

G P Homecare Limited

# Radis Community Care (Worcester)

## Inspection report

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09 March 2019

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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 ●

# Summary of findings

## Overall summary

About the service:

Radis Community Care (Worcester) is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 72 people receiving the regulated activity 'personal care' from the Worcester branch, and 28 people from the Herefordshire satellite office.

People's experience of using this service:

People enjoyed positive and respectful relationships with staff. People felt staff were skilled and competent in their roles, and that they received the care and support they needed from them.

People consistently reported that staff were reliable and trustworthy, with no instances of missed calls.

There was a flexible and person-centred approach to care delivery, with people's health and wellbeing needs kept under review.

The registered manager and provider routinely monitored the quality and safety of the care provided, with feedback and complaints used as a way of making continuous improvements.

Staff felt motivated and appreciated in their roles, and received ongoing guidance and support from the registered manager.

Rating at last inspection:

This was the first inspection of the service since the location was added to the provider's registration. Therefore, the service was not previously rated at this location.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor all information we receive about this service. This informs our ongoing assessment of their risk profile and ensures we are able to schedule the next inspection accordingly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Radis Community Care (Worcester)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by an inspection manager.

Service and service type:

Radis Community Care (Worcester) is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and people who may have dementia, and/or a physical disability.

The service had a manager registered with the Care Quality Commission (CQC). This means that they 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 took place on 09 March 2019.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that relevant staff

and information would be available in the office.

#### What we did:

Before the inspection, we reviewed the information we held about the service and the service provider. We reviewed the Provider Information Return (PIR). The PIR 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. We contacted the Local Authority to ask for feedback about the service.

We reviewed statutory notifications. Notifications are information about important events the service is required to send us by law.

We looked at six care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition, we looked at the records related to the running of the service. These included staff training and recruitment records; accident and incident forms; the branch service development plan; audits and spot checks; staff meeting minutes; and recent service user satisfaction questionnaires. We spoke with the registered manager, the area manager, a field supervisor, and four members of care staff.

We spoke with seven people who use the service, and two relatives. We also spoke with a health professional who had regular involvement with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- Staff had received training in safeguarding and were able to explain to us different types of abuse, and possible indicators abuse was taking place. Safeguarding was discussed as a matter of course in staff meetings, with real life examples from the press discussed in order to reflect on and consolidate their learning. A recent discussion had taken place on a scalding incident which had occurred in a different service and geographical area, which was reported in the press. This was used as a discussion point in a staff meeting to look at what Radis staff would have done differently. A health professional we spoke with told us they felt safeguarding concerns were handled well. They told us, "Their documentation seems reasonable and they body-mapped some injuries to a service user straight away after discovering them."
- Staff knew how to report any witnessed or suspected abusive behaviour, and understood their roles and responsibilities in this regard. The provider had a whistleblowing policy, which staff were aware of. Staff we spoke with told us they were confident action would be taken if concerns were raised. One member of staff told us, "The service users are paramount to us all, and action would definitely be taken to keep people safe."

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their health and care provision.
- The risks associated with people's individual care and support needs had been assessed, with risk assessments in place for areas such finances, fire, gas and electrical safety, and medication. Staff were aware of these risk assessments and were able to explain to us how they adhered to them to minimise the risk of harm to people. We spoke with a field supervisor, whose role included implementing risk assessments, about what make a good risk assessment. They told us, "It's about making sure people get what they need and the best possible care, whilst also maintaining their independence."

Staffing and recruitment:

- Required staff recruitment checks were carried out to ensure people were protected from having unsuitable staff care for them.
- People and relatives we spoke with told us staff were reliable, punctual and trustworthy. One relative told us, "It is reassuring to know [person] is in safe hands."
- The registered manager paid particular attention to ensuring weekend and out of hours calls were carried out on time and were covered. They told us, "It is just as important that we provide a safe service on weekends and bank holidays. Every day is a usual working day for the people we look after."

### Using medicines safely:

- People's medicines were handled safely. Medicines administration record sheets (MAR) were up to date and had been completed correctly by the staff administering the medicines.
- People's allergies were recorded clearly, as well as any side effects and contraindications of their medicines. Only staff suitably trained and assessed as competent administered people's medicines.
- Detailed PRN ('as required') protocols were in place for medicines required on a when needed basis, such as for pain relief. Staff we spoke with were knowledgeable about these protocols and how and when to consider offering 'as required' medicines to people.

### Preventing and controlling infection

- Staff received training in the control of infection.
- People and their relatives told us staff used the necessary personal protective equipment (PPE). Staff told us they had sufficient PPE at all times.

### Learning lessons when things go wrong:

- Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation.
- Appropriate action was taken promptly after incidents to prevent reoccurrence.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People received effective care and support from staff who knew people's individual needs and preferences. A recent service user satisfaction survey highlighted that 92% of respondents felt the support and care provider by Radis has had a positive impact on their lives.
- Individual support plans were in place, which set out people's medical, social and emotional needs. These support plans were kept under review and updated where people's needs changed.
- A health professional we spoke with told us, "When [person] needed emergency respite, they [staff] came round within 10 minutes of the phone call to hoist [person] into his wheelchair. [Registered manager] attended the professionals meeting in December and provided invaluable insight and input."

Staff support: induction, training, skills and experience:

- People received care from staff that had the necessary knowledge, skills and experience to perform their roles. The 2018 service user satisfaction survey showed that 100% of respondents felt staff had the relevant skills and training needed to support people using Radis Community Care.
- Staff induction was in line with the requirements of the Care Certificate developed by Skills for Care. The Care Certificate is a set of 15 standards that health and social care workers need to complete during their induction period.
- Staff received training in areas that included personalisation and person-centred approaches; falls prevention; dementia; medication; and risk assessments.
- Bespoke training was also arranged for staff to enable them to meet the specific, changing needs of people using the service. For example, convene training and training in the use of surgical stockings.
- Staff told us they had regular supervisions and team meetings, and records we saw confirmed this.

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

- People and their relatives told us staff provided support, where needed, with meal preparation.
- People were supported and encouraged to eat a varied, nutritious and balanced diet.

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

- People's care plans contained evidence of access to a range of healthcare professionals, as required. These included specialist nurses, podiatrists and GPs.



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.

- People's rights to make their own decisions were protected. This included people's right to make 'unwise decisions.' Unwise decisions are decisions that could put a person at risk.
- Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. Staff understood that capacity is decision-specific, and can fluctuate. People's decision making abilities were appropriately assessed. Where people did not have capacity, specific decisions had been made by the relevant parties in the person's best interests.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People enjoyed positive and respectful relationships with staff. One person we spoke with told us, "The care is absolutely first class." Another person told us the carers were "very helpful and understanding. They bring a feeling of great comfort, and friendship." • Staff had taken the time to get to know people well, and respected all people's needs in line with equality and diversity. Staff had recently supported one person adjust to a change in their family member's personal life. This had been done gently and respectfully, whilst also challenging the person's own mindset.
- Relatives were positive about the care provided. One relative we spoke with told us, "I am quite happy with everything. The staff are very good with [person], and the [registered manager] is a very caring person." Another relative told us after a recent incident where an ambulance had been called out to their family member, "[Carer] was so kind and caring towards [person]. She even volunteered to come back after her last call of the day to help me get [person] settled after the paramedics had gone."

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

- One relative told us, "I was involved in the care plan. Staff know [person's] likes and dislikes. They took the time to build that relationship with them." In the 2018 service user satisfaction survey, 96% of respondents (30 people responded) said they were involved in discussions about the care and support they want.
- Staff understood people's individual communications styles, needs and preferences. .

Respecting and promoting people's privacy, dignity and independence:

- People told us staff treated them with respect, and upheld their dignity. One person we spoke with told us, "They [staff] are so efficient and respectful. They talk to my family members when they are here too, which to me shows respect."
- People's independence was promoted. People and relatives told us how staff encouraged people to do as much as they can for themselves, where safe to do so. One person we spoke with told us, "They [staff] give me confidence." Another person told us, "I could not manage to live independently without Radis."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff and the management team knew people's needs, preferences and interests, and these were recorded in individuals' support plans. Staff we spoke with understood the importance of adapting and responding to people's changing health and wellbeing needs. One member of staff told us, "We worked closely with the occupational therapist recently after [person] had a stroke. There has been a review of what equipment they need, and increase in their care package as a result."
- Support plans contained sections called "About Me" and "What's Important to Me." These contained information regarding areas such as people's achievements in their lives, who is important to them, hobbies and interests, and any religious, cultural or spiritual considerations. Staff we spoke with demonstrated a sound knowledge of the support plans, as well as people's individual routines and emotional needs.
- A health professional we spoke with told us, "They [staff] have consistently gone above and beyond what is expected of them. They have been very flexible."
- The provider was aware of the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances, to their carers. The communication needs of people were recorded in a way that meets the criteria of the standard.

Improving care quality in response to complaints or concerns:

- There was a system in place for capturing, investigating and responding to complaints, comments and feedback. Where complaints had been received, we found these had been investigated, with an initial acknowledgement letter sent, followed by an outcome letter. There was a system in place for monitoring complaints, to identify any trends such as types of complaints.
- People knew how to complain, should the need arise. One person we spoke with told us, "I would go to [field supervisor]." Another person we spoke with told us, "I would speak with [registered manager] informally first because I know she would listen and want to put it right."

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People, relatives, staff and health professionals we spoke with were positive about the quality of the care provided, and about how the service was managed. One relative we spoke with told us, "They [staff and management] always put themselves out to make life better." A health professional we spoke with told us, "I believe a lot of their success is down to [registered manager]; she is exceptional. There is consistency in staff and management, which is a very positive sign." Staff we spoke with told us they felt valued and supported in their roles. One member of staff told us, "[Registered manager] is excellent. She is very approachable, and will cover calls when needed. We see the area managers quite regularly as well. It's a good company to work for."
- The provider had a Duty of Candour policy in place, which included a form for recording events, actions taken, and where improvements should or could be made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager and provider had quality assurance measures and systems in place to monitor the quality and safety of the care provided. This included regular observations of care staff during calls. Areas of staff practice considered included attitude, appearance and time-keeping.
- Audits were effective in identifying any shortfalls in the service, and in rectifying these. Audits were carried out monthly on a range of key areas, such as medication, accidents and incidents, care plans and risk assessments.
- The registered manager understood their legal and regulatory responsibilities in regard to submitting statutory notifications to the Care Quality Commission, and visibly displaying their current rating.

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

- Staff we spoke with were positive about the management team and style. There was a branch service development plan in place, which was updated to reflect feedback received from staff, relatives, health professionals and service users. For example, feedback received regarding notifying people more promptly of any rota changes had been acted upon and included in the development plan.
- Equality and diversity was embedded in ethos of the running of the service. Staff had received training in

equality, diversity and human rights.

- People were consulted on the running of the service. Care coordinators and field supervisors routinely gathered feedback from people as part of the ongoing monitoring of the service. People we spoke with confirmed this happened regularly, with one person telling us they were "always being asked" for their views.

Continuous learning and improving care:

- The registered manager and staff team were always looking for ways to develop and improve the care provided. They saw any feedback as an opportunity to improve the service further. We saw support plan review meetings took place between people and the management team, to look at areas such as, "Do you feel listened to? Do you feel valued and respected? " And, "Do you feel your care is reliable, timely and flexible?" Where feedback had been received, this had been acted on. For example, one person had asked for carers to wheel their trolley kitchen at bed time and tea time to limit the amount the person had to walk about. This had been implemented straightway.

Working in partnership with others:

- The registered manager and staff team worked in partnership with other healthcare professionals, families, and community organisations to ensure people received high-quality care.
- Radis Community Care (Worcester) has a local community presence. For example, a quiz night had been held locally to raise awareness of Radis as a care provider. Radis had also had a stall at a local village fair.