

G P Homecare Limited

Radis Community Care (Stoke-on-Trent)

Inspection report

15 Hill Street
Stoke On Trent
Staffordshire
ST4 1NL

Tel: 01782412200
Website: www.radis.co.uk

Date of inspection visit:
08 January 2020
13 January 2020

Date of publication:
24 February 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Radis Community Care (Stoke on Trent) is a Domiciliary Care Agency (DCA) registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported 150 people with personal care in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service had a new manager who came in to post in December 2019 and were going through the registration process with the Care Quality Commission.

People's care files were not always reviewed yearly to update their needs. Staff did not have up to date information to appropriately support people

The provider could not always evidence they had taken a full employment history of some staff to ensure safe recruitment.

People had experienced missed or late calls and staff did not always feel there was enough staff for scheduled calls and that they did not receive enough time between calls.

Where people were prescribed 'as required' (PRN) medicines, the provider did not always have protocols or guidance in place to ensure that staff knew when to administer PRN medicine.

Not all staff had completed their medication awareness annual refresher training. However, medicines administration records were accurately completed.

Staff had received some training; however, the provider had not ensured that care staff's yearly refresher mandatory training, was up to date.

Relatives were signing consent on behalf of people without their legal authority being checked. Care files did not contain evidence of power of attorney.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Complaints were managed in line with the providers policies and in a timely way.

People told us they were actively involved in the review of their care.

Care files contained evidence of communications with relevant professionals to meet people's healthcare needs.

During our last inspection we identified systems were not in place or were not fully effective at always identifying improvements. On this inspection we found that people's care plans had not been updated, and risk assessments had not been reviewed following an incident. The provider had audit systems in place, however, failed to establish effective systems for identifying improvements. There were no clear systems to identify any trends and oversee and improve the quality of the service where necessary.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (08 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach of Regulation 17 HSCA RA Regulations 2014 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

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 requested an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Radis Community Care (Stoke-on-Trent)

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 one inspector 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.

Service and service type

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

At the time of inspection, the service had a manager who was going through the process with CQC of becoming the registering manager. The registered manager 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

This inspection was announced.

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. We also wanted time to obtain contact details of people who used the service and relatives, where appropriate.

What we did before the inspection

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 reviewed information we had received from the provider such as notifications of events they are required to send us by law. We used all of this information to plan our inspection. We gained feedback from one health or social care professional

During the inspection-

We spoke with the manager, area manager, assistant manager (who formed the management team), 17 members of staff, six people and four relatives. We looked at 11 people's care records, records of accidents, incidents, and complaints received by the provider. We looked at four recruitment records, staff supervision and appraisal records, training matrix, and audits completed by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the service's policies and procedures.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Care records were not always kept up to date regarding people's ongoing needs.
- People's care files contained risk assessments that had not been personalised to meet people's unique needs. They contained the same 'control measures information' for people with different health conditions. This meant people's individual needs and circumstances had not been considered to ensure their safety.
- Risks had not always been assessed and planned for. The management team told us about one person who previously used a stoma bag and took the decision to no longer use this. However, their care file did not detail this change of circumstance or advise staff what the person required completing on each care call. Staff were supporting this person without an updated risk assessment so there was a risk that staff would not support them correctly.
- Care files contained risk assessments for the use of equipment in people's homes, to ensure staff moved people safely. The management team told us people's risk assessments were reviewed yearly, however we found that this was not consistently taking place.

Staffing and recruitment

- The necessary staff recruitment checks, including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff. This is necessary at staff support people in their own homes.

However, the management team could not always evidence they had taken a full employment history of some staff. We discussed this with them during our visit and they told us they would ensure they would put this in to place immediately.

- People told us that overall staff were on time with care calls. One person told us they felt call times had improved since November 2019, where previously they experienced missed or late calls. The person said, "Occasionally they missed calls. This was happening more often on morning calls. Last missed call was October/November 2019 but has got better since then." A second person told us, "They are usually on time and will let us know if they are delayed."
- The providers system for the recording of missing and late calls was not effective. The management team told us staff would report to them, through their internal system if a call was missed. The service had recorded one missed call for people living in Stoke on Trent in the past year through their system. The management team told us calls would be classed as missed if they were 60 minutes early or late of the scheduled call time. When we reviewed December 2019 call schedule, which is information sent to the local authority through a separate system, we saw the service had 38 calls that were 60 minutes early or late to a scheduled call for this period. However, all of the calls took place. The manager acknowledged the gaps

between the two recording systems and told us this was something they were going to look into.

- Staff told us they didn't feel there was enough staff and they didn't receive enough scheduled time between calls. One staff member told us, "I think there are always staffing level problems." A second staff member told us regarding time scheduling, "Never [enough time]. Usually allowed five minutes between each call. That includes using a key safe which takes up at least a minute or two before even starting the car. Which can make us late for the next call."
- One health care professional told us they didn't think the service had enough staff to cover calls. They told us, "We have had numerous occurrences with Radis whereby there hasn't been enough staff to cover the care calls."
- The management team told us that this had been recognised and due to demand and staffing levels they had handed back packages of care to a local authority in November 2019.

Learning lessons when things go wrong

- All accidents and incidents were recorded. However, they were not consistently reviewed to identify any learning. This was previously highlighted as a requirement as part of the previous inspection in 2019.
- Prior to the inspection the management team sent over an action plan that highlighted, 'Action was not always taken in response to accidents, incidents or information of concern in a timely manner to keep people safe.' They told us they were currently looking into the process of the reporting of incidents and how these were investigated to assist with learning moving forward.

Using medicines safely

- Staff accurately completed Medicines Administration Records (MAR). The MAR charts provided a record of which medicines were prescribed to a person and when they were given. Records demonstrated that people had received their medicines as prescribed.
- Where people were prescribed 'as required' (PRN) medication, the provider did not always have protocols or guidance in place to ensure that staff knew when to administer PRN medicine. This meant that people may not always get their (PRN) medicines when they needed them. This was previously highlighted as part of the inspection in 2019. However, staff told us they felt confident knowing when people would want their medicines.
- Staff were trained to administer medicines safely when they first started with the provider, however staff had not always received their annual medication refresher training. The training records highlighted that 33 staff had not received this. However, staff told us they felt confident administering people's medicines.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been reported to the appropriate authorities.
- We found that not all staff had completed the services mandatory annual safeguarding course. However, all staff spoken with had an understanding of safeguarding. One staff member told us safeguarding was, "To protect the health and wellbeing and the human rights of individuals and vulnerable adults to live free from harm abuse and neglect."
- People said they felt safe with the care they received from staff. One person told us, "They make sure I am wearing my lifeline (emergency pendant). They will also ask me how I want them to secure my home."

Preventing and controlling infection

- Staff were trained in the prevention and control of infections.
- Staff told us they had access to personal protective equipment, such as disposable gloves to use to help prevent the spread of infection.

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 improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There were mixed responses from people and relatives regarding staff's skills to care for them. One relative told us, "I am not sure that all of the carers have the understanding of [relative's] condition [dementia]... I have tried to make everything easy for them by bullet pointing everything in the care plan and leaving notes and messages but some of them just go in and not read the book and take what (relative) tells them at face value." However, two people felt differently. One person told us, "Staff have improved. When they first come I explain my condition to them." Another said, "I think they are very well trained to do what they do".
- The management team highlighted prior to inspection, through an action plan that their mandatory provider refresher staff training was out of date. This included forty staff for manual handling and thirty-eight staff for safeguarding. They informed us that all staff whose training was out of date had been booked in to complete their refresher training to ensure this was up to date. The new manager had identified that there were gaps in staff knowledge and had started to address this in team meetings.
- Staff initially completed the Care Certificate modules at induction training. The Care Certificate sets out national outcomes, competences and standards of care that staff are expected to achieve.
- Staff had not received training on people's individual health care needs who they were supporting. However, staff said they felt confident working with people with health conditions. A staff member who had supported someone with an identified health condition told us, "I have had no training on [health condition]. I do work with people who have [health condition] and feel confident working with them as the ones who I do work with are able to express their wants and needs."
- The management team highlighted that supervision and spot checks had not routinely taken place per the providers timescale, however they were in the process of ensuring staff received the appropriate support and supervision.

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.

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.

- Relatives were signing consent on behalf of people without their legal authority being checked. Therefore, people who did not have capacity were at risk that decisions were being made on their behalf incorrectly. This was highlighted at the previous inspection where the provider had failed to put appropriate systems into place to safeguard people's needs.
- This had been highlighted on the management team's action plan that was sent prior to the inspection, where they said they will put workshops in place for staff members around MCA. Following this, in a team meeting, the new manager, informed staff about the principals of MCA when working with people and put on a staff quiz based on the subject.
- Feedback received from staff, evidenced that they had a good understanding of (MCA) and what it meant when supporting people. Staff told us, "Every adult has the right to make their own decisions, they must be supported as much as possible to make their own decisions. Anything done for and on behalf of a person who lacks mental capacity must be done in their best interests."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they felt they received the appropriate support with their meals. One person told us, "I leave out what I fancy for lunch and dinner. Lunch is normally a sandwich and dinner is a ready meal. The girls will sort it out for me".
- Relatives did not always agree that staff supported people appropriately with their meals. One relative told us, "I have asked they leave it [food] at the side of [person] so if they want it, they will eat it. They also ask if [person] wants dinner and sometimes, they [staff] will say [person] isn't hungry, but if you put a meal in front of them, they will eat it. I just feel some staff don't think about the fact [person] has dementia."

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

- People's care plans were person-centred and considered all aspects of their lives.
- Care plans were an ongoing document and written using the information from the assessment, and through consultation with people and / or their relatives where appropriate.
- Daily routines in care plans identified that people were asked how they like their daily tasks completed. For example, one person's daily routine care plan stated, "Hoist me on to my recliner chair, and ensure I am sat on my pressure relieving cushion, to support my pressure areas and I am comfortable."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with professionals from health and social care to meet people's needs.
- Care files contained evidence of communications with relevant professionals to meet people's healthcare needs.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Care files contained information on people's life history and emotional needs, that gave an overview of their childhood, families and preferences. This enabled staff to have a clear picture of the person they would be supporting.
- People's care records clearly evidenced the support and personal preferences people had asked for at each visit.
- People told us they were actively involved in the review of their care. One person told us, "The staff fill in the care plan daily and it was reviewed last November, I think. I'm happy it covers all their all of my needs. They will ask about the quality of the service at the same time."

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

- People, and relatives, told us about the professional and friendly support received from Radis Community Care staff and the positive impact they have had on their lives. One relative told us, "They look after (relative) well and help her to stay as independent as possible. The staff are all very nice and will let me know if there is anything to be concerned about for example red areas on her skin."
- One person told us, "They don't rush me; they support me to be as independent as possible. I will chat things through with my main carer, it is always confidential, and I feel at ease with them, we have a really nice relationship."
- Staff told us they knew people well and promoted their equality and diversity and had a good understanding of people's needs when supporting them during calls.
- One staff member told us, "I like to think I know them [people I support] fairly well. I look after [person] who has [health condition] and has currently been in bed for a long period of time. I know how they like their drinks and food given to them, because I need to know they are happy and content when I leave."

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was protected. All personal records were kept locked away in the office and in a place of their choice within people's own homes.
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.
- One person told us, "They are very good girls, and treat me with dignity and respect."

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- The service gained telephone feedback from people around the personalised care they received. Feedback received from people was positive. One person's feedback stated, "Carer's are very nice."
- Care files contained a 'routine' section in them. This identified the specific requirements people wanted at each call. For example, one person's stated, ' [Staff] Remove [medicine from packaging] and observe me taking my medication. Prepare me a meal and drink for my breakfast, ensure you ask me what I would like to eat and drink.'
- Staff were knowledgeable about the needs, choices and preferences of the people they provided care and support to.

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 service was responsive to people's communication needs.
- The service had an accessible information policy. The management team understood the standards and gave examples of how they met this. For one person, who first language was not English, they had their care plan printed in their native language for their reference, and they have previously used interpreters for people who were none English speaking.

Supporting people to develop and maintain relationships to avoid social isolation

- People told us that the staff were engaging and chatted to them when offering support.
- One person told us, "We chat about all sorts, families, the weather, my hobbies. They really take an interest in me and care for me. They always treat me well and explain everything, I think they are perfect."

Improving care quality in response to complaints or concerns

- The service had received 38 formal complaints in the previous 12 months prior to inspection.
- Complaints were managed in a timely way in line with the providers policy. However, the provider hadn't completed a review of complaints, so no learning could be identified from these. The management team stated this is something they would need to focus on moving forward.
- People told us they knew how to make a complaint. One person told us, "I would ring the office if I needed to. There have been some issues in the past and they have dealt with them, so I think they do listen to concerns."

End of life care and support

- At the time of inspection, the provider was not supporting anyone receiving end of life care. People's end of life wishes had been recorded.
- The management team told us the provider had two nurses that worked across the services to provide additional internal support for people who were at the end of their life, if this was required.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure that systems and processes were established and operated effectively to ensure the regulated activity is carried out safely. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection there had not been enough improvements made, and the provider was still in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- During our last inspection we identified systems were not in place, or were not fully effective, to always identify improvements needed to ensure people's experience of their care improved. Upon announcing this inspection, the new manager sent an action plan of areas they had identified that needed improvement within the service. This action plan was time specific, with progress measured updates moving forward and the responsible person for each action. However, during the inspection we found that enough improvements had not been made regarding the governance systems in place.
- Audits had failed to identify that risk assessments were not personalised and had not been updated when people's needs had changed. The management team told us, they had a 'matrix' system that would show when a care file was ready for review. However, this matrix had not been reviewed, whilst there was a change of management. Audits of care files, had failed to identify that relatives were making decisions about people's care where there was no evidence of the legal authority to do so.
- The provider could not evidence they used the quality assurance systems to identify any trends and oversee and improve the quality of the service where necessary.
- Ineffective quality assurance systems meant that the provider could not always continuously learn, improve and innovate. The service recorded incidents and accidents, however, there was no evidence of any continued learning around trends or common themes.
- There were systems in place to monitor calls, which should have prevented people from experiencing missed and late calls. However, these were not being used effectively by the provider. They had not identified the number of late calls the service was providing and they did not look at common themes or trends to mitigate the risks to people.
- The provider did not have effective systems in place to ensure that staff completed their mandatory yearly refresher training. Audits had failed to identify that the recruitments process were not been followed to protect people.

- The provider completed an audit on Medicines Administration Records (MAR). However, these were not effective in identifying when a person did not have a prescribed 'as required' (PRN) protocol for their medicines.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us that they felt communication was previously an issue within the service. However, they spoke positively about the impact the new manager had made regarding communication since coming into post. One staff member told us, "Yes if I have any problems the office is always at hand to help."
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us.

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 management understood their duty of candour, to be open and honest when things went wrong, and had recorded when they had informed the next of kin following an incident or accident.
- All relatives confirmed the service was very responsive and did inform them immediately if an incident had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service gained feedback from people in the past 12 months via telephone calls. The management team told us, following feedback from people, if people were having a negative experience, or were dissatisfied, they would put actions in place, and offer feedback to the person.

Working in partnership with others

- There was evidence in people's care records where the staff had built working relationships with the local authority, social services, safeguarding, GPs and occupational therapists.

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 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that systems and processes were established and operated effectively to ensure the regulated activity is carried out safely.