

G P Homecare Limited

Radis Community Care (Stoke-on-Trent)

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

About the service

Radis Community Care (Stoke on Trent) is a Domiciliary Care Agency (DCA) registered to provide personal care. People were supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported 64 people with personal care.

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 were protected from the risks of ill-treatment and abuse as staff had been trained to recognise potential signs of abuse and understood what to do to if they suspected wrong doing.

The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm.

When required, people received safe support with their medicines by staff members who had been trained and assessed as competent. Staff members followed effective infection prevention and control procedures when supporting people.

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

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision. People were supported to refer themselves to additional healthcare services, and staff supported them if required.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, religion, gender and disability.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any compliments or complaints from people or those close to them. The provider, and management team, had good links with the local communities within which people lived.

The management team and provider had systems in place to identify improvements and drive good care.

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 (24 February 2020) and there was a breach of regulation 17 (good governance). 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 (Stoke-on-Trent)

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

This inspection was carried out by one inspector and two Experts 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 homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, the manager had submitted their application for registration, and this was in the process of being considered.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care provider and the provider is often out of the office supporting staff or providing care.

Inspection activity started on 04 April 2022 and ended on 06 April 2022. We visited the office location on 06 April 2022 to see the provider and staff; and to review care records, policies and procedures.

What we did before the inspection

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 information gathered as part of monitoring activity that took place on 09 March 2022 to help plan the inspection and inform our judgements.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and nine relatives about their experience of the care provided. In total we spoke with seven staff members including four carers, one care coordinator the manager and area manager.

We reviewed a range of records. This included five people's care plans and records of medicines administration. In addition, we looked at a variety of documents relating to the management of the service, including quality monitoring checks and we confirmed the safe recruitment of five staff members.

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 has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse and ill treatment. One person told us, "I feel safe, very safe with them (staff)."
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and visitors on how to report any concerns.
- The provider had made appropriate referrals to organisations, like the local authority, in order to keep people safe.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- We saw assessments of risks associated with people's care had been completed. These included risks related to people's mobility and home environment.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe whilst providing personal care.
- The physical environment, where people lived, was assessed by staff members to ensure it was safe for people to receive support. When improvements were needed staff members advised people on how to safely make changes. For example, should staff become aware a carpet was a potential trip hazard this would be reported to the person or a family member to make safe.

Staffing and recruitment

- People were supported by staff who usually arrived when expected and stayed throughout the time agreed. Some people told us staff would sometimes be a little late, but this was usually due to traffic and not a problem.
- People were supported by regular staff members and knew who would be attending to support them. Some people expressed dissatisfaction over the previous use of agency staff. However, the provider has since stopped the use of agency staff. The manager told us it was necessary to use such staff owing to shortages resulting from the pandemic.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely

- Not everyone receiving support from Radis Community Care (Stoke on Trent) had support with their medicines. However, those that did were safely supported with their medicines by a trained and competent staff team.
- The provider had systems in place to respond should a medicine error occur. This included contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Preventing and controlling infection

- Staff members told us they had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses. This included updated training in response to the COVID 19 pandemic.
- Staff members had access to personal protection equipment which they used appropriately when supporting people.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accidents and near miss incidents were recorded and passed to the provider for their review. They analysed these incidents to identify if anything could be done differently to minimise the risks of harm to people. For example, a referral to healthcare professionals for reassessment.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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's physical and social needs had been holistically assessed in line with recognised best practice. People, and where needed their relatives, were involved in the assessment of their needs and wants. These assessments included, but were not limited to, mobility, skin integrity, oral health, diet and nutrition.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included people's religious beliefs, gender identification, disability and personal preferences.

Staff support: induction, training, skills and experience

- People were assisted by a trained staff team who felt supported by the provider and the management team. One staff member told us, "I have just completed all my yearly training. Including moving and handling and safeguarding."
- Staff members told us they received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training. One staff member told us, "I find talking about the support we need and the care we provide very reassuring. I can go to them (management) any time I want."
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, safeguarding, health and safety.
- Staff members new to care completed training that was in line with the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively. One staff member said, "I did my shadow shifts with a more experienced staff member but felt like I needed just a bit more support to feel confident. This was provided and this really helped my confidence."

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

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in accordance with the principles of the Mental Capacity Act 2005.
- Staff, and the management team, followed best practice when accessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person concerned.

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

- Not everyone required support with eating and drinking. When they did, they were supported to identify what they wanted to eat. When it was needed the provider monitored people's food and drink intake and any weight gain or loss. Any concerns or unplanned fluctuations in weight were passed to supporting healthcare professionals for their assessment.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people. One person told us how grateful they were for staff phoning for medical support for them and getting the right help when they needed it.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to refer themselves to additional healthcare professionals including GP's and district nurses when it was needed.
- Staff members were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they continued to be treated with care by a helpful, considerate and friendly staff team. One person said, "They (Staff) are very good and will do anything you ask. They are all very kind."
- All staff members talked about those they supported with fondness, compassion and genuine positive regard. One staff member said, "I know I probably shouldn't but I regard everyone I support as one of my family."

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

- People said they were supported to make decisions about their care and support.
- People were involved in the development of their support plans which directed how staff assisted them.
- All those we spoke with told us they were involved in everyday decisions regarding their support. This included, what toiletries they wanted to use, whether or not they wanted to take their medicines, what to eat and what to wear.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their privacy was supported by staff members. People said staff members always respected their privacy when completing personal care. One person told us, "Staff absolutely respect my dignity."
- People were supported to maintain their independence. One person said, "I can do some things myself as I like to be independent but they (staff) are there when I need them."
- Information which was confidential to the person was kept securely and only accessed by those with authority to do so.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and if needed those close to them, were involved in the development and review of their care and support plans. Staff members knew those they supported well. This included people's care needs and their personal likes, dislikes and interests.
- One staff member told us, "The personal information about someone's life history is very helpful. It helps us to know the person as an individual. We can talk with them about things they are interested in and seek out some common ground. It's not just about making sure someone has their medicines but about interacting with people and enjoying the time we spend together."
- When it was appropriate relatives were kept informed about changes to people's health and needs.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals. For example, should someone start to lose weight or eat less this was passed, with permission, to GP's for their guidance. Any advice was recorded and passed to staff supporting the person for a consistent approach to their changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and, in a format, they could easily comprehend. For example, one person had a visual impairment which meant reading their care plan was problematic. The provider provided an audio recording of the care plan for the person to listen to and give their agreement to. The provider had also developed picture and gestural prompts for staff members to use if they supported someone with communication difficulties. These prompts would be adapted to meet the individual's needs.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so. People told us they felt the management team was approachable and if they ever needed to raise a complaint, they were confident it would be addressed appropriately.
- The provider had systems in place to record, investigate and to respond to any complaints raised with them.

End of life care and support

- Although, at the time of this inspection, Radis Community Care (Stoke on Trent) was not supporting anyone who was at the end of life they had processes and procedures in place to capture what was important to the person to ensure they received the support they wanted.
- The provider had developed good working relationships with other healthcare professionals which would support a multiagency approach towards end of life care when it was needed.

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 has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure systems and processes were established and operated effectively to ensure the regulated activity is carried out safely. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A manager was in post and was present throughout this inspection. We confirmed the manager had submitted their application to become a registered manager with the CQC. The manager, and provider, had appropriately submitted notifications to the CQC. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The provider, and management team, had effective quality monitoring systems. These included checks of people's care plans and medicines. These checks ensured people received the care they needed and had agreed to.
- Staff members received regular spot checks. This was where a senior staff member attended the care call and checked the performance of the staff member against a set of standards including, but not limited to, timeliness, safe use of equipment and engagement with the person. As part of these checks the staff members medicine competence was reviewed and feedback provided. Staff told us they found these checks to be supportive, informative and helped them maintain a good standard of practice when supporting people.

Continuous learning and improving care

- The management team kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular interactions with health care professionals and membership with a national managers forum where they can share ideas and questions about best practice. In addition, they received updates from the local authority, UK government and public health.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives had a positive relationship with the management team who they found to be accessible and engaging. Everyone we spoke with was complementary about the management team and felt supported by them.
- The provider regularly asked for people's feedback on their experiences of care. This was either done face to face as part of the staff spot checks or via a phone call. All the feedback we saw was positive. However, when the provider received feedback or a suggestion on how improvements could be made, they acted on it. For example, if someone expressed a need for greater flexibility in the time of their call this was acted on.

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

- The manager and provider were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- People were involved in decisions about their care and support and were asked for their opinion. The manager confirmed the latest quality survey had just begun and therefore the results were not known at the time of this inspection. However, we saw people were regularly asked for their views on the service they received, and the provider had systems in place to respond positively to any comments and to feedback where needed.
- Staff members told us they found the management team supportive and their opinions were welcomed and valued.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and provider should they ever need to raise such a concern.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurse teams.