they needed. One person said, “They always do what I ask and if I’m not up to going to the dining room they sort out my meal and bring it to me where I am”. Another person said, “I can make choices and they listen to me. I can choose what I want to wear and what I want staff to support me with”. Staff told us that they asked people before they provided support and took account of their wishes. One staff member said, “I always ask people what they want. We have care plans but some people like to be as independent as possible, which can change on a daily basis. I listen and support them in the way that they want. If someone refuses I would explain why they need the care, but would never make anyone have support if they choose they don’t want it”. The care records we viewed detailed how support needed to be provided and were personalised to people’s individual likes and dislikes, for example; how much support was needed and people’s preferred times. We saw that people were mostly supported by staff at their preferred time and people told us that staff were on time except when there has been a staff shortage, but they were always informed of this change.

Is the service responsive?

Our findings

People and relatives told us they had been involved in the reviews of their care and changes had been made to where people's needs had changed. One person said, "I have always been involved and things have been changed when I have asked them". A relative said, "I had to go into hospital myself and the office responded straight away so that my relative received the extra care they needed. They were brilliant". However, we found that some reviews were out of date and we saw that care plans and the risk assessments had not always been updated to reflect the changes. For example; one person was receiving additional support to help them to eat sufficient amounts, but the records did not reflect that this was in place. Another person had recently fallen and their records had not been updated to give staff guidance on the measures in place to support this person since their fall. This meant that there was a risk of people receiving inconsistent care because the records did not contain up to date guidance for staff to follow.

People we spoke with told us that carers mostly arrived on time. The comments we received from people were varied and included; "The office always apologised if someone hadn't turned up and tried to put it right. I don't think they had enough people but they have more now", and, "I told them at the office I wasn't happy about them being late and it was sorted in no time. The ones that came after that have all been more or less on time". We saw that most people received their care at a time that they preferred. However, we viewed seven records that showed that four out of the seven people had not received the amount of time that they had been assessed for. The registered manager and provider were unaware that these people were not receiving their assessed amount of time. This meant that the provider had not identified or responded to a change in people's needs.

People told us that they had been involved in the assessment of their care. One person said, "We have quite a laugh. They are all local girls, which is nice and I've got to know them really well. They know my little ways". A relative

said, "They tailored everything too exactly as my relative wants it. It all works really well". Staff we spoke with knew people's preferences and were able to describe how people liked to be supported to maintain their independence. Most of the care plans we viewed contained people's preferences such as; preferred times, likes and dislikes when people were supported with food and drink and if people preferred a male or female carer. However, we found that improvements were needed as some of the care plans we viewed were focussed around tasks and did not always take people's preferences and wishes into account.

We saw that where there had been a missed or late call then action had been taken to ensure that staff and people had been contacted and the person received a later call. We saw that one person had not received a call and this had been investigated by the registered manager and an apology had been given to the person. The missed call had also been reported to commissioners at the Local Authority to consider as a safeguarding incident.

People and their relatives told us that they knew how to complain and they would approach the office if they had any concerns. One person said, "If I wasn't happy with anything I would tell one of the girls and they would tell the manager. But I've never really had any complaints". People told us that improvements had been made to concerns that they had raised and they were happy with how their complaints had been managed by the registered manager. One person said, "Right from the start the office were helpful and always did their best to help if I had an issue". Another person said, "To be honest everything I've had words with the office about they have sorted for me". Staff told us they passed any complaints onto the office and recorded any concerns in the daily notes. We viewed records of formal complaints received by the registered manager and saw these had been managed in accordance with the provider's complaints policy. The registered manager had completed an investigation into the complaints and responded to the complainant so they were aware of the actions that had been taken to act on their concerns.

Is the service well-led?

Our findings

We asked the registered manager how they assessed and monitored the quality of the service provided. We found that the systems that were in place were not up to date and the registered manager was unaware of some of the issues we had raised. We identified that there were concerns with the accuracy of medicine recording. We found that some records were not available and the registered manager told us that staff did not always bring these into the office as required. The manager told us that they had requested this information but this had not been raised with staff recently. This meant that the registered manager was unable to complete the required monitoring to ensure people were receiving the care they required. We found that care plan audits had not been carried out and people had not received a review of their care needs. We saw that people had not always received the amount of care they had been assessed for. The registered manager was unaware of this this due to her returning to the business three days prior to the inspection. We found there were no systems in place to assess that people were receiving the length of time they needed. They said, "It could be that the care has been refused or they have told the staff that they don't need the care on those days". There was not a system in place to check that people were receiving the correct amount of time from staff, which meant that they were unable to ascertain why this was happening and take appropriate action to ensure that these people were receiving the care they needed. The registered manager and support manager recognised that they needed to complete the audits and told us that these had fallen behind over the last few months. This meant that there were ineffective systems in place to assess and monitor the quality of the service provided.

We also saw that incidents that had occurred at the service had not been analysed and actions had not been taken to lower further risks to people. For example, we saw that one person had suffered a falls, but there had been no actions put in place to lower the risk of further occurrences. We found that accidents had been recorded but these had not been analysed or monitored by the manager to assess if there were any common trends, such as times or specific staff, which may identify training needs. The registered manager and the support manager recognised that this

needed to be completed and told us that they would take action to implement the monitoring of incidents and accidents. This meant that appropriate systems to monitor and mitigate potential risks for people were not in place.

The provider has a duty to notify us (CQC) of any incidents that had happened at the service, which enables us to monitor the service. For example; deaths, serious injuries and alleged abuse. We found that the registered manager had not notified us of incidents of alleged abuse that had been raised about the service. For example; the local safeguarding authority had made us aware of concern raised about a person's pressure care that had not been managed effectively, but we were not made aware by the registered manager. We were told that the registered manager had been away from the service and had been unable to inform us of these incidents. The provider had not recognised that this was required in the registered manager's absence and there were no contingency plans in place to ensure that they carried out their required duty to notify us.

The above evidence shows that there were not effective systems in place to assess and monitor the quality of the service provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the registered manager and the office staff were all approachable and when they had passed concerns to the care staff these were passed to the office and dealt with appropriately. We were told by people that there had been some improvements to the way that the service was managed. One person told us, "They seem to be improving all the time, we've had other care companies and this one has been the best". The registered manager told us that improvements had been made to the service and staff worked well as a team.

Staff we spoke with told us that the registered manager was approachable and listened to any issues or feedback about people they supported or the service provision. One member of staff told us, "I feel supported and the registered manager has always been approachable and has dealt with any issues I have raised". The registered manager told us that they were supported by the provider to undertake their role and responsibilities. Staff told us they received supervision with the registered manager and they

Is the service well-led?

found the opportunity to discuss issues useful. One member of staff said, “I have had supervision regularly. It is useful so I can discuss any concerns I have or if I need any training”.

Staff told us that a senior member of staff had undertaken spot checks on their performance whilst they were providing care to people in the community. Staff told us that these checks were useful and it meant that they could improve if they were not carrying out the care as required. We viewed records that showed staff had received a spot check, which included more regular checks where there were concerns about a staff member’s performance.

People told us that they were always asked for feedback if they rang the office and were asked if they were happy with

the care they were receiving. One person said, “When I ring up they ask if I am happy with everything and I always am”. We saw that 58 people had returned surveys to the provider. Where people had raised issues the provider had completed an action plan, which showed the action required and who needed to complete the action. For example; we saw that one person was unhappy with their call times and contact had been made with them to discuss a more appropriate time. We viewed compliments received from people which contained positive comments about the quality of the care that they had received. For example, one person had complimented the staff on their support and politeness when they provided care to them. We saw that positive comments received from people had been passed onto the staff by the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The above evidence shows that there were not effective systems in place to assess and monitor the quality of the service provided. Regulation 17 (1) (2) (a) (b)</p>