G P Homecare Limited

Radis Community Care (Coventry)

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 Coventry is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection the agency supported approximately 230 people with personal care and employed 130 care staff.

Part of the service provided by Radis Community Care Coventry was a short term enablement service. This was a time limited service, for up to six weeks that supported people so they could come out of hospital, return to their own homes and regain skills during the enablement period.

Following our last comprehensive inspection of the service in June 2015 we found the provider was not providing the standard of service we would expect, in three key areas, and we rated the service 'Requires Improvement'. During our comprehensive inspection in January 2017 we found the required improvements had been made.

We visited the offices of Radis Community Care on 26 January 2017. We told the provider 48 hours before the visit we were coming so they could arrange to be there and for staff to be available to talk with us about the service.

The service had a registered manager. 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.

People felt safe using the service and staff understood how to protect people from abuse and keep people safe. There were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. The character and suitability of staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

There were enough staff to deliver the care and support people required. Staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us staff had the right skills to provide the care and support they required.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA). Staff respected people's decisions and gained people's consent before they provided personal care.

People told us staff were kind, respected their privacy, and promoted their independence. Care plans provided guidance for staff about people's care needs and instructions of what they needed to do on each call. Staff visited the same people regularly and knew how people liked their care delivered.

Staff felt supported to do their work effectively and said all the management team were approachable and knowledgeable. There was an out of hours' on call system in operation, which ensured management support and advice was always available for staff.

People knew how to complain and information about making a complaint was available for people. People and staff said they could raise any concerns or issues with the management team, knowing they would be listened to and acted on.

The management team checked people received the care they needed by monitoring the time staff arrived at people's homes, reviewing people's care records and through feedback from people and staff.

Quality assurance systems were in place to assess and monitor the quality of the service. These included asking people for their views about the service through telephone conversations, visits to review their care and annual questionnaires. There was a programme of other checks and audits which the provider used to monitor and improve the service.

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.

People felt safe with staff, and there were enough staff to provide the support people required. Staff understood their responsibility to keep people safe and to report any suspected abuse. People received support from staff who understood the risks identified with people's care and knew how to support people safely. The provider checked the suitability and character of staff before they were able to work in people's homes. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The registered manager and staff understood the principles of the Mental Capacity Act and respected decisions people made about their care. Where people required support with their nutritional needs, staff made sure people had enough to eat and drink. People were supported to access healthcare services when required.

Is the service caring?

Good

The service was caring.

People received care and support from staff they were familiar with and who knew them well. People were supported by staff who they considered kind and caring. Staff respected people's privacy and encouraged people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's needs and abilities were assessed and people received a service that was based on their personal preferences. Staff understood people's individual needs and were kept up to date about changes in people's care. People were able to share their

views, and knew how to complain if they needed to.

Is the service well-led?

Good

The service was well led

People were satisfied with the care they received and were encouraged to share their opinion about the service provided. Staff received the support and supervision they needed to carry out their roles and felt confident to raise any concerns with the management team. The management team provided good leadership and there were processes to regularly review the quality of service people received.

Radis Community Care (Coventry)

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 was 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.

The service was last inspected in June 2015 when we found the provider was not meeting the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement was required for the service to be Safe, Effective and Well Led. At our comprehensive inspection in January 2017, we found the required improvements had been made.

The office visit took place on 26 January 2017 and was announced. We told the provider 48 hours before the visit we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with staff. The inspection was conducted by 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.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. They had no new information to share about the service.

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. We found the information in the PIR was an accurate assessment of how the service operated.

The provider also sent a list of people who used the service; this was so we could send surveys to people and contact people by phone to ask them their views of the service. Surveys were sent to 50 people who used the service, 50 relatives and 81 staff. Surveys were returned from 20 people who used the service, three relatives, and 24 staff. We spoke with 17 people by phone, 14 people who used the service and three relatives. We used this information to help us make a judgement about the service.

During our visit we spoke with three care workers, four care co-ordinators, a training officer, the area manager and the registered manager. We reviewed four people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits.

Good

Is the service safe?

Our findings

All the people who completed surveys and who we spoke with by phone told us they felt safe with the staff who visited them. People told us, "Yes [person] is at ease with staff and she is safe," and, "I feel safe and I'm very relaxed with the care staff." Another said, "Yes they take the time to keep me safe." People told us they would ring the office and speak to any of the management team, if they had concerns about their safety.

The provider had a safeguarding policy and procedure to guide staff on how to protect people from harm. This included safeguarding training for staff so they knew how to protect people from abuse. Staff understood their responsibilities to keep people safe and protect people from the risk of harm or abuse. They understood the type of concern they should report and how to report it. For example they told us they would look out for changes in people's behaviour, unexplained bruising, or neglect by not providing the care people required. One staff member told us, "We have training in abuse so we know what to look out for. If I had any concerns at all I would ring the office and report it." Staff were confident any concerns they reported would be acted on by the registered manager or co-ordinators. The registered manager understood their responsibility for reporting any concerns they had about people to the local authority safeguarding team and to us. The provider also had a whistleblowing policy and procedure which meant staff knew they could share concerns about other staff's practice in confidence.

The provider's recruitment process ensured risks to people's safety were minimised. The character and values of staff were checked prior to employment, to ensure they were of a suitable character to work with people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to assist the person, and the equipment used in their home. A relative told us, "[Person] uses a hoist and Radis staff can do this safely ... their moving and handling is brilliant."

Where people were at risk of skin damage due to poor mobility, not all the plans we looked at had risk assessments completed to instruct staff how to manage the risk. However, staff we spoke with knew how to check people's skin and what to do if they identified any changes in skin condition. People confirmed staff knew how to check their skin and manage pressure areas. One person told us, "At the moment I have a pressure sore from hospital and the care staff are working well with the district nurses. The carers are even better than the nurses; they are more caring about it." The registered manager told us they would check the care records of people at risk of skin damage to make sure assessments for pressure area management had been completed.

All the people we spoke with told us staff always arrived to provide care, no one had experienced a missed call. All of the staff we spoke with told us there were enough staff to meet people's needs, and attend all the scheduled calls on their rota. The care co-ordinators responsible for scheduling calls, confirmed there were enough staff to cover all the calls people required. At the time of our inspection the service was experiencing a high level of sickness of care staff. To ensure they had enough staff to cover the calls people required, they were using agency staff to cover some calls until staff returned.

The provider used an electronic call monitoring system for scheduling and monitoring calls to make sure staff arrived around the time people expected. The call monitoring system showed the calls people required were allocated to staff at specific times and included the time allowed for the call to take place. These procedures ensured people received their scheduled calls when they should.

We looked at how medicines were managed. Most people we spoke with administered their own medicines or their relatives helped them with this. Where staff supported people to manage their medicines it was recorded in their care plan. People had no concerns about how they were supported to take their medicines. They told us their medicines were provided consistently, on time, without mistakes and that it was recorded. One relative told us, "They meet with us and we discuss any changes, we did this for medicines. Yes, the medicines are done right." Another relative did recall staff making a minor mistake when giving medicines, they told us, "They [staff] do her tablets and record the times … they've only had the odd error … one [staff] had not recorded it all but the next one spotted it … they take it very seriously."

Staff told us they had received training to administer medicines and had been assessed as competent to give medicines safely. Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MARs were checked for any errors by staff during visits and by senior staff during spot checks. Completed MARs were returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

People told us staff ensured good hygiene practice by using disposable gloves and aprons, and by washing their hands to prevent the spread of infection.

Good

Is the service effective?

Our findings

All the people who completed surveys, and who we spoke with, consistently described good effective practice and how this was provided by competent, skilled staff. Comments from people included, "Yes, they all seem well trained," and "Yes they are well enough trained. They know what they are doing." Another said, "They seem to be shown the job before they start."

Staff told us they completed an induction programme and training to ensure they had the skills they needed to support people. Staff told us their induction included working alongside an experienced member of staff, and training courses tailored to meet the needs of people they supported. The training officer confirmed staff induction training was based on the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. During our office visit induction training was taking place for new staff. One member of staff said, "My induction gave me the confidence and skills I needed before working on my own."

Staff received management support to make sure they carried out their role competently and effectively. Staff told us in addition to completing the induction programme; they had regular observations of their practice to make sure they understood the training and put this into practice effectively and safely. Staff told us they had regular meetings with their line manager to make sure they understood their role. Regular checks on staff competency were discussed at these meetings, and staff had an opportunity to raise any issues of concern.

The registered manager kept a record of staff training, which included dates when refresher training was due to be renewed. Records confirmed staff received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults. Staff also received training in specific conditions such as dementia. This was to ensure people received care from staff that understood their medical conditions.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

All staff had completed training in the MCA and knew they should assume people had the capacity to make their own decisions, unless it was established they could not. All the staff we spoke with said people they visited could make everyday decisions about their care, or had relatives that supported them to make these decisions." Staff knew they should seek people's consent before providing care and support. One staff member told us," Even though I go to the same people every day I still ask if it's alright with them before I do

anything."

The manager understood their responsibilities under the MCA. They told us there was no one using the service at the time of our inspection visit that lacked the capacity to make all of their own decisions. Some people lacked capacity to make certain complex decisions, for example how they managed their finances. Those people had somebody who could support them to make decisions in their best interest, for example a relative or advocate. Some relatives had a power of attorney authorisation for their family member to make certain decisions on their behalf. Where these were in place a copy of the authorisation was kept on file so the service could be sure decisions were made by a person who had the legal right to do so. The registered manager worked with health professionals and people's representatives to make decisions in their 'best interests'.

Most people we spoke with were able prepare their own food or had relatives who helped them do this. Where people required staff to assist them with meal preparation, this was recorded in their care plan. People who had assistance from staff to prepare their meals were satisfied with the service they received. One person said, "They get my meals. It's done nicely and they tidy up afterwards." Another told us, "They also do my meals, for breakfast I have cereal and they leave me a flask of tea and then they do my lunch." Some people required their food to be prepared in a specific way, for example pureed to prevent choking. Staff understood how people required their food to be prepared and told us they had time to assist people at mealtimes without having to rush.

Staff and people told us Radis Community Care Coventry worked well with other health and social care professionals to support people. People we spoke with recalled how staff supported their health and well-being whilst providing care. One person told us, "They do alert me to anything that might need the doctor, if I have a rash or something like that." Another said, "If they spot anything that needs the doctor or nurse they tell me, they are very strict on that."

Staff told us, if a person was unwell during their call, they would ask the person if they would like to see a doctor and call the GP. They would also inform the family and contact the office to let them know so they could follow this up if needed. Records showed health professionals such as GPs and district nurses, were consulted where concerns had been identified.

Records confirmed referrals were made to health professionals such as doctors, speech and language therapists (SALT), and the district nursing team where a need was identified. Care records showed where people had received advice from medical professionals; their records and care plans had been updated to reflect the advice. For example, where people were referred to the SALT team about prevention of choking, information was recorded in the care records about how staff should prepare people's food and drink. Discussions with staff and completed care records confirmed these instructions were followed. People were supported to manage their health conditions where needed and had access to health professionals when required.

Good

Is the service caring?

Our findings

The people who completed our survey and who we spoke with said staff treated them with respect. They considered staff to be caring, polite and to uphold their rights, choices and independence. For example, people told us, "They are quite good. The carers are really nice, pleasant and helpful. They are cheerful and ask if they can do anything else before they go." Another told us, "The staff are all chatty and respectful. We would tell them if they were not doing something we wanted." A relative's survey response told us "The care staff who deal with my [relative] are very caring and are like daughters to her when carrying out duties in our home. I have the utmost respect for them." People told us the service was respectful of preferences to gender of staff. One person commented, "I was agreeable to the care plan but sometimes when a man came I didn't want this. I told them and they have respected this."

People told us they felt listened to and what they said was taken into account. For example, "They are very good. They've listened to what I have asked and they help me in that way." Another said "They have listened to me at each stage and they have done more or less what I requested."

All the people who answered our survey, and who we spoke with, told us staff had a kind and caring attitude. Comments from people included; "I feel that the care and support I get is better than I thought it would be. They are understanding and offer a great service. I would definitely recommend the company to anyone else. Another said, "I have good fun with them." Another told us, 'The carers are good, very pleasant, and they turn up on time."

People said the staff provided their care with dignity. One person said, "They are very polite and respectful. When they help me with my shower they ensure my dignity and my privacy is respected." A relative told us, "They have always provided her care with great dignity." Another relative said, "[Person's] care is done with dignity and safely. They talk to her and she is able to talk with them and it is helping. They have a good bedside manner."

People told us staff maintained their privacy when supporting them with personal care. This included, staff knocking on people's doors before entering and letting people know they were there by calling out. One staff member explained how they would respect people's privacy saying, "I would always make sure doors are shut, curtains are drawn and family members are not in the same room when I'm providing personal care to people."

Nineteen of the twenty people who answered our questionnaire told us they were cared for by a consistent team of staff, which they preferred. One person said, "I have regular care staff, which I like. I have built up good relationships with them and they know me well." People we spoke with said their care was provided by staff that they knew. Staff confirmed they visited the same people regularly and told us continuity was important so they could gain people's trust and develop a good relationship with people.

Staff told us they enjoyed working at Radis Community Care. They said this was because they enjoyed caring for people. One member of staff said, "I love it, I like visiting elderly people and really enjoy caring for

people." Another member of staff said, "It's the best job I have ever done. The people I visit are just so lovely and so are all the staff in the office, nothing is ever too much trouble."

People told us Radis Community Care helped them to maintain independent living. Comments from people included, "I've no worries how they help me and I can do a bit myself and they understand that I like to do this," and, "They've helped keep me well." "It makes a big difference and it's been very helpful." Another said, "They quickly respected what I could do and what I could not but I've got better and they have helped." Some people told us they had used the short term enablement service and how this had helped them regain independence. Two people we spoke with no longer used the short term service as they were now able to do things themselves. One person told us, "When I came out of hospital I needed to use a hoist as I couldn't stand. I had two carers every visit. As I got stronger I used a frame to help me, now I don't need anything as I can walk well. I don't need any help, I do miss the girls; they were great."

Records confirmed people were involved in making decisions about their care, and had signed their care plans to agree the care and support they required.

Good

Is the service responsive?

Our findings

People told us they had regular staff that knew their likes and preferences and how they wanted their care provided. Comments included, "Generally the staff are all known to us and we get a rota", and, "They've got used to me and I've got to know them, and they know me. It's got into a nice routine and they know what to do. I don't have to tell them or they know to look in the folder."

Staff told us as they visited the same people regularly they got to know how they liked their care provided. One staff member told us, "I know all the people I visit really well, I know their likes and preferences and how they want me to do things." Staff said they were made aware of any changes in people's care by phone calls and emails.

People told us it was important to them to have care workers they knew. A relative told us, "[Name] is wary and nervous of strangers so she likes the same staff. She has had new staff and does get anxious if she's not introduced but she mostly has staff she knows." The care co-ordinator's made sure people were able to develop good working relationships with staff by regularly allocating the same staff to people. This supported staff to learn about people's needs and abilities and to get to know them and understand people well.

Most people we spoke with said staff arrived around the time expected, stayed for the agreed length of time and completed all of the care that was needed. Comments included, "Generally on time. They will let me know if they are very late, but I'm very flexible about call times anyway." Another said, "I've been agreeable to the times, they are mostly on time, some are a bit early but on the whole it's good." People accepted hold ups in traffic could delay staff.

Staff told us they always had enough time to deliver the care and support people needed. They said, "I have enough time allocated for each call. I visit the same people and I get there about the same time each day." Another said, "We don't need to rush. We stay and do everything before we leave." Staff confirmed if they were running late, they called the office who would phone the next person to let them know. One person told us, "I have no problems with the time my carers arrive…. if they are going to be late, they let me know". Although some people said they were not always informed if staff were going to be later than expected.

We looked at the call schedules for four people who used the service and the rotas for four care staff. These confirmed people were allocated regular staff at consistent times, where possible. Staff told us visits were 'patched' (arranged in the same area), so they did not have far to travel between calls.

People told us their support needs had been discussed and agreed with them and their relatives when they started using the service. Comments from people included, "They came out to meet us at the time it started. Since then they have come to the reviews with social services and they have been concerned to keep things on track." Another said, "It's been nearly 12 months now, I was in hospital, and they came there to meet me with the social worker."

We looked at four peoples care files. These contained care plans with details of what staff needed to do on each call and included people's preferences. Information in care records was individualised and included people's likes and dislikes, background history and health conditions. We found how pressure area care was being managed was not always clearly recorded in care plans. The registered manager confirmed they would put procedures in place to improve this process. Care and support was planned for each person based on their individual needs. Care records had been signed by the person, or their representative, where they were unable to sign records themselves.

Care records we reviewed were up to date, and had been promptly reviewed where changes in care had been identified, to ensure care and support continued to meet people's needs. The co-ordinators told us, where there had been no changes in people's care, annual reviews had not always been completed due to time pressures and staff shortages. The co-ordinators and the registered manager were certain that where there had been any changes to people's care, care plans had been reviewed and updated. Staff we spoke with were confident that plans in people's homes provided accurate information about the care people required. One member of staff told us, "I don't read the care plan every day as I visit the same people all the time. I always read the records from previous calls, in case I need to follow anything up." Another said, "I have no concerns about care plans being out of date or not accurate. If there are any changes needed I contact the office and they will re-assess straight away and update the care plan if needed."

Staff told us they had an opportunity to read care records and daily records at the start of each visit to a person's home. The daily records gave them additional information about how the person was being supported. These daily records provided staff with 'handover' information from the previous member of staff. Staff explained the daily records supported them to provide responsive care for people because the information kept them up to date with any changes to people's health or care needs. One member of staff commented, "The daily records will always tell you what has been happening, and if there have been changes we read the care plan."

People told us the care they received helped them to remain in their own homes. For example, "When it was first set up I was very ill. I'm a lot better and now they only need to call twice a week to help me shower." Another said, "They've been visiting me for a good while. I kept having falls when I was in hospital. I've improved, they are helping me."

People told us they knew who to talk with if they were unhappy about any aspect of their care or wanted to make a complaint. There was information about how to make a complaint in the folders each person had in their home. Most of the people we spoke with told us they never needed to make a complaint, with a typical comment being; "I have no complaints." One person said, "I've had to pick them up but not had any major complaints, just one time when I was not happy and it got sorted, they took me seriously."

There were procedures in place to log and analyse complaints and feedback, to see if there were any common trends or patterns, and to enable the provider to learn from the feedback they received. Complaints and concerns were recorded and fully investigated by the registered manager to establish whether improvements to their service needed to be made. Records showed people who raised concerns were contacted in a timely way by the registered manager and efforts were made to resolve things to their satisfaction.

Good

Is the service well-led?

Our findings

People who responded to our survey and the people we spoke with told us the service was well-led and the management team and staff were approachable. Comments included; "It's an all-round service, the carers and the office staff are all good." And, "On the whole they are brilliant, they helped my [relative] and they are good with me too."

The service had a registered manager at the time of our inspection visit. The registered manager was supported by a management team that consisted of the provider, an area manager, a trainer, care co-ordinators, field supervisors and administrative support. Coordinators and field supervisors worked alongside staff in people's homes. This enabled them to check on staff performance, and keep up to date on people's care and support needs.

At the last comprehensive inspection in June 2015, the service was rated 'requires improvement', as the provider was not meeting the fundamental standards in three key areas. At this inspection we found improvements had been made and the provider was meeting the required standards.

The registered manager understood their responsibilities and the requirements of their registration. For example, they understood what statutory notifications were required to be sent to us and had submitted a provider information return, (PIR) which are required by Regulations. We found the information in the PIR reflected how the service operated.

The management team and staff we spoke with had a clear understanding of their roles and responsibilities and what was expected of them. Staff told us they were given information about the provider's policies during their induction and in the handbook they received when they started working for the service. Staff said the provider's policies supported their practice. For example, all staff knew they could not use a hoist unless they had been trained to do this and knew about the provider's whistleblowing policy for reporting concerns about other staff practice.

All the staff we spoke with enjoyed their role and thought the service was good to work for. Returned surveys from staff told us, "Brilliant care service. Very well organised, and friendly approachable managers," and, "Radis is a great place to work for. They are always at the end of a phone so you can get hold of them if there is a question or problem, a very friendly group to work for." Another said, "The best company I have worked for by miles, always keeping the worker up to date and if things change in the service they immediately fix the issues. The management have always supported me and can't think of anything that needs changing in the company."

Staff told us they received regular support and advice from the management team via the telephone and face to face meetings. Staff were able to access support and information from managers at all times as the service operated an open door policy, and an out of office hours' telephone service for advice and support. Staff said communication from the office worked well and they were kept up to date about changes in peoples care and changes in policies. Comments included, "Everything seems to work well," People also

told us they were able to contact the office staff if they needed to, comments included "The office are easy enough to get hold of and if they need to get back to me it just takes a few minutes," and "It's easy enough to get in touch with them. They get back to me and sort things out." These procedures supported staff in delivering consistent and safe care to people.

The service was part of a larger organisation and operated alongside other services owned by the provider. Through this arrangement Radis Community Care Coventry had access to policies, procedures and learning from the provider's other services to keep up to date with best practice.

The providers PIR completed by the registered manager told us how they kept up to date with good practice in the home care sector and how they planned to develop their service further. "We are members of the UK Home Care Association (UKHCA), and as a registered manager I attend regular registered managers' forums in the local area. Radis has a quarterly newsletter which is issued to all staff and customers, and staff achievements are always recognised in this. We ensure staff are thanked for all their efforts through weekly memos. The Coventry office has three times this year (2016), been the top performing branch in the company, and we have received internal recognition from the directors of the company."

The provider and registered manager responded to feedback they received from people who used their service, staff and stakeholders. Feedback was gathered through a number of routes, which included an annual quality assurance survey, review meetings with people and telephone calls. People told us they were asked for their views about the service, "They keep in touch with me and they ask for my feedback when they speak with me", and "They come out to check, the lady in charge comes and she has a chat with me." Another said, "They have phoned me to ask me how it's going. I had no complaints."

The registered manager and staff in the office undertook regular checks of the quality of the service. When people's daily records were returned to the office, they checked the records matched the care plans and that people's medicine administration records (MARs) were completed in full, to confirm people received their medicines as prescribed. We found the timeliness of auditing records could be improved. We were told the delay in checking records had been due to care co-ordinator vacancies, which had recently been recruited to.

We looked at copies of the provider's annual audit and the last local authority monitoring visit. Action plans had been completed and the registered manager was making the required improvements, which included reviewing care records. The service had received many compliments from people and relatives about the service. Comments on cards people had sent included, "[Staff member] is a little ray of sunshine," and "[Staff member] is friendly, supportive and make me laugh a lot, and for me stuck in the house it really means a lot."