Radiant Care Services Ltd

Radiant care services LTD

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Radiant care services LTD is a homecare agency providing personal care to people of different ages who live with physical and health related support needs. The agency also supports those living with dementia. At the time of our inspection there were 81 people using the service.

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

People's experience of using this service and what we found
People did not always receive support as planned as there was ineffective oversight of staff rosters and staff attendance on the care visits. Although staff knew people's needs, there was a lack of structured individual approach to risk management and care needs assessments which posed a risk to people of not receiving the care they needed consistently and safely.

Staff recruitment checks were not always in place. The provider's governance systems and continuous improvement plans were not always effectively identifying and addressing shortfalls which posed a risk to people.

People told us they felt safe with staff and staff were caring and kind. Staff knew how to protect people from the risk of infections. People, their representatives and staff felt the culture of the service was positive, person-centred and engaging. The provider worked well with other professionals.

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

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 23 March 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
We received concerns in relation to staff attendance at care visits and how risks to people were managed. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We carried out an announced comprehensive inspection of this service on 22 April 2021 and an announced focused inspection on 08 February 2022. A breach of legal requirements was found on 08 February 2022. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Radiant care services LTD on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to safe care and treatment, management of medicines, staffing, fit and proper persons employed and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Radiant care services LTD

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our

inspection.

During the inspection
We spoke with 6 people using the service and 16 of people's relatives and representatives about their experience. We spoke with 10 members of staff including the registered manager, office staff and care staff. We reviewed a range of records. This included 9 people's care plans and medicines records for people supported with their medicines. We looked at recruitment checks and training records for 6 staff members. A variety of records relating to the management of the service, including audits and action plans were also reviewed.

Requires Improvement

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

● Risks to people were not assessed safely. The provider's management team could not clarify the processes and recording system which were used in the service to assess and review risks to people. Some people had paper-based care plans and others had only basic electronic record of 'tasks' they needed help with and risk 'highlights' staff used to provide care. There was no further information around the highlighted risks included in their care plans.

● The electronic records for all people we reviewed did not provide any detail around specific risks to people, such as personal care, health needs, moving and handling and behavioural support needs. This put people at risk of harm, especially that the agency also offered short-notice responsive support to people with complex needs and staff were asked to support different people at times.

● The management team had at first informed us all people's care records were uploaded into an electronic system. However, we were subsequently told only paper-based records were up to date for 5 out of 9 people we requested. These records were dated as last reviewed in 2020 and 2021 and lacked detail around people's risk management plans, for example around skin integrity, use of care equipment or specific health conditions.

● One person told us, "[Staff] don't all work the same way; one is perfect – 10 out of 10, another one is fine but rushes me and doesn't always help me [with specific task]. Some [staff] do not know [how to help with another task] so I have to explain it. I need them to [help with a task] but I need to remind them, I am learning to speak up for myself."

● The provider had not ensured all people had individualised risk management plans in place. For example, one person had been supported for over 5 months at the time of the inspection and they had no risk assessments in place despite the lapse of time. This meant staff could access only limited written information around their individual risks when supporting them in the community which put people at risk of not receiving appropriate care.

The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the inspection, the registered manager provided evidence of updates made to some people's care plans to include individualised risk and needs assessments. They also told us they would create an action plan to ensure all people's records were up to date.

● Staff were informed of risks to people by the management verbally which mitigated some of the risks to people. Most people were overall happy with their care. One person said, "I use a [care equipment] and [staff] are all good with that. All is very good, [staff] do things the way they like them." Another person said, "Most [staff] know me now, but a couple of new ones have come for some training and they are perfectly acceptable."
● The provider improved their communication with staff and allocated dedicated members of staff to ensure follow up action was taken if people's risks changed. This was recorded within people's individual notes. However, up to date information was not reflected in people's risk assessments.
● Staff knew how to recognise and report any changes in people's needs. One relative told us, "[Period of time] ago, [person] was dehydrated and [staff] picked that up and got the doctor." Another relative said, "[Staff] spotted a problem with [specific condition] and contacted manager who got GP and district nurse."
● Staff confirmed they sought support and received it from management if they had concerns about people's risks changing. One staff member said, "[The management team] have a good teamwork. When you call them if the client has got a problem and you say, this is the situation, they really react so fast. They are good." Another staff member told us, "The company has protocols. We get training to enable us to know how to support clients. We have had training on risk assessment. This made me realise the importance of assessing all risks a client faces."

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA.

Using medicines safely
● Medicines were not always managed safely. Although people and their relatives told us they felt they received safe support, the registered manager had not always ensured there was an adequate oversight, staff training and guidance in place to ensure people received their medicines safely.
● For example, gaps in signatures in medicines administration records (MAR), had not always recognised as a potential medicines error nor acted on. One person's MAR had several gaps which were not appropriately explained. Although this person did not receive care on the days where there were gaps as we were told they were away, this was not picked up via internal checks or explained in this person's care notes. The lack of effective systems to spot potential medicines errors put people at risk of not receiving their medicines as prescribed.
● Another person had not received some of their medicines for 5 days as they run out of stock. Although some action was taken to minimise the risk to them, the action was delayed and not fully effective to prevent the error. There was a lack of appropriate reporting and investigation for this error and limited assurance on action taken to prevent recurrence to prevent avoidable harm.
● Where people had 'when required' medicines prescribed or took high risk medicines, there was not enough guidance for staff on when and how to offer those medicines or what side effects to look out for. Where people required emollient creams to be used, this was not always signed by staff as administered. This put people at risk of not receiving their medicines as prescribed or side effects not being appropriately

considered by staff to prevent harm.
● Not all staff had received appropriate training in safe management of medicines and competency assessments. Whilst new staff were trained and their competencies were recently assessed there were staff who worked for the agency for longer who did not have up to date training or competency assessments in place.

The provider had failed to ensure safe management of medicines. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● Staffing was not always managed appropriately and safely and people had not always received care as planned. People told us they had to ring the agency's office as no staff turned up at the agreed time. One person said, "A couple of times I've phoned because a carer hasn't turned up and they've got someone to me in 20 minutes, I would never hesitate to call [the registered manager]." People told us staff were always sent by management to support them following their phone call.
● However , the provider had not identified any issues with staff attendance on visits. This posed a risk to people of missing care, especially those who would not be able to call and alert the management. There were no missed visits according to the provider's feedback and records.
● People and their relatives told us staff did not always come on time and were not always staying for the agreed duration of the care visit. One relative said, "Some [staff] run late and when I reported it [the registered manager] said she was unaware of that happening. I think it's 30 minutes (planned duration of the visit), but some are in and out in 12 minutes. I have fed this back." Another relative told us, "[Staff] come on time most of the time. I sometimes have to ring to ask them where they are. In the morning (it is supposed to be) 1.5 hour but [staff] normally stay for 1hour 15 minutes. When I mention it to them that they are leaving early, they say they have to travel to the next call." This meant not all people received their care as per assessed care packages their required.
● The system report we reviewed stating staff attendance was only 53% compliant with planned timings in April 2023 Despite this the management told us they were unaware of any issues with staff attendance and stated the report was incorrect as data was generated according to strict time frames planned on staff rosters. However, one person's visit was planned for 60 minutes on the morning of the inspection and we saw staff recorded a visit which lasted only 19 minutes and on the previous day the person received 25 minutes of care as per their records. This posed a risk to people of not receiving the care they needed.
● People's care visits were not always completed as agreed which meant the quality of people's care could be affected. For example, one relative told us staff sometimes visited earlier than planned which meant their loved one needed to wait over 7 hours for the next care visit. This person had specific personal care needs and not meeting them timely could pose a risk of avoidable harm. Another person said, "[Staff] wanted me to change into my bedclothes too early, before I'd eaten, and I told them no, and that hasn't happened again." We saw from people's daily care records that although care visits took place, their timings differed significantly from day to day.
● People were not always informed who would be coming to visit and why. One relative said, "Overall care is generally very good, but there are a lot of changes with staff." People and their relatives also told us they were visited by staff in training on occasions, without being asked if that was alright with them or informed of it. One person said, "[Staff] sometimes bring other staff with them that we are not expecting and that can be unsettling for me and [my relative]." One person said, "[Staff] are saying [other staff] are shadowing them, but I am not told in advance. I would like to know in advance."
● The local authority looked into other concerns of staff unauthorised presence in people's homes and the level of support people received comparing to planned support at the time of the inspection. This posed a safeguarding risk to people, especially that additional staff visiting their homes did not record their

attendance on the staff monitoring system prior to the inspection.

The provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were adequately deployed to attend care visits as planned. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were not always recruited safely. At the time of the inspection the provider could not locate full evidence of pre-employment checks for staff whose records we reviewed. The managers told us all checks had been completed but could not provide with evidence of those checks on the day of the inspection.
● There was no evidence of the registered manager checking staff's employment history and obtaining pre-employment references for 6 staff. There was no up to date Disclosure and Barring Service (DBS) check available for 2 staff and no right to work checks for 2 staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Following the inspection, the registered manager provided some updated pre-recruitment check documents. However, there were still gaps in references and employment history for 3 staff and 1 staff's DBS check was dated following the inspection. The provider could not evidence how they mitigated any risks when staff could not provide suitable references or checks. This could impact on people as there were insufficient pre-employment checks and staff were lone working on a regular basis.

The provider had failed to effectively operate their recruitment procedures which put people at risk. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong
● The provider did not always learn from adverse events in the service and people's feedback. The incidents, accidents, complaints and feedback was recorded but not analysed to identify any patterns and lessons learnt. However, some lessons learnt were identified and actioned. For example, in response to a safeguarding concern the provider was in a process of changing how they used their staff rostering system to ensure all visits by all staff could be clearly recorded to safeguard people. We have also addressed this in well-led in this report.
● The provider also learnt from previous incidents and accidents and strengthened the communication between the office staff and staff providing support to people on a day-to-day basis. They now ensured action was taken timely to refer any changes in people's needs to other healthcare and social care professionals and to communicate effectively with people's relatives. We saw this system worked well and there were clear records of the issues raised by staff and action taken to protect people.

Systems and processes to safeguard people from the risk of abuse
● People were protected from abuse and neglect. One person told us, "I feel 100% safe – it's the way they chat to me and greet me. It is genuine and the smiles they give. I'm not afraid to say anything if I am upset. I didn't like one carer – you didn't know what mood she would come in, so I spoke to [registered manager] about that and she never came again." People's representatives echoed this, one of them said, "I do believe that [person] feels safe in their care."
● Staff knew their responsibilities and told us how they would recognise and report any concerns. One staff member said, "If I am concerned about a service user, I would report to the office straightaway and tell them about the concern. If I tell the office and they don't react, I can call safeguarding or the CQC, or I can report to the police." Another staff said, "Whistleblowing is a way to alert agencies of concerns."
● The registered manager was aware of how to report concerns to the local authority. They worked with the

local authority on investigating any safeguarding concerns and identifying actions to be taken to protect people.

Preventing and controlling infection

● Staff followed good infection prevention and control practice. People and their representatives told us they had no concerns about staff's behaviour in regards to hygiene and protecting people from spread of infections.

● Staff had access to personal protective equipment and relevant infection prevention training. Staff also supported people to maintain their home environment and personal hygiene as per individual needs. One relative told us, "[Person] is always clean and well cared for and the house is clean and tidy."

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

At the last inspection the provider had failed to ensure their governance systems were used effectively and had failed to maintain accurate and complete records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● At the last inspection the management team did not always operate an effective governance system which posed a risk of quality and safety issues being missed. The service had grown significantly in the last 2 years and the registered manager found some of the recording systems ineffective which led to information about people's care being inconsistently recorded and audited. However, they continued to grow the business before these issue were effectively rectified. There was no structured contingency or gap analysis plan in place to inform improvement priorities.
● The provider had poor oversight of the overall safety and quality of the service. For example, the management team could not clarify how staff recruitment checks were monitored and audited, or how they used the electronic system to oversee staff attendance on care visits. There was missing information on how recorded incidents, accidents or complaints and people's feedback was analysed and actioned by the management to improve the service.
● People's electronic care plans lacked information around their individual risks and needs and this was not identified via provider's quality and safety monitoring audits. Despite the provider's action plan addressing the need to improve care plans, there was no assurances on how this would be achieved and by when and what the main priorities were. The provider continued to start to support new people being aware there were no robust plans around their needs and risks. This posed a risk of staff missing vital information on how to keep people safe. The management team mitigated this risk to some extent by regularly communicating with staff providing support to people.
● The registered manager provided assurances to CQC prior to the inspection stating all improvements in relation to people's care and risk assessments had been completed. However, we identified multiple people did not have an up to date care plan on the day of the inspection. The provider's management team was not able to give a clear explanation on how people's records were kept on the day of the inspection.

● The provider did not monitor staff training effectively and did not take timely action to ensure staff completed refresher courses before their certificates expired. Multiple staff had out of date training, for example, in safeguarding, health and safety or medicines management. This was not clearly addressed in the provider's action plan.
● The lack of effective auditing and unclear plan for continuous improvement posed a risk to people as the provider was not identifying possible issues and taking effective remedial action in a timely way to protect them.

The provider had failed to ensure their governance systems were used effectively and failed to maintain accurate and complete records. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● People, their relatives and staff told us the service had a positive culture. One person said, "[Staff] are second to none. I would give them an A plus and a gold star. They are very nice and kind in everything they do." Another person said, "They are very kind and respectful, polite and considerate. I feel they've become friends really."
● Staff told us they felt supported to provide care bringing good outcomes to people and the management regularly checked how they were. One staff member said, "Sometimes [managers] do spot checks. They don't tell us they are coming. They check how we are providing the care, that the service user is happy with the service, they check the medication. The most important thing is that the service user is getting the service they are supposed to get."
● The provider was aware of their responsibility under the duty of candour. People and their relatives told us the registered manager was open and transparent and communicated with them well when things went wrong, offering apologies and solutions to the issues raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People and their relatives were engaged, involved in the service. There was open communication between the management and people. A relative told us, "We can always get hold of [managers] if we need to. They know us now and it is a friendly set up. We have no complaints, put it that way. We are happy with them."
● People were asked for feedback about their care. One relative said, "The communication is very good. We have a dialogue with [the management]. They regularly have a telephone questionnaire that they go through with us - whether we are getting the service we expect, whether anything needs to be improved. That's about 2 or 3 times a year, it might even be more often."
● Staff had regular opportunities to attend online and face to face meetings. One staff member told us, "[The managers] talk about the service users, they talk about training, they talk about medication. They talk about how we are doing the work. If there are any complaints, they talk about it. They always ask us if we have any problems and we talk about how we can find a solution."
● Staff felt valued and listened to by the management. One staff member said, "Absolutely I feel valued in the work I do, because our manager takes the time to call me. I get the support I need. I am appreciative of Radiant. They care about the clients and about me."
● The provider worked well with people's representatives, healthcare professionals such as community nurses or people's GPs and local social care services to provide care to people when and how they needed it.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure safe management of medicines.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure their governance systems were used effectively and failed to maintain accurate and complete records.The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to effectively operate their recruitment procedures which put people at risk.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were adequately deployed to attend care visits as planned.

The enforcement action we took:

Warning Notice