

County Home Care Services Limited

Radis Community Care (Worcester)

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 ●

Summary of findings

Overall summary

Radis Community Care (Worcester) is a domiciliary care service. It is registered to provide personal care to people living in their own homes. There were 127 people using the service on the day of our inspection.

At the last inspection, in August 2015, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive care which protected them from avoidable harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. When people required support to take their medicines this only happened when staff had received the training to do so. Regular checks on staff practices were undertaken to support people's safety.

Staff were available to respond to and meet people's needs safely without people feeling rushed and/or care calls being missed. Recruitment checks were completed on potential new staff to make sure they were suitable to support people in their own homes.

People were provided with care which continued to be effective in meeting their particular needs. Staff had received training to provide them the skills and knowledge they needed to provide the right care and support people required.

Staff asked people's permission before they assisted them with any care or support. People's right to make their own decisions about care and how they were supported by staff was respected. When needed, arrangements were in place to support people in remaining in good health and have enough to eat and drink.

People continued to receive support from staff that had a caring approach. People knew the staff that supported them and had good relationships with them. People felt involved in their own care and staff listened to how they preferred their care and support to be delivered. Staff respected people's privacy and dignity when they supported them and promoted their independence.

People were provided with care and support which was individual to them. Their care and support needs were kept under review and staff responded when there were changes in these needs.

People were encouraged to raise concerns and make complaints and were happy these would be responded to. The management team used feedback from complaints and questionnaires to assist them in identifying areas of improvements for the benefit of people.

Staff were happy in their work and were clear about their roles and responsibilities. There was an ethos of continuously looking for improvement of the service delivered.

There was a clearly defined management structure which had changed since our previous inspection. People felt listened to when they provided feedback about the service they received and knew about the changes. The management team worked well together and developed systems so they continued to be effective and responsive in assessing and monitoring the quality of the service provided.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Radis Community Care (Worcester)

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.

This was a comprehensive inspection and was completed by one inspector on 5 July 2017 and was announced. We gave the provider 48 hours' notice. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

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 improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We looked at other information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also sought information from the local authority who commission services on behalf of people and Healthwatch. (The local consumer champion for health and social care services). We used this information to help us plan this inspection.

We contacted 20 people who used the service and four relatives by telephone following our inspection visit to the office. This was to establish people's views about the care and support provided. We had also received feedback from people who used the service, relatives and staff from questionnaires we had sent to them prior to our inspection. In addition to this we sampled the care records of three people and the comments people had expressed about staff that supported them in their homes.

During our inspection visit at the provider's office we spoke with the registered manager, 11 care staff, and a care co-coordinator. We looked at three staff recruitment files, staff training records, records of complaints and compliments, and provider's quality audit checking systems.

Is the service safe?

Our findings

People told us they felt safe with the staff who supported and cared for them in their own home. One person said, "Oh yes I am safe, I have one carer who comes quite regularly, she is brilliant I cannot fault her." One relative told us, "We are absolutely satisfied [relative's name] is safe with the staff."

Staff had received training in how to keep people safe and protect them from avoidable abuse and discrimination. They understood how to recognise signs of abuse and told us they would report concerns to the registered manager or senior staff straight away. The registered manager understood their role and responsibilities in reporting and dealing with concerns to make sure people remained safe.

People who used the service, relatives and staff told us risk assessments were in place to provide staff with detailed guidance for staff could be found in how to reduce risks when delivering the care and support people required (in each person's home). This helped prevent accidents. and keep people and staff safe.

We saw examples of how the provider considered environmental risks for people. For example, in the provider's PIR the registered manager stated, "Care Staff are encouraged to visually risk assess each environment of each day to ensure the safety of themselves and the service users, such as environment changes ie sunny, hot day-plenty of drinks available, service users not to be sat in full sunlight.... they may overheat and become dehydrated."

People and staff told us, there were sufficient staff to meet their support needs. One person said, "Almost without exception [staff name] comes to sit with [person's name] and she is first class. You are lucky to have her work for the company." Although we were told staff rarely missed a visit, we received some mixed views of people about people receiving a staff rota a week in advance, to let them know which staff member would be supporting them. We discussed this with the registered manager, who admitted this had happened recently, due to the senior staff covering care calls due to unplanned staff absence. They said their priority was, always to cover any emergencies to ensure people's safety and welfare was never compromised. They hoped to resolve the problem soon, as they appreciated how important it was for some people to know which staff was going to provide their support.

We sampled the provider's recruitment processes and found them to be detailed and contained evidence of all the required checks to provide assurances to the registered provider that potential new staff were suitable to work with people.

Where people required assistance with their medicines, we saw staff had received training and been assessed as being competent in the safe administration of medicines. We saw the provider checked the medicine records ensure they were completed accurately and any discrepancies were identified in a timely way.

Is the service effective?

Our findings

People who used the service and their relatives told us they thought staff had the right training and skills, to provide care that met their specific needs. A person using the service told us "I couldn't cope without them." A relative said, "Staff are very well trained, not only are they trained to care, they have the skills to communicate with people...they are very good."

We spoke with staff attending a training session on the day of our inspection. They told us the training provided was very thorough and felt it had prepared them for their caring role. One staff member said, "I have worked with other providers, but this training is the best yet." The registered manager described the provider's induction process which encompassed the care certificate. (The care certificate is a nationally recognised qualification for care staff). They told us the new staff worked alongside more experienced staff to gain the practical skills they needed to support people and use specialist equipment. Staff consistently told us they felt well supported through one to one meetings with their line manager and staff meetings. They were given opportunity to reflect and discuss their practice and identify any further training requirements.

We saw people's consent to care continued to be sought. People gave us examples of how their rights with regards to consent and making their own decisions continued to be respected by staff. For example a staff member told us, "We always ask people's permission before delivering any care and support and if they refuse we don't do it." The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) legislation and staff had received training to enhance their knowledge. The registered manager told us; currently everyone receiving personal care was able to consent to the care and support they provided. No applications to the Court of Protection had been made.

People who used the service and relatives told us, they made their own health appointments, but staff would support them with this if they needed it. Staff told us when needed to they liaised with district nurses or doctors on behalf of people to arrange appointments or seek advice. Staff described how they had good working relationships with health professionals involved in people's care. In the PIR the provider had commented, "We help to promote a healthy lifestyle but recognise personal choice and respect this as their choice and their rights."

When required staff supported people with their meals. Arrangements were in place to assess and monitor people's dietary needs if this was required and/or if people were identified at risk from not eating sufficiently. One person told us, the help they received from staff to prepare their meals was "very good." Staff told us where necessary they supported people to ensure their dietary needs were met so they remained well.

Is the service caring?

Our findings

All the people who used the service we spoke with and their relatives were complimentary about the way staff cared for them with kindness, dignity and respect. One person told us, "They [staff] are all lovely." A relative said, "We are very happy with the way staff provide support and care."

In our conversations with staff they showed how fond they were of the people they supported. One member of staff said, "I look after the same four people, so I get to know them well and build a good relationship with them and their relatives." Staff knew about people's preferences and things which were important to people and accommodated their wishes. A person using the service told us, "If I ask them [staff] to do anything they would."

People who used the service and their relatives told us, they had been consulted in how they preferred to receive their care and support. One person described how before they started to use the provider, they were introduced to the service and their care assessed by the registered manager. They said, "They completed, the paperwork, of how I like things done." People and their relatives confirmed they had been involved in reviews of their care packages and any changes were required if their condition changed. We saw through daily notes and care plans conversations had been recorded with people to reflect their current preferences.

Staff we spoke with understood the importance of respecting people's confidentiality and told us they would only share information about people on a need to know basis. We saw care records were secured in the office and only people with authorised access could look at computer records held by the provider.

In the PIR the registered manager told us, "When we support with personal care we; close internal doors *curtains or blinds at windows *place a towel or the bed sheet (if personal care carried out on a bed) over the person a section at a time." A relative confirmed staff followed this practice within people's homes, they said, "When they do [person's name] personal care the staff always maintain their dignity."

The staff we spoke with told us they had received training in how to support people with end of life care. In the PIR the registered manager described how they assisted people, when they were at their end of their life. They said, "At the point of initial visit to a new service user we request the knowledge of any advance decisions or informed choices such as DNAR forms or End of Life plans. To support the service user towards the end of their life we respect the changes that will occur physically and very personally, we work closely with any healthcare professional, following their advice so that the service user is as comfortable and pain free as possible." We saw thank you notes from relatives complementing staff for the way they had cared for their relatives at the end of life care.

Is the service responsive?

Our findings

People we spoke with told us they received support and care based on their individual need and in the way they preferred. One person told us, "The care I get is wonderful, I can't fault them." A relative described the care their relative received as being "absolutely satisfied."

The registered manager described the process when people first started using the service, they visited the person in their home to assess their care requirements. People we spoke confirmed to us this had been the case. Staff told us they were able to be responsive to people's changing needs even at short notice. One staff member described an incident when a person had become unwell so they had been allowed to stay with the person until the emergency services had arrived.

In the PIR the registered manager told us, "Service users and their families have the opportunity to discuss the package of care at any opportunity that they request but also at six monthly reviews." This approach took into account identified changes in people's needs and how people continued to receive personalised care by liaising where required with health and social care professionals.

We saw the provider had received positive feedback from a health professional it said, "Care workers continued vigilance in reporting concerns... staff are doing very well under difficult circumstances as they are aware [person's name] frequently declines care" Staff told us how they would contact health professionals if they had any concerns over a person's health or wellbeing. For example, one staff member told us how they contacted a district nurse when they became concerned over a person's sore skin.

We discussed with the registered manager how responsive the provider was in relation to equality, diversity and human rights; and how it promoted inclusion for people of all religions, cultures and sexual orientation. They gave us examples of how they respected people's chosen religions, cultures and sexual orientation and any specific instructions were recorded in people's care plans for staff to follow. For example the registered manager told us it was recorded staff needed to be extremely sensitive not to accidentally blaspheme as this would deeply offend a person's religious belief.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found the provider had given information to people about how to raise a complaint. Relatives we spoke with confirmed they had this information available to them and felt if they had any concerns they could raise them with either staff or the registered manager. All the people using the service and relatives we spoke with told us they had no concerns about the service provision. We looked at the provider's complaints over the last twelve months and saw three complaints had been received. However we noted all the complaints had been resolved in line with the provider's policy and procedures. One person had written to the provider, stating "I've been listened to and I am pleased with the outcome."

Is the service well-led?

Our findings

Since our previous inspection in August 2015 there have been a new manager registering with us in December 2016. 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.

All the people using the service and staff we spoke with were complimentary about the registered manager saying how approachable she was. People knew there had been a change in management and felt the service was improving and as a result of being well- led. One relative told us, They had nothing but praise for Radis Community Care."

People had been asked their views through a customer satisfaction questionnaire, the results had been analysed and any improvements identified. We saw overwhelmingly the responses received were positive. For example one person had written, "I find the staff very nice and they treat me like I'm a person with my own mind not patronising." A relative had written, "I can't thank the Radis team enough for the tremendous effort they put into taking care of my [relative name] needs. ... They have given him a new lease of life."

In the PIR the registered manager had stated, "We promote a positive culture by learning from any mistakes, thinking outside the box and finding new approaches to problems or difficulties that we encounter. From manager to care worker we aim to deliver great care but also great support and innovative advice when we need a new idea or direction to follow. We work closely with the... professional teams and individuals....to work together in the best interests of the service user or to benefit the service user." This showed the vision, positive leadership and values the registered manager tried to instil within the care team.

The provider had arrangements in place which continued to monitor the service and quality of care provided to people, these included unannounced checks on staffs care practices which considered if staff were arriving at the right time, whether they were wearing the appropriate uniform and whether they were providing care in a kind and safe way.