

County Home Care Services Limited

Radis Community Care (Worcester)

Inspection report

First Floor 112-118 Worcester Road
Malvern Link
Worcestershire
WR14 1SS
Tel: 01684580340
Website: www.radis.co.uk

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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 undertook an announced inspection on 11 August 2015. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care to people who live in their own homes. Services provided are for adults who may have a range of needs which include mental health, physical disability or sensory impairment.

Summary of findings

A registered manager was not in post at the time of the inspection. The area manager was temporarily covering the registered manager's post whilst they were recruiting to the position of registered manager.

People who used the service were safe as the provider, management team and care staff had a clear understanding of the risks associated with people's needs. There were sufficient care staff employed who understood the need to protect people from the risk of harm and abuse. Medicines were administered by care staff that had been trained to do so. The provider had procedures in place to check people received their medicines as prescribed, in accordance with their health needs.

Care staff had been recruited following checks of their suitability to support people in their own homes and keep them safe. People commented that the quality of care staff support was of a high quality, and had no complaints about how their care was received.

People's support needs were assessed and care staff showed a good understanding of their needs and preferences. Care staff were able to respond to people's

needs when they changed. The management team and care staff worked alongside other health and social care agencies to get the best outcomes for people's health and well-being.

People were supported by care staff and were able to make their own choices and decisions about their care and support. People who used the service and their relatives were involved in their care planning and how their needs were met. Care staff understood how important it was to gain consent from people they supported.

People had good relationships with care staff who supported them and felt they helped them with personal care.

The management team encouraged feedback from people who used the service through questionnaires and meetings.

Complaints and actions taken were recorded and lessons learnt. Quality audits were undertaken so that the provider could monitor the services people received to improve and develop these.

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?

This service is safe

People felt safe with care staff that supported them in their own homes.

People were confident that care staff knew and managed risks for their wellbeing and safety.

People were happy with the way care staff supported them with their medicines.

Good



Is the service effective?

The service is effective.

People were supported by well-trained care staff who understood people's rights to make their own decisions and gained their consent to provide care.

People were supported to access different health professionals as needed.

People who needed support with meals said care staff prepared food in a way they liked and ensured sufficient food and drink was available until the next visit.

Good



Is the service caring?

The service is caring.

People received support from staff who were caring and treated them with dignity and respect.

People were actively involved with their care plans and reviews.

Good



Is the service responsive?

The service is responsive.

People's needs were responded to as and when they changed and staff ensured that the care they provided met their individual needs and preferences.

People knew who to complain to and felt they would receive a prompt response from the management team.

Good



Is the service well-led?

The service is well led.

People benefited from a management team who checked the quality of the care people received in order to continually improve the services provided.

People were complimentary about the overall service they received and felt their views were listened to.

Care staff were clear about their roles and felt supported by the management team which enabled them to deliver good quality care to people.

Good



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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 11 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service supporting people within their own homes; we needed to be sure someone would be available.

The inspection team consisted of 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.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We asked the local authority contracts team if they had any information to share with us about the services provided at the agency. The local authority is responsible for monitoring the quality and funding for people who use the service. We also contacted Healthwatch to gain their views about the services people received. Healthwatch is an independent consumer champion, who promotes the views of people who use health and social care services.

We spoke with four people who used the service. We looked at three people's care files, three staff files, quality audits, training records and complaints.

Is the service safe?

Our findings

All the people who used the service told us they felt safe and supported by the care staff who provided their care. They told us they were encouraged to raise concerns about their safety and they were confident they would be addressed.

We spoke with staff, about how they made sure people they supported were safe. They told us they had received training and understood how to identify different types of abuse. They understood how to report any incidents of abuse. Staff told us they would report incidents of abuse to the local authority or to the Care Quality Commission (CQC). The area manager told us about the systems the provider had in place to make sure that all allegations and concerns were reported so that people's safety was protected.

We looked at how the provider managed risks. The area manager had a clear understanding of their responsibilities to identify and report potential abuse under the local safeguarding procedures. They were able to describe the correct procedures had been followed when people were at risk due to care staff practices. The provider had notified the local safeguarding authority and the CQC, so that people were protected from harm.

People told us that staff discussed all aspects of care with them explaining to them why and when it was necessary to use safety equipment such as specialised equipment to support people to move safely. Staff told us they were sensitive to people they cared for. They acknowledged that using this equipment could raise some people's anxieties. Staff said they spent time explaining and reassuring people before using it so that they felt safe. Detailed risk assessments were available in people's care files for staff to

follow; these had been reviewed as required to meet people's changing needs. Where people had skin problems such as pressure sores the care staff the service worked alongside health professionals to ensure the best outcomes for people.

People we spoke with told us that staff took time to build a relationship with them and helped with their confidence so they could safely access the community. One person told us, "At first I was scared to have carers in my home, they took time to build my confidence and now they take me out." People told us they had small allocated teams of care staff which they felt benefited them as this way of working had helped to build up trust and made them feel safe.

We saw from the provider's records the checks they had made to ensure care staff were suitable to deliver care and support to people who used the service before they started doing this. The provider had checked staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Care staff records showed the results of these checks which helped the provider make sure that suitable people were employed and people who used the service were not put at risk through their recruitment process.

Some people using the service needed support with taking their medicines. We saw from people's care plans how the care staff were guided into how each person liked to take their medicines. Care staff told us they had been given training, before being allowed to support people with their medicines to ensure they were competent. When asked care staff were able to explain the procedures and what to do if any mistakes should happen. Medicines were audited weekly by the team leaders and any mistakes reported to the area manager and health professionals.

Is the service effective?

Our findings

One person we spoke with felt the care staff were, “Very good” and knew how to meet their needs. Another person told us, “I am very happy with the service I receive.”

All new care staff received an induction programme prior to working independently with people. They also received training to enable them to meet people’s individual needs, such as, diabetes as well as working alongside more experienced colleagues. New care staff told us that their training was good and had prepared them for their new role. They felt if ever they were not sure about any aspects of people’s care needs they could contact the team leaders or care co-ordinator for advice.

Care staff we spoke with told us they were encouraged and supported to develop their skills. They had opportunities to discuss their professional development through one to one meetings and staff meetings. This provided care staff with opportunities to improve work practices and provide effective care on an on-going basis.

People told us that they were asked before receiving support to ensure they consented. One person told us, “They (staff) always ask and wait to see what I want to do”. Care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and confirmed they had received training on this. The MCA is a legal framework to assess people’s capacity to make certain decisions, at a certain time. Care staff told us that if they thought someone didn’t have the capacity to make a decision these would be made in the person’s best interest. This would involve relatives and professionals as required.

Currently the area manager had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service or deprive them of their liberty. The area manager was aware of this law and how it may apply to people who used the service to ensure people’s liberties were not restricted unlawfully by the care and support they received.

Care staff described the care they assisted people with but said it was important to let people be as independent as possible. This included assisting people with personal care, meal preparation and cooking, so they tailored their level of support according to each person’s needs. One person told us how they were happy with how well care staff cooked their meals and how afterwards they left the kitchen very tidy. Care staff told us how important it was that people received good nutritional meals and plenty of drinks to maintain good health. Care plans were detailed specifying people’s particular needs such as the type of meals some people required due to being at risks of choking.

Care staff we spoke with told us how they would seek medical attention if they thought the person they were supporting looked unwell. They recognised the need to support people if they thought someone’s health was deteriorating. We saw from people’s care records some people had been supported to see different professionals, such as, speech and language therapists and occupational therapists for specialist advice to effectively meet their needs.

Is the service caring?

Our findings

People told us they were very happy with the care and support they received from the provider and care staff. One person told us, “I have no complaints at all, they are all lovely”. Another person told us, “This is the first time I’ve used a care agency, the staff are wonderful”.

Care staff we spoke with demonstrated they cared for people they supported by being able to tell us in detail people’s preferences and choices. One person told us that initially they were frightened about having to use a care agency and how care staff worked with them to build their confidence. This had now been successful and they were now able to access the community due to their support.

The management team and the care staff showed us they tried to ensure people they supported were at the centre of

the care they received. For example, one member of staff said they enjoyed listening to a person reminiscing about their past. They recalled how important it was to the person to be given the opportunity to talk about their life.

Care staff we spoke with had a good understanding of people’s human rights and the importance of giving people choices and maintaining their independence. Care plans were detailed informing staff how much a person was able to do for themselves so that people did not lose their levels of independence.

People told us care staff respected their privacy and dignity. One person told us they always cover me up and make sure the doors are closed. Care plans were signed by people when they had been consulted and agreed with the service they received.

Is the service responsive?

Our findings

All the people we spoke with were very positive about the provider and the support they received.

One person told us, “They can’t do enough for me. They always ask is there anything else I need before they leave.”

Care staff we spoke with had a good understanding of people’s preferences, routines and support needs. They did recognise it was important for people to maintain as much independence as possible. Before people started using the service they were visited by a team leader and the previous manager, to assess their support needs. This information was transferred into a detailed care plan. Staff told us the care plans were easy to follow and gave enough information to provide a good level of support. They said they took in to account people’s choices and preferences.

One person told us that their needs had changed since starting to use the service, so they had requested their care plan be amended. The provider had responded to the request including rewording it in line with the person’s wishes.

Care plans reflected how care staff were responsive when a person they supported needed help from other health professionals. One person was having difficulties with showering equipment, so care staff had reported it to the occupational therapist on their behalf. The well-being of

each person was recorded in their daily records to help care staff to monitor any changes in people’s needs so that these could be responded to in a timely way. Staff understood the need to report any changes in a person’s health or well-being to their team leader so appropriate action could be taken to make sure people’s needs were met.

We saw that people were asked their views about the service they received, through customer feedback questionnaires. The provider was in the process of analysing these results and said any improvements identified would be acted upon.

People told us they knew how to raise a complaint and who to speak with. People confirmed they were given the details of the provider’s complaints procedures in a welcome pack, when they started to use the service. The area manager and manager kept a record of these complaints and any actions taken were recorded and monitored. People told us they had no complaints about the service they were currently receiving. People who used the service and care staff told us they felt confident that should they raise a complaint it would be responded to promptly. We saw evidence of this where one person had complained about a member of care staff. Management had taken swift action and the care staff member was disciplined with an apology made to the person affected.

Is the service well-led?

Our findings

People told us they felt the provider gave a good service. One person said, “No complaints at all.”

Another person said they chose this provider because they were very impressed in the way they had included them in the assessment process. People told us they felt comfortable in contacting the management team. One person told us, “They always get back to you and are very helpful.” People were asked their opinions about the service through annual satisfaction questionnaires. At the time of the inspection the provider was awaiting results of this year’s survey.

There was a clear management structure and out of hours on call system to support people and care staff on a daily basis. People told us they liked receiving a copy of their rota so they knew which care staff to expect. Should any changes need to be made they received a call from the office staff explaining why.

The area manager went out on care support shifts with members of staff as they felt it was important to monitor care delivery and get direct feedback from people who used the service. Care staff confirmed they were expected to report any concerns immediately to the management team, so swift action could be taken. In one person’s records we saw incidents where care staff had called out the paramedics when someone had a seizure.

Care staff told us they felt the service was well-led and felt they were involved with the development and running of the service. At staff meetings they were asked their opinions and felt they were taken seriously. They felt supported in their role and felt there was a commitment from the provider to develop their knowledge through training opportunities. Each care staff member we spoke with felt clear that they knew what their role was within the service. They felt they could approach any member of the management team if they needed any support themselves.

The provider monitored and took to make sure people’s support kept them safe and well. The management team undertook regular checks to ensure support was delivered safely and to a high quality. For example people’s medicines were checked to see that they had been supported by care staff to take these as prescribed by their doctor. Spot checks were undertaken to ensure care staff were following people’s care plans and care staff provided people with the right amount of time they needed so that their individual needs were met effectively and safely. We saw any actions taken following these checks were recorded and issues addressed, for example care staff had not recorded the medicine they had supported a person with. This was discussed with care staff to reduce this incident from happening again to ensure people’s needs were consistently responded to and risks to their wellbeing were reduced.