

G P Homecare Limited

Radis Community Care (Nottingham)

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an announced inspection of the service on 27 March 2015. There were breaches of legal requirements at our last inspection in 2013 and we had been assured by the provider that improvements were made. During this visit we found some improvements were maintained.

Radis Community Care (Nottingham) provides personal care and support to people in the Nottingham area. There were 38 people receiving care in their own homes at the time of our visit.

There was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

People felt the service was safe and reliable. The provider had suitable arrangements in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse. Staff were knowledgeable about how to recognise abuse and confirmed they had completed relevant safeguarding training.

Appropriate risk assessments had been undertaken to make sure the environment was safe and secure for staff to attend to people's needs.

People were supported by appropriately skilled and trained staff because the provider had a robust recruitment process in place. There were sufficient numbers of staff to cover calls in an effective and caring way. The manager was recruiting for additional staff at the time of our visit.

People were supported to make informed choices and staff had awareness of the Mental Capacity (MCA) Act 2005, The Mental Capacity Act 2005 is designed to protect people who do not have the capacity to make certain important decisions for themselves, because they may lack the capacity to make such decisions due to permanent or temporary problems such as mental illness, brain injury or learning disability. We found that the MCA was being adhered to.

Care plans contained individual information relevant to the person. People were encouraged to be independent and received relevant information on how the service was run. People felt that they could express their views about the service that they received.

People knew how to raise any concerns, they knew who they should contact and raise the concern with.

People received good care which met their needs. They were treated with respect and the staff provided the care in a caring way.

People and their families were involved in decisions related to their care and support. Care plans contained information relevant to the person and were individualised to reflect people's needs.

Complaints and concerns were logged and monitored to ensure they were dealt with in a timely manner. Outcomes were reviewed to improve the practise and to reduce the risk of reoccurrence.

The service was monitored regularly by the provider and registered manager to make sure a quality service was provided.

People were encouraged to express their views and comment on how the service was run.

The management team worked well and supported staff accordingly. The service worked well with other professionals and the care commissioners.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe with the staff who cared for them and with the care they received in their own homes. The provider had suitable arrangements in place that supported people who used the service against the risk of abuse. Appropriate risk assessments had been undertaken to make sure the environment was safe and secure for staff to attend to people's needs.

There were policies and procedures in place to manage risks and they were easily accessible to staff.

People needs were met by staff who had the right skills and competencies to provide care in a safe way.

Good



Is the service effective?

The service was effective.

People received care from staff who felt fully supported by the management team

Staff obtained people's permission before they provided care and support.

Staff had awareness of the Mental Capacity Act and how it was relevant to people who used the service.

People were encouraged to be independent and where necessary they were supported to have sufficient to eat and drink.

Staff had a good knowledge and understanding of how to meet the needs of the people they cared. Referrals were made to other healthcare professionals when required.

Good



Is the service caring?

The service was caring.

People were positive about the staff and the care they received.

People were treated with respect, compassion and in a dignified way at all times by the staff who cared for them.

Good



Is the service responsive?

The service was responsive.

Staff understood what people needs were and how to respond to their changing needs.

People and their relatives were aware of the complaint procedure. People who had used the complaints process felt that the provider responded quickly and professionally.

People's care plans were reviewed on a regular basis to ensure they received personal care relevant to them.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

Procedures were in place to monitor and improve the quality of the service provided. This included logging and monitoring complaints and safeguarding.

Appropriate policy and procedures associated with the running of the service were in place.

There were plans in place for emergency situations. The manager and on call staff were contactable over a 24 hours period to ensure staff and people who used the service were fully supported.

Radis Community Care (Nottingham)

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 27 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. 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.

Before we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law. We looked at 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. Questionnaires were also sent out to people who used the service.

During our visit we spoke with three people who used the service, three relatives, three care staff, one care co-ordinator and the registered manager.

We looked at the care plans for three people, the staff training and induction records for staff, two people's medicine records and the quality assurance audits that the registered manager completed.

We also consulted commissioners of the service who shared their views about the care provided.

Is the service safe?

Our findings

During our previous inspection on 1 November 2013 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. There was a risk to people's safety, because staff did not always arrive at the time the call was contracted for. On some occasions staff did not always stay for the duration of the call. There was insufficient travel time allocated between calls.

During this inspection we found improvements had been made. We saw all calls had been put into permanent care calls, so people were more familiar with the care worker who supported them. Call times were more organised to reflect people's needs. Travel times had been incorporated into each call. The location of the call was also taken into account to ensure staff were familiar with the areas they were working. People told us the staff arrived and stayed for the required time of the call.

People told us Radis Community Care was a good care provider and they felt very safe using it. One relative said, "I would recommend the service as it is very reliable." They also added, "My family member loves the service as their care is lovely and safe." Information we received from questionnaires we sent to people stated that 100% of people felt safe.

We found the provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse. We saw policies and procedures were in place and staff told us they were aware of the policies and where they were kept if they needed to access them. Staff we spoke with had a good understanding of how to recognise the possibility of abuse and how they should keep people safe. They confirmed they had completed relevant training in safeguarding.

We looked at the provider information return, completed by the provider. They stated they held regular meetings with staff where safeguarding was discussed. They also stated they completed lone worker risk assessments. They made sure staff had appropriate equipment, such as a safety alarm and torch to make they were safe to attend the calls that were in vulnerable locations.

The manager told us they contacted the local authority to obtain advice when dealing with safeguarding issues. We found they were proactive when issues of concern did occur.

We saw risk assessments were in place and risks had been identified at the pre-assessment for the homecare package. The manager told us these risk assessments were completed with the person and their family. Staff we spoke with confirmed people's needs were assessed by social services or a care coordinator, before they provided care. One member of staff told us about a person who wanted to help them, when they made the person's sandwich for their lunch. The staff member told us this was to ensure the person kept their independence. The member of staff said, "I would always risk assess first before I felt it was safe for them to help me. I would work alongside the person to make sure the person was safe at all times." This showed people were supported to take informed risks in a safe way.

We found plans in place that ensured people's personal belongings were kept safe. Where necessary a key safe was in place, so staff could enter the person's premises. Staff told us they always made sure people's homes were secure before they left. There was a process in place to contact family if staff had any concerns. One relative said, "Staff text or phone me if they have any concerns and this is very reassuring."

There were plans in place to cover emergencies. We found a 24 hour on call system in place which ensured people and staff were fully supported should an emergency occur.

People could be confident they would be supported in a safe way, because the service had robust recruitment procedures in place to ensure staff were recruited safely.

People were protected from the risks associated with medicines because there were processes in place that ensured they were handled, stored and administered safely. Staff confirmed they had received training to administer medicines safely and their competency in doing so was regularly assessed. Staff had good knowledge on how to complete a medicine administration record (MAR), which were used to record when a person had taken or refused their prescribed medicines. We saw these were completed and checked appropriately. One staff member told us there were procedures in place should a person refuse their medicine and that they would make a referral to a GP or pharmacist, so the person received safe care and

Is the service safe?

support. We saw risk management was in place for people with specific medical conditions, but not all information

was available on the files we looked at for how staff should deal with these conditions. We spoke with the manager and they told us they had access to the information and would address this immediately.

Is the service effective?

Our findings

During our previous inspection on 1 November 2013 we found the provider was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as staff did not receive training or support for their role which could impact on the support provided for people.

During this inspection we found improvements had been made. Staff told us they received supervision and appraisals of their work on a regular basis. The manager told us staff received face to face supervision on a quarterly basis and annual appraisals. They described the three day induction to the service, which included a list of training that they had to complete before they went out and supported people in their own homes. We saw update plans for staff to update their knowledge and complete relevant training. We saw there was an opportunity for staff to take extra training for specific health conditions, such as; strokes, diabetes and cerebral palsy. The manager told us they were looking at providing more specialised training in areas like dementia and end of life care which would ensure staff provided people with good effective care.

We found there were sufficient staff with the appropriate knowledge and experience to keep people safe. We saw staff rotas reflected people's needs. Staff we spoke with felt there were enough staff and that they were fully supported to acquire further qualifications and skills relevant to their job, which helped to support them provide people with safe care. This showed people were cared for by skilled staff.

People told us they felt staff were good at what they did, were competent and had the necessary skills to support them. Information provided to us by the provider in their PIR stated competency and practical skills spot checks were conducted every three months to ensure staff were competent and to identify any training issues.

Everyone we spoke with told us staff asked their permission before providing any care or support. We looked at three care plans and saw people had given their consent by signing documentation to say they agreed to the care and support they received from the staff.

Staff we spoke with told us they were aware of the Mental Capacity Act (MCA) 2005 and had received training in this area as part of their induction and were aware that it meant they needed to give people a choice in the way they wanted to live their life. The manager told us that one person lacked capacity and their family had power of attorney that ensured the person was supported to make the right choices about their care.

People told us the staff provided them with support with eating and drinking. People were encouraged to make wise, healthy choices when it came to eating and drinking. Staff told us they made sure people had enough to eat and drink. One staff member described how they supported one person with their shopping. They said, "I check the fridge and remove any out of date food. We [staff] always label the food when it is opened to make sure food is rotated appropriately." They also told us they encouraged people to buy fresh produce to promote healthy eating. This showed people were supported to eat and drink to maintain their health and wellbeing.

We looked at care files and saw the service took preventive action to ensure people were in good health. Referrals were made to external professionals when required. We received positive feedback from a number of healthcare professionals when we asked them about the support that people received and whether their health care needs were met. We also received positive feedback from the commissioners responsible for commissioning people's care.

Is the service caring?

Our findings

People described their care as good and felt it was what had been agreed with the provider and met their needs. All the people felt they were treated with respect and looked forward to the staff visits.

Relatives told us they were happy with the care their family member received. One relative said, “The staff are pleasant and caring. They treat [name of person] with dignity and respect. They will have a bit of fun with them and they have a good relationship with them.” Staff we spoke with described how they ensured the delivery of care was completed in a caring way. One staff member said, “I care about the people I care for.”

People told us they and their families were involved in decisions related to their or their family member’s care and support.

Care plans we looked at contained information relevant to the person and were individualised to reflect people’s needs. Two people told us they had contacted the office to make changes to their call times and this was agreed. Three relatives told us they were fully involved with the care plans and the staff always kept them informed and up to date.

Through the Provider Information Return the service told us they provided a service user guide (a booklet that contained information about the service they provided.) for people who use the service and this was available in different fonts and languages.

We saw on the three care files we looked it was recorded when people’s needs or circumstances had changed to ensure the person received the most appropriate care for them.

People we spoke with confirmed the staff were always polite and some mentioned that they were always asked what they wanted to do. Everyone felt they were treated with dignity and their privacy was maintained. Staff described how they ensured people’s privacy and dignity was respected. One staff member said, “We make sure the person is covered when washing and make sure we do not expose them. We respect their wishes and complete the documents in the home.” The manager told us they promoted dignity and respect at all times and worked in line with the 10 principles of the dignity challenge. The dignity challenge describes values and actions of high quality, so services understand how to respect people's dignity and how they can empower this.

Is the service responsive?

Our findings

People were aware and involved in their care plan reviews. One person said, “The office contacts me regularly in regards to my care planning.” Another person said, “The staff are so helpful. The carers are lovely; they explain what they want to do and will listen to what I say.” All the people we spoke with told us they were confident in staff’s response to their changing needs and any actions required would be completed in a timely manner.

We saw assessments had taken place. The manager told us assessments were carried out face to face and arranged to suit the person who used the service. We saw care plans were individualised and all staff described how people received personal and individual care, which ensured their needs were met. We looked at three care plans and found discussions had taken place around the person’s life history likes and preferences.

The manager told us one person who used the service did not use English as their first language. They told us they supported this person by having a member of staff care for them who spoke the same language as them which ensured they were able to respond to the person needs. The manager told us they matched the staff to the person wherever they could to ensure continuity of care. We saw feedback from staff spot checks that stated people were happy and content with their care.

Although staff were not responsible for people attending social activities they encouraged people to participate in activities that were of interest to them. The manager told us the service was proactive and would always refer people to the relevant organisations if they felt a person could

benefit from more interaction such as attending a day centre to minimise loneliness. They also told us they arranged for some audio books for one person who found it difficult to see or read. This showed us the service actively protected people from isolation and loneliness.

People told us they were encouraged to be independent. One person said, “They help me with my independence by letting/helping me do little tasks for myself, for example, dressing.”

The manager gave an example of how a person received effective care. They told us the person was not independent with everyday tasks when they first came to the service. However, with the encouragement of the staff the person can now do things for themselves; such as, make tea and shower with support.

When we spoke with staff they had a good understanding of people they cared for and their needs. They described how they supported individuals and what was important for that person. They discussed how they ensured they provided individual care that was relevant to the person’s needs.

People who used the service told us they knew how to raise a concern and who they should contact if the need arose. Some people we spoke with said they could recall seeing a copy of the complaints procedure and others said they were sure the information had been supplied by the service. We saw the complaints procedure formed part of the service user guide and the manager told us each person received a copy which included how to make a complaint and contact details for the branch and other professionals should people require using it.

Is the service well-led?

Our findings

During our previous inspection on 1 November 2013 we found the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as complaints were not all logged and investigated in line with the service's complaints procedure.

During this inspection we found improvements had been made. We saw the complaints log had records of all concerns and complaints. The manager told us they logged all telephone contact with people who used the service and placed it on their file. There was a more robust system in place to monitor, log and review concerns and complaints, which also required the manager signature to ensure appropriate action had taken place. Through the provider information return the service told us following a complaint outcome they review the practices to prevent reoccurrence.

During our previous inspection on 1 November 2013 we found the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as people were not protected against the risk of inappropriate or unsafe care and treatment, by means of regularly assessing and monitoring the quality of the service provided. We found staff spot checks were not consistently taking place. No appropriate audits were in place to ensure the quality of the service was monitored correctly for staff training, medication and care plans.

During this inspection we found improvements had been made. The manager told us the provider's representative inspected the service annually. They also told us they [the manager] completed weekly and monthly audits. Records showed the provider's representative undertook site visits and monitored the service. We looked at audits which were undertaken by the manager. We saw staff spot checks had taken place on a more regular basis and a more robust system was in place that ensured the service provided was of a good quality and met people needs.

People told us they were happy with the service provided. Relatives were very complimentary about the information they received about the service and one relative told us they were contacted by staff by telephone or text to keep them up dated on the progress of their relatives care needs, which they found very helpful and reassuring.

People felt the continuity of care was helpful. One person said, "Having the same member of staff most of the time means we get to know each other. Everyone we spoke with felt the office staff were very caring and responsive. They told us they could contact them at any time. One person said, "People [staff] in the office were always polite and helpful. Another person said, "They [office staff] contact me regular regarding my care and provide feedback on what is happening with the service."

Staff and people who used the service were encouraged and felt able to voice their views and concerns. The manager told us they openly encouraged staff to visit the office. There was also a system in place to gain feedback from people who used the service.

There were systems in place to monitor care calls and ensure all calls were met. The care coordinator showed us how the system operated and they said they cross-referenced the times with the staff timesheets. If they found a staff member had not logged in at a person's home they would contact the staff member and check the reason. We saw this process take place during our visit. This showed the service was proactive in their working practices to ensure people received quality calls that were relevant to their needs.

There was a registered manager in post and the care coordinator told us the staff team worked well together. All staff we spoke with felt the manager was approachable and listened to their views or concerns. One staff member said, "The manager is supportive, if I had a problem I am confident it would be addressed and I would be supported."

The manager told us the vision and values of the service were to promote independent care for people and to make sure people received good quality care that protected their dignity and privacy. They told us they ensured staff signed up to this by completing observation of practice and quality assurance audits.

The service worked with other health care professionals who were complimentary about the service provided. We contacted the local care commissioners who told us they had no concerns about the service provided.