G P Homecare Limited

Radis Community Care (Tamworth)

Inspection report

6 Pebble Close Business Village
Amington
Tamworth
Staffordshire
B77 4RD

Tel: 0182755354
Website: www.radis.co.uk

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11 April 2018

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Radis Tamworth provides personal care and support to older people, people living with a learning disability, including some with physical disabilities living in and around Tamworth. This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The provider was given seven working days' notice of our inspection to arrange and seek people's permission for us to telephone people on 12, 13 and 14 March 2018 and to visit some people in their home on 19 March. We visited the provider's office on the 22 March and 11 April 2018. At the time of our inspection there were 128 people receiving this service.

There was a registered manager for 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 personal have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in February 2017, we rated the service as requires improvement because systems were not in place to ensure people received their medicines when they needed these; the staff had not always taken action to ensure any safeguarding investigation could take place and people did not always receive their support at the time they expected and for the agreed length of time. People also had mixed views about how caring the staff were and decisions were made, that may not be in their best interests. People were not always confident that they would be listened to and improvements would be made and quality monitoring systems had not always been effective. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the service provided to at least good.

At this inspection, we saw further improvements were still required. This was because people did not always receive their care at the right time and for the right length of time. The quality monitoring systems had not ensured that improvements were made in this area. Information was not always available in an accessible format. People were asked for their views about the service but the feedback had not been developed to ensure this was in a suitable format. This is the third consecutive time the service has been rated 'Requires Improvement'.

Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive and we found systems in place to ensure improvements were made and sustained were not effective.

People were protected from abuse because staff now understood what action to take if they were concerned someone was being abused or mistreated. Risks associated with people's care and living environment were effectively managed to promote their safety. People were helped to take their medicines and this was recorded. There were suitable numbers of staff employed and recruitment checks were carried out to ensure new staff were suitable to work with people.

Staff received training and support to enable them to fulfil their role and they were encouraged to develop their skills. People retained responsibility for their health care and staff supported them, where needed, to access healthcare services.

We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People made decisions about their care and staff knew how to respond if people no longer had capacity to make some specific decisions. People were actively involved in making choices and decisions about how they wanted to live their lives.

People retained their independence and staff respected this. People were helped to prepare meals and staff took an interest in what they ate, to ensure their welfare. Staff developed caring relationships with the people they supported which were respectful and staff were kind and patient. People's privacy and dignity was maintained and people felt comfortable with staff.

People felt confident that any concerns they raised with the registered manager would be resolved. The registered manager was approachable and provided support to the staff team.

We found 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?

Good

The service was safe.

Staff knew how to protect people from abuse and knew what to do if they suspected it had taken place. People received their medicines as prescribed and infection control standards were maintained. There were suitable numbers of staff employed and recruitment systems were in place to ensure staff were suitable to work within people's home.

Is the service effective?

Good

The service was effective.

Where people had capacity to make decisions about their care, the staff sought their consent when providing support. Where people needed support to make decisions, their capacity was assessed and decisions made in their best interests. 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. People had responsibility for their health care and supported by staff where this was needed to attend appointments.

Is the service caring?

Good

The service was caring.

People felt well cared for, their privacy was respected, and they were treated with dignity and respect by kind and friendly staff. Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care was not always provided at a time they expected this or for the agreed length of time. People had a support plan and could review this. People had been provided with

information about raising concerns or complaints and felt they would be listened to.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were quality monitoring systems in place although these had not always been effective at driving improvement. People were provided with opportunities to feedback their views on the service although this had not been developed to ensure it was in an accessible format. Staff received support and could feedback on the service provided. There was partnership working to ensure people received consistent care.

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 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.

The inspection site visit activity started on 12 March and ended on 11 April 2018. We gave the service seven days' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector. It included speaking with 21 people who used the service and nine people's relatives on the telephone and visiting five people in their own homes. We spoke with two senior care staff, five care staff, the registered manager and the area manager. We also spoke with local care commissioners.

We received completed care questionnaire surveys from 16 people receiving care, three relatives, four staff and one community professional. This helped to inform us about people's care experience and staffs' working arrangements with this provider.

We visited the office location on 22 March and 11 April 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

The provider had sent us their Provider Information Return (PIR) and notifications about important events that happened at the service when required. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at five people's care records and other records relating to the management of the service. This included medicines, staffing, complaints and safeguarding records and the provider's checks of quality, safety and their related service improvement plans. We did this to gain people's views about their care and

to check that standards of care were being met.

Good

Is the service safe?

Our findings

On our last inspection we identified concerns with how people were helped to keep safe and how medicines were managed. There was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as improvements were needed. On this inspection we saw improvements had been made.

People received support from staff to take their medicines. There were risk assessments in place to show the level of assistance people required with taking medicines. Some people required only prompting, whilst other people required full assistance and monitoring. All medicines were recorded on a medication administration record which we saw recorded whether people had taken their prescribed medicines. One person told us, "The staff always stay with me, and make sure I've taken my tablets, because they understand I need help."

People felt safe when staff were caring for them. One person told us, "I'd say they're all very trustworthy people, things don't go missing, and they are good people." Another person told us, "I feel safe with them, they seem to know what to do, and that gives me confidence in them." People's relatives also said their relation's safety was promoted. One relative told us, "I worry about [Person who used the service] all the time but not with respect to the carers."

People were supported by staff who had received training to ensure they knew how to promote people's safety and knew what actions to take to report any concerns to the local safeguarding team. The staff were aware of the different types of abuse which people could experience and were confident they could report any concerns to the management team. One member of staff told us, "If you have anything you are worried about in the day then we would report this to the office staff who would make the referral. If we come across anything in the evening we contact the on call person, so there's always someone around to help us." One senior carer told us, "We have completed safeguarding training and it's my job to report anything out of hours. I've needed to call the police before to make sure someone was protected. I wouldn't hesitate to make a referral if any staff contacted me." We saw where any safeguarding concerns had been raised the registered manager and staff had worked alongside the local authority safeguarding team to ensure concerns were investigated and people were protected from further harm.

Environmental assessments had been completed to protect people within their own home and promote their safety. There was a comprehensive assessment to identify potential risks associated with the environment and information to record how risks were minimised to keep people safe. We saw this included noting where carpet was frayed and could be a trip hazard and where their home utilities were, so they could turn off the gas if they smelt gas or turn off the water supply in the event of a leak to prevent further damage.

Staff knew how to use specialist equipment to help people to move safely. One person told us, "I have all my own equipment and I'm happy with how staff use this. They are very careful and I've never been hurt." Risk assessments recorded how equipment should be used to keep people safe. Where people used mobility

equipment to walk around their home, we saw this was left within reach of people before staff left so people could move about. One person told us, "I always have my frame nearby. I don't use it often and I'm not as confident as I used to be, but it's there just in case." People knew how to contact staff in the event of any emergency and some people had private arrangements in place and wore an emergency pendant which they could use to summon support.

There were sufficient staff to meet people's needs. One member of staff told us, "There's a lot of experienced staff here who have worked here for a long time and other staff are quite new. It's good to have a mix of staff though. There are times where we cover calls for each other if there is sickness or annual leave, but most of us get to do the same calls for people which is better."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The registered manager and staff had considered how improvements could be made within the service. To ensure the risk of any missed calls was minimised, the electronic care planning system identified whether people needed a time critical call. One member of staff told us, "This works really well. We assess whether people need an exact time for a call and use the coding system, red, amber and green. If people have a red alert then it means we can't be flexible with the call times as they have high dependency needs or need a medicine at an exact time." If staff failed to arrive within an agreed time, the system alerted the on call staff so action could be taken to make alternative arrangements and check on people's welfare.

Good

Is the service effective?

Our findings

On our last inspection we identified that where people lacked mental capacity, assessments were not completed to ensure decisions were being made in their best interests. This meant there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we saw improvements had been made.

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. People felt they were consulted before any care was provided and where they had capacity, they confirmed they had consented to their care. One person told us, "The staff always ask me how I am and what I want. They are very good and listen to what I have to say." Where people lacked capacity to make particular decisions, capacity assessments were now being completed. We saw these recorded how capacity had been assessed and how decisions had been reached, including recording the questions people were asked to determine capacity. Where a decision was made that they lacked capacity, a best interest decision was made and information was available about who had been consulted to make this decision. Staff had received training for MCA and one member of staff told us, "We support some people who aren't able to make decisions any more. We know that other people can make these decisions but they have to be in their best interests."

New staff received an induction into the service. When they started working, they worked alongside experienced staff members and had an opportunity to get to know people. One member of staff told us, "When new staff come out with me, they shadow for the first call but after that I like to get them involved and start working with me. It's important they start to feel confident with what they are doing rather than just watch what happens and then have to go and work on their own. Some people need longer than others and when they start working alone we carry out more checks so we know they are safe." Staff were supported to complete nationally recognised vocational training and the care certificate; this 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 felt they were provided with training opportunities to enable them to develop and maintain the skills they needed to meet people's needs. One staff member said, "I've recently done the moving and handling training. This is good as everyone gets to have a go on the slide sheet and hoist so we know what it feels like to use this. It really opens your eyes and I think makes you more aware of how people may be feeling and I think that makes us more considerate." Another member of staff told us, "We had training for diabetes and

what I learnt from this was that we need to be extra careful for people when they have any sore areas. We learnt how quickly it can get worse, so I am always checking. If I saw any changes, I'd report this to the office and the district nurse."

People felt that staff were effective and knew how to provide the support they wanted. One person told us, "They know what they are doing. Some are more competent and experienced than others but they get the training and the more we get to know each other, the better everything is."

People were supported by staff who received regular support from the management team through formal supervision sessions. These processes were in place to provide staff with an opportunity to discuss any support they required. Periodic visits were also undertaken to people's homes to observe staff practice; these were known as 'spot checks'. One member of staff told us, "It's not just a spot check; it's also about making sure the staff are alright and checking on their welfare as well as doing things the right way." Another member of staff told us, "It's good that these checks are done as we often work alone and the manager needs to know that people are getting the right care."

People were helped to maintain their wellbeing and staff supported them with healthcare appointments when needed. One person told us, "Recently the staff thought I wasn't myself. They checked me over and called for an ambulance, I think they thought I might have had a stroke and I went to hospital." Another person told us, "On one morning I was very unwell, so they did more for me than usual. If I'm very quiet they will notice, and they've suggested in the past that I call my doctor." One other person told us. "Recently [Person who used the service] took ill, and the staff said, 'I'm staying with you until the ambulance arrives.' I thought that was very sweet of them." One relative told us, "In the past they've contacted me at work if they've been concerned. We appreciate that from them, it means I can come home if necessary."

People had choice and flexibility about the meals they ate and were responsible for providing their food for staff to prepare. The staff were mainly required to warm and serve already cooked meals, and prepare drinks for people. People chose what they wanted to eat and staff helped to prepare this. One person told us, "The staff do breakfast for me and they give me options for my dinners. They always clean up after themselves too." Another person told us, "They do my evening meal for me and they ask me what I want; they're wonderful and I don't know what I'd do without them.'
Where people lived within the extra care environment they told us they had a choice of eating in the restaurant and staff helped them to go there and eat their meals. One person told us, "I will make my own drinks and snacks or toast but I like to go to the restaurant for my meals. It's really good food there and it's much better for me than having to cook my own." People had commented on how they wanted their food to be prepared and worked with staff to ensure it suited their individual preferences. Records also identified whether people needed specialist diets and how food should be prepared. We saw any advice from health professionals in relation to people's eating and drinking was recorded and had been acted on by staff.

Good

Is the service caring?

Our findings

People felt their privacy and dignity was respected and care was organised, where possible, from staff they knew. Where this was achieved, this aspect of the service was valued by people who told us it meant they were able to build trusting relationships with staff. One person told us, "When you have to have care and show parts of your body, it's better if you know who they are. It's about trust. Another thing is that if people know you, they can tell when you are alright or if you are in pain. I'm really lucky and happy with who supports me; we get on really well." Another person commented, "I enjoy spending time with the staff. I much prefer it to be staff who I know well but it's difficult as staff can leave or be ill and I understand that. I have to say though that the staff are respectful, kind and caring and always very patient with me."

People spoke positively about staff and told us the staff were kind and caring. One person told us, "It was very cold in my shower room today, so they brought me in some extra towels to keep me warm; I thought that was very thoughtful of them. I think most of them try their best to look after me the best they can." One relative told us, "They're excellent, fabulous. They understand [Person who used the service] so well. They're caring people without a doubt." Another person told us, "They're all very good. They do their job properly but they also take time to have a chat with me, they all seem to care." One person said, "There are some really nice staff." One social care professional reported, 'The staff seem to get on very well with people and go the extra mile which [Person who used the service] really appreciates. The staff visit some people with complex family dynamics and they manage this well and they report any relevant concerns and keep me regularly updated.'

People were encouraged to be as independent as they wanted to be. People told us the staff helped them to retain their independence and one person said, "I like to be independent and by having this support means I can stay at home and still be in charge of what happens. I'm happy with how everything is organised." Another person told us, "Whatever I need is sorted. I only have to ask for help to have a shower and the staff will help me. They are very accommodating. I don't like to have one alone in case I fall, so this works really well for me as I know they are there."

When organising support the provider took into account people's preferences. The provider had an equality policy and staff understood that people's support was based on their individual needs. People's plans covered all aspects of their lives and staff knew about the plans and told us how they supported people in line with them. One person told us, "There's not many male staff here but they send one where they can. I'm not too bothered as I think they are all good and I'm happy with the staff."

Information about people was kept securely in the office. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office.

Requires Improvement

Is the service responsive?

Our findings

On our last inspection we identified that improvements were needed to ensure that all care plans contained information about how people wanted to be supported. People had mixed views about whether there were enough staff working in the service to meet their needs as they did not always receive their care at the time it was expected and for the agreed time. On this inspection we saw improvements had been made but further improvements were still needed.

Overall people received their support at the time they had agreed. Contractually people may receive their call within half an hour of the agreed time and we saw most people received their call as planned. Our last inspection identified that some people felt rushed and staff did not always provide support how they wanted this or when they expected to receive their care. On this inspection we found people felt they received the care they expected and the staff were flexible so if further care was needed, they stayed longer than planned. However, we saw that some people were still not receiving the support they had been commissioned to receive. For example, we saw on occasions that staff had completed the care tasks and left early. On a small number of occasions we saw the call was brief and for a thirty minute commissioned call, the staff only stayed for eight minutes and on another occasion ten minutes. There was no explanation as to why the call had not been completed as planned.

We saw that call times may be affected as travel times between calls was set for five minutes. We saw that this did not always allow sufficient time for staff to arrive on time. One member of staff told us, "Some of the calls take more than five minutes at a good time, but with traffic or at certain times of the day, it just isn't enough." We saw that where people lived in the same complex, there was no travel time allowed as staff explained people lived in an adjacent apartment. However the travel time was not adjusted where it would take longer, which we saw had an impact on whether staff arrived on time.

We also saw that care calls were completed at different times to the agreed rota, which meant that calls were recorded as being over an hour late. The staff told us that this was because people had requested their call at a different time; this information was not recorded and the rota reorganised to ensure all people received their call on time. We also saw that a standard five minute travelling time was allowed between each call. We investigated this further and saw that some calls needed additional travelling time as it took longer than five minutes to get to the next call. This had not been calculated into the rota and we saw that this impacted on the punctuality of staff for future calls on that day. The staff told us that where they would be late they would contact the office staff who would alert people to the estimated time of arrival. Some people told us that they were not always aware of when a call would be late and staff had not recorded that people had been informed of changes to their care on that day. The registered manager agreed that this would now be recorded on the electronic system to demonstrate how people were made aware of these changes.

An assessment was carried out before starting to care for people and people were able to develop their support plan which recorded information about their preferences. We saw where people were unable to provide information about their likes and dislikes for themselves their relatives had been consulted.

People's life histories and information about their important relationships were also recorded and staff knew about what was important to people. The plan included information about what they expected from staff during the care call and how to provide the support.

People were involved with developing their care and support plan along with family members. They told us they could discuss their individual care needs which included the amount and length of calls they required. People said that they could chose the time of the call and the provider was responsive and supported them to change the times of these calls when needed, for example to accommodate a hospital appointment or for a family occasion. One person told us, "The staff were coming too early and it didn't suit me so I mentioned it to them. They listened and it's better now."

Staff knew people had a support plan and were aware of people's needs before providing care for the first time. They told us they had an opportunity to see the information within people's plans and felt they were a good reference tool. The care was reviewed with people and family members were able to contribute. One relative told us, "Their care plan is looked at least once a year to make sure it's still right for them." Another relative told us, "A member of staff visited us and we went through the details and updated the care plan. They took it away and it was re-written so it was all right." People told us where their support changed they contacted the office staff and the support plan was reviewed. One relative said, "Their care plan was changed when they had new medication. It was done on that day so all the staff knew what was needed."

People were confident their concerns would be responded to and knew how to raise any complaints if needed. We saw where any complaint had been received this was investigated and recorded. One social care professional told us, "The manager always responds very promptly to any concerns I raise, addresses these concerns and implements changes and always gets back to me when they say they will."

People were supported to pursue activities and interests that were important to them. Some people were helped with their cleaning or staff accompanied people when out; for example when shopping and going to a local pub. During these support visits, personal care was not provided and therefore this support is not regulated by us.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Requires Improvement

Is the service well-led?

Our findings

On our last two inspections we found effective systems were not in place to assess and monitor the quality of the service provided and improvements were needed. On this inspection we found that further areas of improvement were still required and the provider had been performing below the standards required.

The system to monitor and identify whether people received their support on time and received the agreed support time was still not effective. People were not always receiving the correct length of time for some of their care calls which meant they received shorter support visits than had been agreed. The provider's electronic system identified when staff arrived and left each visit but we saw for some people they received support calls outside of the agreed time. We had identified these concerns on our previous inspection and improvements were still needed.

This evidence demonstrates a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were provided with an opportunity to comment on the quality of the service through an annual satisfaction survey. People were asked if they were satisfied with the quality of care they received and whether any improvements could be made. We saw this was analysed and a service development plan recorded any action that was needed and how improvements were to be made. A copy of the results was sent to people who used the service. On our previous inspection, we identified that this format may not be suitable for some people to ensure it was meaningful. The registered manager told us that this had not been developed. The provider had not explored how to identify and meet the information and communication needs of people with a disability or sensory loss.

The overall rating for this service is requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on three consecutive inspections. This shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved. This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were encouraged to contribute to the development of the service through staff meetings. They told us this meant they had up to date information that enabled them to provide care that met people's needs safely and effectively. Staff were able to speak with managers through this meeting or where support was needed. One member of staff told us, "We can speak with senior staff at the meetings or just come to the office, the manager is very good at supporting us. We often work alone so it's good to know that they are there when we need them." The registered manager and senior staff checked to make sure that people were receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed as prescribed and staff had the knowledge and skills they needed.

There was a system of remaining up to date and sharing practice ideas for senior managers across all the services managed by the provider. There was also partnership working, for example with community health professionals and with housing associations who were responsible for the homes people lived in. Regular meetings were held with the local authority to review the care provision of commissioned services. The registered manager told us, "These meetings help us to share ideas and keep up to date with what's happening. We have good relationships with other providers." One care provider confirmed they had developed a good relationship with the staff and 'any issues dealt with in a satisfactory manner.'

There was a registered manager in post who was clear on their responsibilities. The provider and registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. This meant we could check appropriate action had been taken. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site 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 it.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1)(2) Systems or processes were not operated effectively to ensure the registered person assessed, monitored and improved the quality and safety of the services provided. Regulation 17 (3) The registered person must send a written report setting out how, and the extent to which, the requirements of Regulation 17 (2)(a) and (b) are being complied with, within 28 days.