G P Homecare Limited

Radis Community Care (Leeds)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an announced inspection carried out on 21 and 22 November 2017. At our last inspection on 2 August 2016, we found that the service was 'requires improvement'. At this inspection we found the service had made the required improvements and was no longer in breach of regulation, however we have made a recommendation about medicines management.

Radis Community Care (Leeds) is a domiciliary care agency which provides personal care to people living in their own homes and provides support to people to help them maintain their independence.

At the time of our inspection there was a registered manager in post. 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 persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although we concluded that medicines were managed well overall, PRN or 'as required' medicines were not managed in line with national guidance and the service's own medicines policy.

We have made a recommendation around the management of some medicines.

There were enough staff to complete visits and meet people's needs. Staff were recruited in a safe way, with appropriate background checks carried out. People told us they were satisfied that staff were able to make visits in a timely way. For example, we saw that 100% of planned visits were made and 88% of these were made within an acceptable time frame in November 2017.

Risks to people were assessed and mitigated appropriately. People told us they felt safe in the care of staff.

Staff were given an effective induction into the service and were well supported with frequent spot checks and competency assessments.

Staff were given an appropriate level of training and staff skills and knowledge was monitored and maintained through re-training.

People were supported to maintain their health by staff who provided encouragement to ensure they were eating and drinking enough.

People told us they were cared for by kind and compassionate staff who knew how to protect and promote their dignity and privacy.

Care plans were written in a person centred way and reviews of people's support were carried out with them to make sure they were continuing to meet people's needs effectively. People knew how to make a

complaint and there was an effective complaints process in place.

Staff told us they were confident in the leadership of the service and that the registered manager was approachable and transparent.

The service monitored the quality of the service people received and the manager had good support from the provider to ensure continuous improvement of the service.

The service asked people's opinions and feedback through surveys and quality calls to ensure they had a role in the continuous improvement of the service. Where issues were identified, they were acted upon by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People received their medicines safely overall, however the service was not providing 'as required' or PRN medicines in line with national guidance and the provider's own medicines policy.

There were enough staff to deliver care, and staff were recruited in a safe way which included ID and background checks.

People told us they felt safe in the care of staff and staff knew how to safeguard people from harm.

Is the service effective?

Good

The service was effective.

Staff were given an appropriate induction to prepare them for their role and were supported with frequent spot checks and supervisions.

The service provided a comprehensive training package and monitored staff compliance with training.

People were supported to eat and drink enough with appropriate records maintained.

Is the service caring?

Good

The service was caring.

People were cared for by kind and compassionate staff who knew how to protect people's privacy and dignity.

The service understood the importance of people's spiritual and cultural needs and provided training in equality and diversity.

Is the service responsive?

Good

The service was responsive.

People's care plans were written in a person centred way and

were frequently reviewed to ensure they were fit for purpose.

People knew how to make a complaint and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

Staff told us they were supported by an approachable manager and that they enjoyed their work.

The service had an effective quality monitoring system in place to generate continuous improvement. Where issues were identified, appropriate actions were in place to rectify these.

The service frequently gathered feedback from people through annual surveys and monthly quality monitoring calls.

Radis Community Care (Leeds)

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 checked 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.

We gave the service 48 hours' notice of the inspection visit because it is a small domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector who visited the premises and two experts by experience who made telephone calls to people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 107 people who used the service. We spoke with 17 people who used the service by telephone, and conducted a home visit where we spoke with one person who used the service. We spoke with five members of staff, the branch manager and the regional director. During the inspection we reviewed ten care plans, including medicine administration records and activity diaries, and looked at other documents relevant to people's care including staff personnel files, quality audits and meeting minutes.

Before the inspection, we reviewed all the information we held about the service including notifications and previous inspection reports.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any

improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe Care and Treatment) because the systems used to ensure the safe administration of medicines were not sufficiently robust. At this inspection we concluded the service had made improvements and was no longer in breach of the regulation. However, we have made a recommendation on improving medicines management.

Medicines were managed safely overall. People had medicine administration forms which described what medicines people had been prescribed and how often they should be administered. Any allergies were recorded in medicine risk assessments. Medicine administration was recorded in Medicine Administration Records (MARs). MARs were collected by staff and handed in every month for review and audit, and where there were errors this was recorded and fed back to staff. We did not find any errors in the MARs we reviewed.

Furthermore, the registered manager or senior staff carried out frequent medicines competency assessments. Competency assessments included asking staff questions about medicines administration, for example how would they dispose of medication safely, and the procedure if somebody refused their medicine. Assessments also included observing practice, for example if the member of staff correctly checked the measurement of liquid medicines, observed good hygiene practice and that staff encouraged people's independence where possible.

We observed medicines administration at a home visit and saw that staff wore appropriate Personal Protective Equipment (PPE), were able to describe what the medicines were for and how often they were to be taken, and recorded what they had done accurately. Staff demonstrated good knowledge of medicines, and told us they felt confident they had received adequate training.

However, we found that the service was not following best practice in recording 'as required', or PRN medicines. The service's policy on PRN medicines stated that staff must not give PRN medicines unless there was a record of what the medicine was for, e.g. pain, the minimum time between doses, and the maximum amount of doses that could be given within 24 hours. Medicine administration forms we reviewed that included PRN medicines did not have this information, and MARs did not record the time of administration for medicines such as Paracetamol, which must not be delivered in doses less than four hours apart. When we raised this with the manager, they told us they would conduct a review of all medicine administration forms to conform with their medicines policy and update all MARs.

We recommend the provider consider relevant national guidance on the administration and recording of PRN medicines.

People told us they felt safe when being cared for by staff. One person told us, "They genuinely care and make me feel safe; staff support me with my shower and always put a towel down so I don't slip. I am very satisfied with the care and the carers do things how I like it."

There were enough staff to deliver care. All staff we spoke with told us there were enough staff to meet people's needs. One member of staff told us, "Yes there are enough staff, we were short staffed for a couple of months due to maternity leave but we've got new staff in and we never were at a point when there weren't enough staff to deliver care." The registered manager told us that some staff had left, however the service user group had also declined due to deaths or cancellation of care packages. In order to protect staff they had not taken on any more packages of care until staffing levels were increased. On the day of our inspection we saw there was an induction of eight new staff taking place.

We saw that the service was able to monitor compliance with visits and visit times, for example in November 2017 we saw that 100% of visits were made and 88.2% stayed for the exact amount of time allocated for the call. We saw that overall 90% of calls were made within 30 minutes of the stated time of arrival with 78% of those made within 15 minutes. This was in line with the stated target of 90%. The system was able to flag on reports any outliers so this could be discussed with staff and rectified.

Staff were recruited safely. We reviewed five staff personnel files which included an application form, interview notes, copies of photographic ID, professional references and a Disclosure and Barring Service (DBS) check. The DBS is a national agency that holds information about criminal records. This helped to ensure people who used services were protected from individuals who had been identified as unsuitable to work with vulnerable people.

There were appropriate measures in place to safeguard people from abuse and harm. Staff received training in safeguarding and were confident they could identify abuse and act appropriately. One member of staff told us, "A safeguarding might be if I came in someone's house and saw they had no food, and the family was responsible for shopping for them I would raise it as a concern, abuse can also be physical and mental of course."

Risks to people were assessed appropriately with actions for staff to be aware of to mitigate risk, and where relevant additional assessments made, for example if the person was a smoker. Risk assessments included slips and falls, fire safety, food preparation, moving and handling, use of specialised equipment (such as wheelchairs and hoists), and a full environmental risk assessment which included electric and gas information and any chemicals used in the person's home. There was also a business continuity plan in place which had information and delegations of responsibility in the event of a serious incident or natural disaster.
The service had a good supply of Personal Protective Equipment (PPE) which also included non-latex products for people with allergies to latex. Staff were trained in infection control as part of their mandatory training, and when we visited a person's home to observe care we saw staff washing their hands and wearing PPE when assisting with medicines.

The service had a process and policy for recording and investigating any accidents and incidents, which included a description of the incident and actions taken as a result, however there were no accidents or incidents involving people who used the service in 2017. The service also had a disciplinary policy and process which involved an escalation from informal warnings to written warnings and a disciplinary panel.

Good

Is the service effective?

Our findings

People told us they were cared for by competent staff who knew how to meet their needs. One person told us, "I can't tell you about any training that they may have had but the carer knows how to do their job." In the last service user survey in 2016, 100% of people said staff were skilled enough to deliver care.

New staff received a four day induction, which included reviewing the staff handbook, relevant legislation, and undertaking a programme of mandatory training. After the induction process, staff shadowed senior carers getting to know people who used the service and understanding how to document activities in care plans and understand how people wanted to be cared for. This period of shadowing was subject to change depending on how well new staff adapted and performed. Staff we spoke with told us the induction was effective in preparing them to carry out their role. One staff member we spoke to said, "I found out everything I needed to know through training but shadowing was better, it's what gets you into the job."

Mandatory training included infection control, safeguarding vulnerable adults and medicines administration. Mandatory training was a mix of face to face and e-learning. All staff we spoke with told us training was adequate to support them in their work, and that they received good support. One staff member said, "I wasn't confident with medicines when I started but the manager said if you are ever stuck I will talk you through it and we can organise extra training."

The service used a training matrix to monitor what training staff had completed and when training modules were due for renewal. We saw that where a small number of staff were out of date for a particular module (due to sickness and maternity for example) the registered manager had booked a group session to ensure all training was up to date.

Staff were supported with extensive supervisions, spot checks and appraisals. We reviewed five recruitment files and found all staff had received regular support. At supervisions, the registered manager and staff discussed recording compliance, medicines management, any safeguarding concerns, sickness and notes on performance. One staff member we spoke with told us, "We have lots of spot checks since the new registered manager took over. Things have changed, I never got them but now they are regular. At supervisions I speak to the registered manager and tell her if I'm not happy or if something isn't right."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection. Capacity assessments conducted by the local authority were included in people's care plans where relevant.

Staff received training on the MCA. Staff we spoke with had an understanding of the MCA. One member of staff said, "If we think someone has deteriorated we will inform the social worker, we have a good relationship." Consent to care was always recorded appropriately.

Staff supported people to access medical care. One person told us, "I was taken in an ambulance recently when the carer said I didn't look well, I can see a Doctor when I want and I tell my family if I am not well." One staff member said, "If we are concerned or unsure they need a doctor we will call the office first or talk to the family."

People were supported with their nutrition and hydration. Everyone who was helped to eat had a food preparation risk assessment which reminded staff about hand washing and wearing clean gloves. Staff wrote in the daily notes what they had prepared, for example in one care plan it was written that, 'Greeted [Name], made beef hotpot and a glass of water'. We saw that for one person who required extra support with their diet, staff filled in a food and fluid chart which detailed what they had eaten and how much. One person we spoke with told us, "I think my carers are wonderful they make me my lunch and they make me what I want and how I like it."

Good

Is the service caring?

Our findings

People we spoke with were positive about staff attitude and approach, and told us that they were cared for by compassionate staff. One person told us, "She [Staff member] comes in and shouts hello its (says her name) or she comes and finds me in my greenhouse to talk to me. If I wasn't happy I would say and tell people I don't like it that way!" Another person told us, "I think the staff are absolutely brilliant and they are friendly, they are respectful and always knock."

Staff we spoke with were positive about the care they gave and told us that they put the person at the centre of their work. One staff member said, "I never talk about my own problems it's always all about them." Another staff member said, "It's important I have a regular group of clients, I sort of don't have set hours but the registered manager gives me the same people so they know me and I know them and how they like things." One person we spoke with said, "They (staff) are excellent, they knock before the come in, they are smashing lasses and do the job right."

Staff told us they were proactive in respecting people's privacy and dignity when delivering care. One staff member told us, "It's about how you speak to people." This was also reflected in care plans, for example in one care plan we saw it was written that, 'The care worker must give [Name] privacy when helping them use the toilet.' In the last staff survey in 2016, 100% of respondents agreed that staff were respectful of people's privacy and dignity.

People were supported to maintain their independence. Care plans guided staff on where they needed help and where they wanted to do things for themselves. For example in one person's care plan it was written that, 'I want to bathe three times a week, I can do this on my own, I need a staff member downstairs just for support. I want to maintain my independence.' Staff reflected this in our conversations with them, for example one staff member said, "I try give as much as independence to people I can, this week I've been on an evening shift of teas and bed. I'm just there to guide them with tea and things just to warm their meals, make sure they've had enough to drink and just sort of help them to bed or make sure they are okay before you leave really."
People were supported to access advocates. Advocates are people who ensure vulnerable adults voices are heard in matters that are important to them. Welcome packs contained information on how to access advocates and how the service would involve advocates in decision making. The registered manager also told us they were able to produce information in different formats, for example large font or braille if necessary.

The service recorded compliments given in the form of thank you letters and cards. One card we reviewed read: 'Just wanted to say thank you to all who looked after [Name]. The care she received was excellent and you were all fantastic.'

We found that the service was also proactive in responding to people's cultural and spiritual needs. Admission documents and personal care plans included information on people's beliefs and how they wanted to be cared for, and we found that there were detailed guidelines for staff in response to this, for

example in one person's care plan we saw it was written that, '[Name] has a strict washing regime due to his cultural beliefs and staff must support him with this' and 'Staff are to be aware of [Name's] cultural needs, staff are to ensure they follow guides on washing.'

The service also made sure that people's confidentiality was protected. People were asked for their consent in every care plan we saw for a range of options ranging from sharing their information with external bodies such as CQC and consent to care and treatment.

Good

Is the service responsive?

Our findings

Care plans were written in a person centred way, and included a life history of each person with information they wanted included that was important to them. For example, in one care plan we saw it was written that a person was asked their preferred name, what was important to them, how staff were to support them to maintain independence, any hobbies, religious interests and cultural needs they had. Risk assessments were person-specific, for example where people had pets or particular previous medical conditions there were appropriate risk assessments in place.

Care plans gave detailed, personalised instructions for staff on how to care for people. For example, one nutritional care plan read; 'I enjoy toast and marmalade for breakfast, also sometimes coco pops. I like to have a cup of tea with my medication.'

We saw that care plans were regularly reviewed in partnership with people and their relatives. This included a full review, which could be annual, quarterly, or in response to a change in circumstances that would necessitate a review. There was space for people to give their opinions on the service. We saw that in one review the person noted, 'The girls (staff) are great, respectful and attentive.' The service also conducted regular quality calls where the suitability of care people received was discussed. One staff member we spoke to said, "Care plans are very useful, for example in one care plan we know one person's family like to be informed about changes to their health."

People told us they were able to direct care how they wanted and that staff were responsive to their needs. One person told us, "When I had an issue about how the bed was made the carer took it on board and now does it how I like it, she was very accepting of changes that I wanted."
The service was not currently providing complex end of life care, however the registered manager told us they had ambitions to provide this in future and that there were plans in place to train identified staff to lead on this.

There was a complaints process and policy which included a guide for staff on how to record complaints and a process for appeals with timescales for responses. Of the five that were received in 2017, all complaints had been recorded and responded to in a timely way and in an appropriate manner. People we spoke with were happy with the communication from carers and in the office. People told us they were confident they would be able to get information from the manager or support staff if they needed it.

Information on how to complain was available in people's welcome packs which were included in their care plans. There was also information on how to contact CQC. We asked people if they knew how to make complaints. One person told us, "I have never had to make a complaint, I would tell my family they live next door but I have never had any trouble; I would say don't like it that way if I needed", another person spoke with said, "Yes, I have phoned up in the past with problems and they did a good job in responding to me."

Good

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post. Staff we spoke with were confident in their leadership and felt well supported. Staff told us the manager was approachable. One member of staff told us, "[Registered manager] is one of the best, really supportive and encouraging me." Staff told us they enjoyed working at the service and that there was an open and transparent culture.

The registered manager told us they felt well supported by the provider. They said, "We have our quality leads and regional manager for support. I also attend the registered manager's network, so you are never on your own. We also have quarterly meetings with other RADIS Community Care registered managers and an annual conference where we share information." This helped them to keep up to date with good practice in the care sector.

The service regularly monitored the quality of the service provided. The service had a yearly quality assurance visit from the provider where personnel files, training records, care plans, MARs and daily notes were audited. At the last quality assurance visit the auditor looked at 23 service user records. The visit resulted in an action plan for the registered manager. This included addressing minor errors in records, a new risk assessment for a person who's previous risk assessment had not been reviewed within the given timeframe, and a reminder for staff to take an e-learning course which was identified as out of date for a number of them.

The service also conducted regular audits of MARs and daily notes. Staff told us they were monitored on their service delivery and got feedback from audits. One member of staff told us, "I bring in MARs and they are checked, it gets brought up in meetings if there are issues and points out what people have done wrong and we are asked if we need support." The service was also able to monitor compliance with visits and time spent attending each visit so issues with lateness or missed visits could be identified and addressed. When we raised that the issues with PRN medicines had no been identified, the registered manager told us they would review the policy on PRN medicines and make sure this information was included in MARs and that future audits would make sure compliance with the policy was followed.
We reviewed the service's compliance with CQC notifications and found that all relevant issues such as safeguarding concerns and injuries to people were identified and raised with CQC in an appropriate way.

The service sent an annual survey to gather feedback from people who used the service. This covered a wide range of areas such as staff attitude, timeliness, and communication. At the latest survey in 2016, 34% of people who used the service responded. Of those, 68% felt the service was very good overall, 21% that it was good and the remaining 11% were satisfied with their care. Where there were individual areas where there were negative responses, actions were identified by the manager and placed in the service delivery plan.

People and their representative also received monthly quality calls where people were phoned by staff in order to give feedback on the service, such as their happiness with the care given and any changes they wanted to be made. In one person's care plan we found they had received regular quality monitoring calls. We spoke to one person who requested that they did not have further quality calls as they felt they were too

frequent and they were happy with the service.

Staff attended staff meetings where the manager discussed staff performance and disseminated any information relevant to care such as updates on practice. There were three staff meetings in 2017. Staff told us meetings were positive. One staff member said, "I've been to two this year, they are a fair discussion, the manager puts her side across and we are also asked if we have any issues we can put them across." Another staff member we spoke to said, "We discussed service users, and our opinions on what support we need."