

GP Homecare Limited

# Radis Community Care (Burton on Trent)

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected this service on 29 April 2015 and the inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. Our last inspection was carried out in December 2013 and no breaches of regulations were found at that time.

Radis Community Care (Burton on Trent) provides personal care and support to people living in their own homes in Burton upon Trent and the surrounding areas. At the time of our visit 63 people were receiving a service.

Staff understood how to protect people from abuse and were responsive to their needs. People were protected against the risk of abuse, as checks were made to confirm staff were of good character to work with people in their own homes. Sufficient staff were available to meet people's needs and they received their calls as agreed.

Risk assessments and care plans had been developed with the involvement of people. Staff had the relevant

# Summary of findings

information on how to minimise identified risks to ensure people were supported in a safe way. People had equipment in place when needed, so that staff could assist them safely.

Staff understood people's needs and abilities and were provided with training to support them to meet the needs of people they cared for. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions. People's needs and preferences were met when they were supported with their dietary needs.

Staff treated people in a caring way and respected their privacy. Staff supported people to maintain their dignity. People's needs were assessed and care plans were in

place to support staff to meet people's needs appropriately. People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about people's health.

People knew how to make a complaint and were confident that their complaint would be fully investigated and action taken if necessary. Arrangements were in place to assess and monitor the quality of the service, so that actions could be put in place to drive improvement. There were systems in place to supervise and manage all staff, to ensure staff's practice was monitored and to identify when additional support or training was required. Positive communication was encouraged and people's feedback about the support provided was sought by the registered manager to further develop the service and drive improvement. The management of the service was open and transparent.

# 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 safe.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans. People were supported to take their medicines as prescribed. There were sufficient staff to support people and recruitment procedures were thorough to ensure the staff employed were suitable to support people.

Good



### Is the service effective?

The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support. Staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Good



### Is the service caring?

The service was caring.

Staff were kind and caring and treated people respectfully. Staff supported people to maintain their dignity and privacy. People's personal preferences were met and they were supported to maintain their independence and autonomy. People were involved in discussions about how they were cared for and supported.

Good



### Is the service responsive?

The service was responsive.

The support people received met their needs and preferences and was updated when changes were identified. People were supported to maintain their interests and hobbies. The complaints policy was accessible to people. People received a satisfactory outcome when they complained or expressed their concerns.

Good



### Is the service well-led?

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided.

Good



# Radis Community Care (Burton on Trent)

## 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.

This inspection took place on 29 April 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 someone would be available at the office.

The inspection team consisted of two inspectors and an expert by experience. 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 did not attend the office base of the service, but spoke by telephone with people who used the service and relatives.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. 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. However, we asked the provider during our inspection if there was information they wished to provide us with in relation to this.

We reviewed information we held about the service. This included statutory notifications the registered manager had sent us. We looked at information received from people that used the service, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke by telephone with 11 people who used the service and eight relatives. We spoke with the support manager, registered manager, care coordinator and three care staff. We reviewed records held at the service's office, which included six people's care records to see how their care and treatment was planned and delivered. We reviewed four staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe when they were supported by staff. They had no worries or concerns about the way they were treated. One person said “I feel very safe and feel I can trust them all.” Another person told us, “I would trust them with my life”

The response was equally positive when relatives were asked if they thought their relatives were supported in a safe way. One relative replied, “Yes I do feel this. The carers take their job very seriously and let me know straight away if there are any concerns at all.” Another relative told us, “I feel that [Name] is very safe with staff. It’s a small team of regular workers who are trained to use their own initiative and respond to situations” Another person’s relative told us, “We both feel safe and trust all the carers.”

The staff ensured people’s safety was maintained before they left them. One person told us, “They always ask if I am alright before they go and make sure they lock up at night and then push the key through the letterbox for me.” One person’s relative said, “[Name] has a key safe and carers always make sure it is secured.” We saw that people had signed to demonstrate their agreement for staff to have the number of their key safe as required.

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff were aware of the signs to look for that might mean a person was at risk of harm, and understood how to report their concerns. Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. Staff confirmed they had been given a policy and procedure manual which included information on safeguarding people. Staff told us they would report any safeguarding concerns to the registered manager. Discussions with the registered manager confirmed they knew how to refer people to the local safeguarding team if they were concerned they might be at risk of abuse. Staff were aware of the whistleblowing policy. This is a policy to protect staff if they have information of concern. Staff knew they could contact external agencies, such as the local authority or the Care Quality Commission, if needed. Staff told us they were confident that the management team would support them if they raised any concerns.

The registered manager had copies of the local authority procedure available for staff to follow. We saw that the

registered manager had assessments and care plans in place to protect people from abuse. In the records we looked at one person had been assessed as being at risk from financial abuse. A plan was in place to provide protection for them regarding this.

Risk assessments were in place regarding people’s home environment and their moving and handling needs. The assessments included the actions needed to reduce risks. We saw that actions were in place to minimise the risk of people having accidents within their home.

The risk assessments to support people with their moving and handling needs included the type of equipment required to support the person. For example, we saw one person’s assessment stated that they needed to be moved in the bed using a slide sheet. Another person’s assessment identified that two staff were needed to move the person safely with a hoist. A check on the daily records showed there was two staff present at each visit which demonstrated that plans were followed to ensure people were supported safely.

There were enough staff to meet people’s needs People told us that they knew who would be supporting them because a rota was issued to them that provided the name of the worker and the time and duration of the call. One relative told us, “[Name] has a list of who is going in and what time and they tend to stick to it. I am also sent a list with the bill of who has been in and when which is useful”. People told us that rotas were adhered to unless a change was necessitated, such as if there was a staff absence. One person said, “They stick to it. If a change is made they tell me they have swapped.”

People and their relatives told us there was consistency in the care they received. Comments included, “It’s the same group of staff, and [Name] doesn’t know names but recognises them.” And, “It’s more or less the same staff all the time, so I don’t have to tell them what to do they just get on with it.” People confirmed that a system was in place to monitor staff calls. One person told us, “They have always been good but now they have to ring into the office when they come and before they go.” The daily records we looked at demonstrated that people had regular care staff.

The registered manager checked staff’s suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the registered manager. We looked

## Is the service safe?

at the recruitment checks in place for four staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The four staff files seen had all the required documentation in place.

We looked at how staff supported people to take their medicines. People told us they received support to take their medicines as prescribed, and in the way they preferred. Information in people's care plans included their preference for how they took their medicine. We saw that assessments were completed of the level of support the person needed to take their medicine so that staff could

support the person according to their needs. Staff told us they had undertaken medicine training and records confirmed this but did not demonstrate that the provider checked staff competence to support people safely. The registered manager told us that they had received paperwork from the company to assess staff competency and these were due to start. A medicines administration record was kept in people's homes and we saw that staff signed when medicine had been given, or recorded if not given, and the reason why. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.

# Is the service effective?

## Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing. One relative said, "The carers are competent, good and show a generosity of spirit." Another relative said, "The agency was recommended by someone who had them before and I've not been disappointed. They talk to [Name] nicely, ask if anything else needs doing and if they can, they will do it."

People told us that new staff accompanied established staff before they worked with them independently. One person said, "It's not very often I get someone that is a stranger, usually they come with someone else." Staff told us their induction training enabled them to meet the needs of people they supported. Staff told us the induction included attending training, shadowing experienced staff and reading care plans. One member of staff said, "New staff don't go out alone, they have induction training and then work with experienced staff until they are competent to go out alone and feel confident. There is no set time to work alone it varies from person to person." The registered manager told us that induction training was provided over several days and new staff were observed by experienced staff for up to three weeks before they started to provide the person's care and this could be extended if required. The registered manager said this enabled new staff to get to know the person and how they wanted to receive their care.

Staff told us that they were provided with training that was specific to the needs of people they supported. We saw that moving and handling equipment, such as a hoist, was available at the office base to provide training to staff as needed. One member of staff said, "One person uses an electronic aid, which we hadn't used before so the occupational therapist showed us how to support the person safely using the equipment."

People were cared for by staff that were well supported. Staff told us they received supervision on a regular basis and felt supported by the management team. Staff said supervisions provided them with an opportunity to discuss any issues and receive feedback on their performance. Staff also told us about observational supervision undertaken by the registered manager. The staff files we saw had evidence that staff had a personal development plan to identify their future training and development needs.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The training records showed that staff had undertaken training in relation to the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. Staff told us they obtained people's consent before they supported them. People confirmed that staff explained what that were doing and sought their consent before they provided them with personal care. One person said, "Staff tell me what they are going to do when showering me and ask if it is alright." A relative told us, "When they use the hoist, they talk [Name] through it every time."

Several people we spoke with were supported with meals. People and their relatives told us they were happy with how this was done. One person told us, "I choose what I want and the staff cook and serve it as I can't carry it safely. Staff will cook bacon and eggs if I fancy it for breakfast and leave me a sandwich for bedtime." Another person said, "I sort out what I want to eat and they do it, whether it be curry, sausage sandwich or whatever I fancy." A relative told us, "The staff support [Name] really well with meals and drinks. They get what [Name] wants to eat and check [Name] has eaten it. They always make sure [Name] has a biscuit and drink within reach."

Where people were supported with food and drink this was recorded as part of their plan of care. People's specific preferences and diets were recorded, to ensure their needs could be met. In one care plan it stated that the person sometimes said they had eaten or had a drink when they may not have done. The care plan reminded the staff to check for evidence of eating and drinking, to ensure this person's dietary needs were met. We saw that a clear audit trail was in place as staff recorded the food and drink people had taken, to ensure good communication was in place for the staff team and people's relatives.

People told us that staff supported them with their healthcare needs. For example, ensuring they had taken their medication on time and checking their skin was not sore. People's health needs were identified in their care plans and daily records demonstrated that staff monitored people's skin to ensure that appropriate medical intervention could be sought as needed. One relative told

## Is the service effective?

us, “Staff always check skin for anything amiss as [Name] had pressure areas in the past. The staff will call the district nurse if they think it’s best.” People confirmed that staff noticed if they were unwell and sought medical help as appropriate. One person said, “They pick up if I am not well and ask if I would like them to contact the doctor.”

Relatives said that they were kept informed of any changes in people’s health care needs. One person said, “Staff

notice any changes, [Name] is diabetic and staff will say [Name] needs a doctor and will ask if we want them to phone the surgery.” Another relative said “They always notice how [Name] is and are very caring. For example, [Name] wasn’t well last week so they called 111 to get advice and get the ball rolling, then called the nurse and GP” Another relative told us, “They keep me informed of all changes as I live away”.



# Is the service caring?

## Our findings

People described the staff as being 'kind', 'caring', 'respectful', 'sociable', 'friendly', 'efficient', 'professional', 'patient' and 'understanding'. One person told us the staff were, "Caring, kind, efficient. Always ask if anything else needed and will sit and talk for a little while and are respectful of me and my property. So I am quite happy with what I have got." Another person said, "They always ask if there is anything else I need. Then have chat and cup of tea with me."

A relative said, "Staff are caring and kind. Have a laugh and joke but do their job, take their time, never rush [Name]." Another relative told us, "Don't know what we would have done without them. In the end they are ordinary people doing an extraordinary job and doing it very well."

One person's carer told us how the staff took the time to see how they were coping. They said, "The regular worker keeps an eye on us both and notices if I am struggling as the carer and asks if I need anything doing."

People told us that staff supported them to maintain their independence. One person said, "They encourage me to do

things for myself like walk just a bit down the garden."

Another person said, "They try to encourage me to do things for myself but never make me, if I don't feel I can."

Another person told us, "If they see anything that hasn't been done they ask if I want them to do it but never just do it, they encourage me to do what I can for myself, and they give me the choice."

People told us that staff supported them to main their dignity and privacy. One person said, "They help me shower, we have a bit of banter. The staff supervise really to make sure I am safe and they are very discreet. I haven't found fault with any of the staff, they all do great job and I am quite satisfied with the care." Another person told us, "They are friendly but not over familiar." A relative told us, "They maintain [Name's] privacy and dignity as best they can, covering [Name] when doing personal care as [Name] can't move, closing the door and talking to [Name] about what they are going to do."

The quality monitoring checks we saw offered positive comments. One relative had recorded, '[Name] says staff are nice to them'. Comments also confirmed that the staff showed respect and addressed people in the way they preferred.

# Is the service responsive?

## Our findings

People confirmed that the support provided to them met their needs as an individual. One person said, "I have a new lady and she has asked me if she is doing everything I want and how I like it doing." Another person told us, "They go about what they have to do and talk me through it and never rush but try to find time to sit for a few minutes afterwards and chat." Another person said, "I have no grumbles at all. They are ever so good. Very kind and always cheerful. If I need anything from town they will bring it in and they always get me the receipt "

A relative told us, "Care staff are well focussed on [Name's] needs, they say "shall we try this". They use their brains, engage with [Name] and with me, telling me what [Name] wants and letting me know if something does not work." Another relative told us, " They talked about [Name] going into a home from hospital three years ago but [Name] has always had a strong desire to stay at home . It is only because of the good care that [Name] has that they are still at home . There is no question about that."

Staff supported people to maintain their interests and hobbies. One relative told us, "[Name] told the carer they wanted to make apple crumble, so the staff added ingredients to the shopping list and made it with [Name]. Another relative said. "The staff always ask [Name] what activities they want to do, for example they have taken [Name] to a football match."

Other comments from relatives confirmed that the support people received was responsive and personalised to ensure people's needs were met and their wellbeing was enhanced. One relative said, "Care is very much tailored to meet [Name's] individual needs and the GP has said [Name] is well cared for. Carers are interested in [Name] as a person." Another person's relative told us, "[Name] has always been in control of their life and carers respect their need to still feel this. [Name] likes to have everything they need so they can access it easily when sitting in their chair, carers understand that [Name] has little control of anything else and respect and facilitate this".

People told us that the service was flexible when asked to make changes to accommodate people's changing needs and circumstances. For example changing the time of calls

to fit in with appointments or family commitments. One relative said, "They vary the rota to make sure they come after we have visited. This helps to stop [Name] getting anxious."

The care records we looked at had been signed by people or their representative to demonstrate their agreement. One person said they had been in hospital prior to using the service and told us the agency assessed their needs before they used the service. They told us, "They sent someone to talk to me about what was needed. And I am content." A relative said, "We were involved and have a copy of the care plan." Another relative told us, " Involved [Name] and family in planning of care." Another relative said " We were consulted over the initial plan and had reviews over the phone because [Name] needed extra support so I rang them."

Staff told us they worked well as a team to ensure people were supported according to their needs and preferences. One member of staff said, " We all get on well and the communication is good. We read care plans but also ring each other if there is anything important to pass on, so everyone is aware of any changes."

Staff had the relevant information required to support people appropriately. We saw that a full assessment had been completed that included people's care and support needs and their preferences. For example, people's spiritual preferences along with important people, previous lifestyle and employment were recorded. Plans were specific to individual's needs, for example one person's care plan provided information about the person's preferred routine which included the order they liked things doing and where items were kept. In this person's review they stated, 'Happy with everything and don't want to see any changes.'

People's care records showed that reviews of care were undertaken after the first six weeks of support and then yearly or sooner if changes were identified. Records of telephone quality checks confirmed that staff completed the tasks that were in people's plan of care.

An on call system was available for staff and people who used the service. A member of staff said "If I need any advice or support there is always someone available." People told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given. One person said; "We have an office number and a 24 hour mobile number."

## Is the service responsive?

Staff told us that any complaints or concerns made to them would be reported to the registered manager. Relatives we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. Two people we spoke with confirmed they had made a formal complaint in the past. They confirmed that their complaint was taken seriously and acted upon and told us they were happy with the outcome. Other people told us they raised concerns from time to time and said that these had been responded to in a timely and satisfactory manner.

A complaints procedure was in place and this was included in the information given to people when they started using the service. We saw records of written complaints that had been made. The service had investigated and responded to complaints in line with their procedure which demonstrated that complaints were addressed appropriately.

# Is the service well-led?

## Our findings

People told us that they felt the service was managed well. One person said, “Both carers and the management are good at keeping me informed.” Another person said, “We have other agencies involved in the package and they all work together and communicate with each other and keep me informed. Any concerns are resolved quickly.” Another person said, “All the criticisms that you hear publicly about bad care do not apply here.”

Staff were supported by a clear management structure and demonstrated that they understood their roles and responsibilities. People using the service and their relatives were clear who the registered manager was and confirmed that they could usually speak to them when they needed to. Some people told us that they occasionally received their care from the registered manager when they were deputising for another carer. This also provided them with an opportunity to get to know the registered manager.

The registered manager told us they supported staff if they had any concerns and by going out and doing calls if needed. The registered manager valued the staff and gave us examples of how they demonstrated this, such as buying them all an Easter egg at Easter. They told us they had an open door policy and any staff member knew that. Staff we spoke with confirmed this. One member of staff said the registered manager, “Will sort out any problem to support me, they are very easy to talk to.” Another member of staff told us, “When we support somebody new the manager goes through their care plan with us. So we know what support is needed.” Team meetings were provided and staff told us that if they were unable to attend minutes were available to them. This ensured staff were kept up to date with any changes.

Several people also commented positively on the quality of the notes the staff made in the daily logs. These described what staff had done and how people were. One relative told us that staff, “Keep good records for us to see which keeps us informed, as we can't be there all the time.”

People confirmed that the office staff rang them if staff had been delayed or the member of staff themselves would

contact them. The local authority held a contract with the service to provide care and monitored calls through their electronic care system. This system was in place to prevent missed calls and to ensure all visits were allocated to an alternative care worker if their regular care worker was off work. People who used the service confirmed that staff rang in when they arrived at their home and before they left. People confirmed that they had not had any missed calls and in general calls were undertaken within the agreed time frame.

A quality assurance system was in place. We saw that people's views had been sought at care reviews, through telephone quality checks and through annual satisfaction surveys. People confirmed they were happy with the support they received. We saw that an audit from the annual satisfaction surveys identified areas for improvement and an action plan was in place to address these. We saw that six actions were identified for improvement and information was in place to show the actions that had or were being taken and the progress made regarding these actions. For example one action identified was to ensure people were supported with positive risk taking to enable them to participate in interests and hobbies, to enhance their well-being and autonomy.

The provider conducted regular audits to check that people received good quality care. The registered manager told us they conducted regular checks of completed medicine records, however these checks were not recorded, which would make the system of audits more robust to enable the registered manager to analyse and identify any trends in errors. We saw evidence to show that the registered manager undertook spot checks on staff practice that looked at staff dress, attitude, time keeping and support provided. We looked at a sample of these checks which showed us that people were positive about the care they received from the staff.

We saw the data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.