

RadiantLife Ltd

# Radiant Life Care

## Inspection report

183 Cherry Tree Lane  
Rainham  
Essex  
RM13 8TU

Date of inspection visit:  
03 September 2021

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09 November 2021

### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Radiant life care is a domiciliary care agency providing personal care to adults in their own homes. At the time of this inspection, the service was providing personal care to 174 people.

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

People were not always supported in a way that was safe. We found concerns with the management of risks to people including risks associated with medical conditions such as epilepsy and diabetes. People were also not always protected from the risks arising from safeguarding issues. Medicines administration records (MARs) were poorly maintained and not in line with best practice. Office staff were not trained in MAR auditing system.

Staff timekeeping and attendance was being monitored. However, we noted instances where staff visits were significantly either late, early, short or missed completely. These were not being monitored by office staff effectively.

Systems in the service did not enable suitable assessments of people's needs to be carried out when they were referred to the service at short notice. Incidents and accidents were not appropriately reviewed and analysed to prevent reoccurrence. The provider had failed to notify the Care Quality Commission of all reportable incidents as required. Providers are required to notify the CQC of certain incidents without delay.

The model of care and the environment was not suitable for all people because the service did not fully consider if their needs could be met and if it was safe for them to be placed in the service.

Care plans did not always promote personalised care and lacked information for staff to meet people's needs safely.

Staff followed infection control procedures and people were protected from the risk of infections such as Covid-19. Staff who were safely recruited and who had the relevant training and qualifications. Staff told us they were supported by the registered manager and received supervision to discuss their performance. Staff also attended staff meetings and were able to raise any concerns they had.

We found that staff were kind and supported people to maintain their independence. Staff respected people's privacy and supported them to avoid social isolation.

People and relatives told us staff were caring and they were treated with respect. People's needs were met in relation to equality and diversity issues.

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

## Rating at last inspection and update

The last rating for this service was Good (published 28 November 2017).

## Why we inspected

The inspection was prompted in part due to concerns received about missed and late visits, training, and monitoring. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this report.

The provider has begun to take steps to mitigate the risks we identified. Prior to our inspection, the provider shared their service improvement plan for our assurances, and they had started to make improvements to the care and support provided to people. However, we had limited assurance that these measures were effectively reducing the risks faced by people receiving care.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relations to safe care and treatment, good governance, staffing, need for consent, person-centred care, safeguarding service users from abuse and improper treatment, and, meeting nutritional and hydration needs at this inspection.

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

## Follow up

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

## Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Radiant Life Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors. Following the visit to the location office, two Experts by Experience completed telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 03 September 2021 and ended on 08 September 2021. We visited the office location on 03 September 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We reviewed a range of records. This included 12 people's care records and risk assessments and six people's medicines records. We looked at six staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including audits, staff training, satisfaction surveys, policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also looked 16 people's electronic call monitoring data. We spoke with 17 carers who worked with the service. We looked at a further six care plans and risk assessments. We spoke with 10 people who used the service and 14 relatives by telephone about their experience of the care provided.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The systems and processes to safeguard people from the risk of abuse were not operated effectively. We looked at safeguarding incidents that had occurred and found limited information available to ascertain what actions the provider had taken in relations to learning lessons when thing went wrong. Risks had not been analysed to identify trends to help reduce the risk of recurrence. There were no examples of reflective practice or that this information was being discussed with staff.
- We saw safeguarding incidents about a death of a person, neglect, financial abuse, missed calls and incorrect moving and handling practice. There was limited evidence action had been taken to investigate and address those concerns.
- Two people had made allegations that care staff had stolen from them. The registered manager had not made referrals to the police. The safeguarding log confirmed the outcome of this investigation carried out by the local authority was inconclusive. This left people potentially at ongoing risk of theft.

The systems for safeguarding people from abuse were not operated effectively and this was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care staff received safeguarding training and were able to describe what actions they would take if they suspected abuse. Care staff were able to describe the type of abuse and the signs to look for.
- People and their relatives told us they felt safe and could talk to staff. One relative told us, "It's peace of mind for me to know that [person] is safe and being well looked after." Another relative told us, "[Person] feels very safe with them all."
- The provider had systems to ensure lessons were learnt from any incidents. Where incidents and accidents occurred, they were recorded with appropriate actions taken to reduce the risk of re-occurrence. Incident and accident records showed issues were recorded, investigated and addressed quickly. There was evidence of actions taken to mitigate future risks. For example, there was clear guidance for staff about immediate actions they should take in response to distressed reactions from people.

Assessing risk, safety monitoring and management

- Risk assessments were not always in place where people had certain health conditions. For example, some people had diabetes or epilepsy and there were no risk assessments in place about how to manage these conditions in a safe way.
- Two people whose files we reviewed were identified as being at risk of having seizures. There was no guidance in place regarding how to mitigate the risks associated with their medical condition. Another two people had dementia, there was no risk assessment or capacity assessment in place to address this. For

example, there was lack of information for two people risks on medicines, and, eating or drinking.

- Another person's risk assessment in relation to pressure wounds stated the person was to be assisted to change their position when in bed, and, apply lotion and barrier cream. There was no body map of where to apply cream, and, no guidance about what to do if the wound deteriorated.
- Another person's risk assessment stated that staff needed to support the person with catheter, there was no risk assessment or guidance on catheter care. This lack of staff guidance put people at high risk of harm from poor quality care.
- We looked at three people's care plans who were at risk of malnutrition. Risk assessments did not indicate if staff were to monitor, or, record the amounts of food to be eaten. Two care plans confirmed people were at risk of dehydration. Risk assessment did not indicate if staff were to monitor, or, record how much fluid a person took each day. This meant it was not possible to monitor whether they were taking enough fluids or food to keep people safe.

We found no evidence that people had been harmed. However, risk assessments were either not in place or were not robust enough to demonstrate safety and risk was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of this inspection, the local authority had suspended their contract for new referrals due to concerns about risks and safety.
- We shared our concerns with the provider, and they told us with respect to risk assessments that some documentation required updating following a care review by the care commissioners and that it would be done imminently by the service. They also told us they would take our feedback into consideration.

#### Staffing and recruitment

- The systems in place did not ensure staff were deployed effectively to meet people's needs.
- The provider told us there were enough staff available to meet people's needs safely. However, the system to monitor if staff were visiting people was not always effective due to the service's internet connection. On the day of the inspection, the internet was slow as a number of office staff were using it. The logging in and out system for staff was not reliable as we found occasion where staff had logged in at two different places at the same time and the people lived quite a distance apart. Information we received from the local authority prior to our visits indicated that missed and late visits were not monitored.
- Staff used a phone app to log when they completed calls with people. During our visit, we reviewed call monitoring data. This showed extensive evidence of significantly late, early, short and missed calls. For example, one 30-minute morning call was scheduled for 06:00am but carers did not arrive until 08.23am. The call then only lasted for nine minutes. On another occasion, a person required two care workers to deliver their care safely, but records showed the staff did not attend at the same time. A 45-minute morning call was scheduled for 06.00am. One carer arrived at 06.18am and left at 07.18am, and the other carer arrived at 09.06am and left at 09.35am.
- The monitoring data also showed how far the carer was away from the person's house when they logged the visit. We found evidence some carers were logging in and out in at another location. For example, a double-up one 30-minutes evening call was scheduled for 22.30, one carer logged in at 21.08 where they were 16 miles away from the person's location.
- People were put at increased risk because they experienced late calls. One person said, "I have had to ring a couple of times when they've been late, and, then I felt rushed with my care". One relative said, "I would prefer it if they came between 8.30-9am so he could have his breakfast at a reasonable time and it also means if we want to go out there is enough time to do so. The middle call is sometimes as late as 2pm which again is too late for his lunch. They don't ring me to let me know they will be late. I have communicated with



the head office about this back in July but there has been no change still."

We found no evidence that people had been harmed however, people were potentially at risk of harm because staffing were either late or early for their calls. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they were given enough time to travel between visits. One member of staff told us, "Sometimes I travel for 15 minutes only as the service users are not far from each other, other time, it takes half an hour."
- Recruitment practices were robust. The provider completed checks on prospective employees to ensure they were safe to work with people. These checks included seeking references, checking staff criminal record and checking their identity.

#### Using medicines safely

- Medicines were not managed safely. We looked at medicines administration records (MARs) from June 2021 to August 2021 and noted they were poorly maintained and not in line with best practice. MARs lacked critical information such as people's address, names, date of births, dates were incomplete and no information about allergies was recorded. There were gaps in the MAR that were unexplained, and no actions were taken by the staff or management team to follow these up.
- Medicine administration records (MARs) which detailed the medicines people were prescribed. Staff signed these to indicate when they had given a medicine. One person's records were incomplete and did not show they had been supported with their medicines as prescribed. Office staff told us the person did not allow staff to support them however this was not clear from the records.
- The provider's systems and checks to ensure the safety and quality of medicines administration were inadequate. For example, the audit form was ticked by office staff to say details of people and their allergies status were checked when this was not available on the MAR sheets. In addition, the registered manager confirmed office staff were not trained to complete medicines administration records audit.
- Due to the nature of the service, it was difficult to ascertain if people had received their medicines where we had identified missing signatures on the MAR records. However, not having these medicines could have had a negative impact on people's health.
- People did not consistently receive support with medicine administration on time. One person said, "They seem to have their own ideas about timings. They come too late in the mornings and too early in the evenings and I end up having to have my tablets late in the morning."
- One relative informed us that they had found medicines left on the floor and therefore felt this staff were not administering medicine to their loved one appropriately or as prescribed.

We found no evidence that people had been harmed however, due to poor medicines management, people were placed at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff told us that they had received training in administration of medicine. One member of staff said, "I have received medication training and I do help the service users with taking their medicines."
- During the inspection we shared our concerns with the provider regarding the management of medicine.

#### Preventing and controlling infection

- People and their relatives told us they felt confident with the infection control practice of staff who wore personal protective equipment (PPE) to minimise the risk of the spread of infection. One person's relative said, " They [staff] wear their gloves, masks and aprons and there are gloves here so they can change them."

- Staff had completed infection control training and had access to (PPE), such as aprons, masks and gloves to help reduce cross infection risks.
- Staff were provided with supplies of PPE from the office.
- Staff were supported to access COVID-19 testing.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvements. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were not always assessed in line with guidance. There was a lack of detail about how to support the person with their personal care. People's needs were not fully assessed prior to them using the service. These included obtaining information from people and their relatives about their needs and preferences and how they would like to be supported.
- One person's care plan did not detail the person's preferences for when they liked to have a shower, or what time staff need to visit the person. The lack of detail about the person's routine in the care plan meant there was a risk that if a new care worker started providing care they may not have all the information to meet the person's needs and wishes.
- When people started using the service their needs were not always fully assessed to determine if the service was suitable for them. This meant people were at risk of receiving care from staff who did not fully understand their health conditions or preferences in how care was delivered.
- Call times identified in people's care records were not always updated on the provider's call monitoring system to reflect the times people wanted to receive their care. This meant that people might not have received the care they needed in a timely manner.

The provider did not always carry out appropriate assessments to ensure the service could meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- There was a lack of information in a person's care plans about their nutritional needs, preferences and support needed to maintain a balanced diet.
- Care plans did not always provide enough guidance on people's dietary needs. For example, staff did not have guidance on suitable food types for people with diabetes diagnosis.
- Care plans did not contain enough information to enable staff to support people to maintain their health. For example, while GP details were included it was not clear of who to escalate concerns about people's health to.
- External professionals were contacted to gather their advice on effective care. For example, there was not enough information to support staff to escalate concerns about people's health in an appropriate manner.

We recommend that the provider seeks and follows best practice guidance on ensuring people's nutritional

needs and preferences are identified and met.

- The relative of a person said care workers supported the person well with eating and there were no concerns about the support the person received with their nutrition.
- Both staff and the relatives told us that the care workers heated up food cooked by family and encouraged the person to eat well and knew what they liked and disliked eating and drinking.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw mental capacity assessments were carried out for four people using the service. However, two people whose care plan recorded they had dementia did not have a mental capacity assessment in relation to the receipt of care and support. There is lack of information of what people can do, and, what decision they can make for themselves.
- Some people were unable to make decisions for themselves. There were no records to demonstrate appropriate best interests decision making processes had been followed.
- People or their representatives had not indicated their consent to their care plans. The provider had not recorded if people had given verbal consent.

We found no evidence people had been harmed, however, the provider was not seeking consent people in live with the requirement of the MCA. This was a breach of Regulation 11 (need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training on the Mental Capacity Act which covered obtaining people's consent prior to delivering any care and the principles of the MCA.

Staff support: induction, training, skills and experience; Staff working with other agencies to provide consistent, effective, timely care

- Staff were trained and skilled to support people. People and their relatives told us they felt that the care workers had the skills to meet their needs. A person's relative told us, "They [staff] are always polite and explain just what they are doing or going to do."
- Staff were supported and completed a programme of on-line and face to face training sessions to effectively perform their roles. Staff confirmed they attended training and told us they found this useful. A staff member told us, "They [provider] enrolled me to complete safeguarding, and, moving and handling training, they [provider] are helping me to develop with my career."

- Staff had received training related to their roles, and this gave them the skills and knowledge to carry out their roles and responsibilities. Staff told us the standard of training was good. One staff member said, "I have received a number of training recently, some was online and some we had to classroom." Staff had attended various training, such as safeguarding adults, medicine management moving and handling, and, infection control.
- Staff received regular one-to-one supervision as well as spot checks of their performance to offer both support and monitoring of their performance. Staff said the registered manager was approachable and they felt supported in their work. A staff member told us, "[Manager] is really good, they always listens to our needs."
- People had access to health care services and the registered manager gave an example of this. One person struggled to stand with their walking frame, the service contacted the persons GP for them to be referred to an occupational therapist (OT).

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- People were not always supported to be involved in making decisions about their care.
- Staff told us they gave people choices about their support and involved them in all decisions about their care and lives. They said they gave people information to make informed choices and respected the decisions people made. However, we noted that care plans did not always reflect this or contain information relevant to the person and were not individualised to reflect people's needs. A positive person-centred culture was not promoted which took account of people's views and preferences and promoted good outcomes for them.
- People told us they were involved in their care. One person said, "They [staff] have got to know exactly what [person] likes and dislikes."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their independence promoted. We received positive feedback about how staff supported people with privacy and dignity. One person said, "They [staff] are more than caring they are my rock during difficult and depressing times". Another person told us, "They [staff] get to know me as much as they can and we get on well." A relative told us, "They are terribly caring and gentle but always polite".
- Staff encouraged people to maintain their independence. They knew how much each person was able to do for themselves and what assistance they needed. One member of staff said, "[Person] is able to wash their face and comb their hair, I support them where they need help".
- Staff told us how they would maintain a person's privacy and dignity when assisting them with personal care. This included closing doors and seeking the person's permission first before doing anything. One member of staff said, "I make sure the door is closed when giving personal care."

Ensuring people are well treated and supported; respecting equality and diversity

- People were not always well treated and supported. People and staff reported that calls could be late, or carers could not arrive as planned. This could result in people feeling anxious. The impact of late and missed calls, impacts the caring nature of a service.
- People had developed positive relationships with staff who knew them well. One relative said, "I would say they [staff] are very respectful to [person] and if [person] says no to something they [staff] adhere to [person] wishes." A family member said, "They [staff] have a good chat with [person] and always put [person] at ease."
- Staff ensured they explained what they were doing and sought people's consent when offering support.

One staff member said, "I will knock on their door before I enter their house. I will introduce myself and ask them [people] how they are doing. I will seek their [people] permission before I start on personal care. I will close the doors and curtains to main their privacy and dignity. Once personal care is completed, I will let them choose their own clothes to wear."

- Staff were trained in equality and diversity. They told us they treated people fairly and did not discriminate against them based on their characteristics. A staff member said, "We should treat everyone the same, no matter what their age, religion, colour or sex. We must respect their decisions."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not always personalised. Care plans were in place for people. However, we found they were not always personalised to include people's preferences, wishes, needs in key areas such as communication, life history, mental capacity, mobility, nutrition and hydration.
- Care records did not always capture all the needs people had or all the actions staff should take to meet people's needs. This meant staff reading the care records would not have the guidance and information needed to provide people with person-centred care. For example, staff did not have guidance on how to support people to manage their health conditions.
- We looked at two care plans for people who had diabetes. Care plans mentioned people need support with food and drink. Care plans did not detail their food and drink preferences.
- Another person's care plan mentioned staff needed to support with equipment to manage their health condition, however, there was no guidance for staff to ensure this was managed safely.
- Another person's care plan did not mention the preferred time should staff arrive at the person's home to provide personal care.
- Care plans did not contain personalised plans to support people with their mental health. No assessment had been conducted to provide guidance for staff to help identify, monitor and support people with conditions such as depression and anxiety.

We found no evidence that people had been harmed. However, we found arrangements were not in place to ensure people received care that was person-centred. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the requirement of the AIS. Care plans included information about people's methods of communication and/or preferred language. For example, one person was hard of hearing, the provider asked care worker to speak with them in simple sentences loudly and clearly.
- The provider had an accessible information standard policy which detailed possible solutions to consider when trying to communicate with people.
- A relative told us, "[Person] used to ask them [staff] to remove their masks because [person] couldn't understand staff, but they [staff] explained they had to keep them on and just managed to speak very clearly



and loudly."

Improving care quality in response to complaints or concerns;

- Complaints and concerns were managed by the service. A complaints policy and procedure were in place. The registered manager reviewed all complaints to identify ongoing concerns and put actions in place to resolve these.
- However, the complaints record showed staff were having issues logging into their phone. The registered manager investigated and dealt with this. The provider did not receive any complaints from people, families or relatives.
- Relatives told us they knew how to raise a complaint and felt confident any concerns would be listened to and acted upon by the management team. One relative said, "I raised a concern about lateness at the beginning, but it was only teething problems and hasn't been a problem since."

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care.
- The registered manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were adequately trained.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider did not always identify when incidents met the notification threshold. We are concerned they did not understand their regulatory responsibilities.
- We were not fully assured the provider had effective systems to provide safe care. We found staff and managers were not recording, analysing and reviewing all safeguarding incidents to prevent reoccurrence. We also found managers were not analysing and reviewing missed or late visit calls.
- We identified medicine administration auditing was not effective and records of what had been audited were not routinely kept by the service. We found missing signatures on MAR records. This showed the provider had not adequately assessed, monitored and improved the quality and safety of the service provided. Staff responsible for carrying out audits on care records and MAR records were not trained to do effective audits.
- The registered manager did not have oversight of audits, such as care plans and risk assessments. This meant robust processes were not in place to monitor the quality of the service, risks to people's safety and maintain complete and up to date records in respect of the decisions taken about each person's care and treatment.
- We found multiple shortfalls and breaches of regulation throughout the service which put people at risk. The provider failed to identify these shortfalls.
- The provider did not always work effectively with health and social care professionals. Where people had complex needs like epilepsy risks and diabetes, there was no evidence that professional advice had been accessed on how to care for people safely. It is important to gather professional advice, so staff know how to care for these people in a safe manner.

The system in place did not ensure the safety or quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did attend a forum run by the local authority to share knowledge and develop best practice. However, the registered manager did not engage in opportunities to share best practice with other providers.
- Staff were clear about their role and who they were accountable too.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive relationship between registered manager and staff.
- Most staff we spoke with spoke positively about the registered manager and other senior staff at the service. One member of staff said of their manager, "Manager is brilliant, if I have any challenges, I can talk to the manager."
- Feedback from relatives was positive about Radiant Life Care. Relatives told us they were satisfied with the care people received. One relative said, "they [manager] always respond very quickly and I am pleased with the whole set up. The manager makes sure we are happy with things and calls up to check."
- The provider sought feedback to improve the service. People, relatives and staff were asked to complete a survey to enable the provider to learn from feedback and find ways to continuously develop the service.
- Staff were able to engage with the service through regular supervision and staff meetings. Supervisions provided the opportunity for staff to discuss matters they wanted in a one to one setting whilst team meetings offered the opportunity to do this in a group setting. Meeting topics of discussion included, but were not limited to, staff and client wellbeing, infection control and safeguarding.
- Staff told us they were supported by the management team. A staff member said, "They are very nice and approachable. The office staffs are friendly."
- Staff told us they felt happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not ensure service users consented to the decisions made about their care and treatment.</p> <p>Regulation 11 (1) (3)</p>