

G P Homecare Limited

Radis Community Care (Supported Living Reading)

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

This inspection took place on 18 September 2018 and was announced. This was the first inspection of the service under the current registration.

The service operates as a domiciliary care agency. It provides personal care to 18 people living in their own homes in the community. It also provides 24-hour care and support to two people living in 2 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. It provides a service to older adults, younger disabled adults and disabled children.

Not everyone using Radis Community Care Supported Living Reading, receives a regulated activity. The service supports a further 50 people who do not receive personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A registered manager was in place as required. 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 and relatives were happy with the care and support provided by the service. People were safe and told us staff treated them with kindness and respected their dignity and privacy. Where safeguarding issues had arisen, they had been addressed openly by the service and any lessons learned. People and, where appropriate, their representatives, were involved in planning and reviewing their care. Care plans and associated documents were detailed and provided staff with the information they needed to deliver personalised care.

People felt listened to and said the registered manager was accessible and approachable. Where complaints or issues had been raised, they had been addressed. People's views about the service had been sought via surveys, telephone calls and during spot check visits.

People's cultural and other diverse needs were identified and supported where appropriate within the support provided. People were enabled to access activities in the community when this was part of their care plan.

The service helped keep people as safe as possible by having a robust system of recruitment checks to ensure as far as possible the suitability of potential staff. People's medicines were safely managed on their behalf where relevant.

Risks to people and staff were identified through thorough risk assessments and action taken to minimise risk wherever possible. People's legal rights and freedom were supported by the service.

Staff received thorough induction training using a nationally recognised programme and were provided with regular updates to mandatory training. Additional specialist training was also provided where necessary. Ongoing support was provided to staff via regular one-to-one supervision and annual performance appraisals.

The registered manager maintained effective oversight of the service through various monitoring systems. Regular team meetings helped ensure effective communication with all staff.

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.

Staff had received regular safeguarding and child protection training and issues that had arisen were managed appropriately.

A robust recruitment process helped ensure the suitability of staff.

People's medicines were well managed on their behalf where this was part of the care plan.

Risks to people and staff were assessed and action was taken to minimise these where possible.

Is the service effective?

Good ●

The service was effective.

People's rights and freedom were protected in the way staff worked with them.

People were supported to have a varied and appropriate diet and their hydration needs were met where this was part of their care plan.

People's healthcare needs were met and supported by staff when necessary.

Staff received appropriate induction, training and ongoing support to enable them to work effectively.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and dignity and their rights were upheld. Staff developed positive relationships with people.

People and their representatives were involved in planning their care.

Their cultural and other diverse needs were identified and met.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and their views were sought as part of planning and reviewing their care. They felt involved and consulted.

People were supported to access the community where this was part of their care plan.

People's complaints were investigated and resolved.

Technology and specialist equipment was used to maximise people's wellbeing and ability to communicate.

Is the service well-led?

Good ●

The service was well led.

People felt the registered manager was approachable and accessible.

The registered manager had systems in place to monitor the effectiveness of the service.

The views of people and their representatives were sought and acted upon, to develop and improve the service.

Radis Community Care (Supported Living Reading)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 September 2018 and was announced. We gave the service 48 hours' notice of the inspection site visit because it is a supported living and domiciliary care service and we needed to ensure the registered manager would be available to help us with the inspection. We also needed to give her time to arrange for us to visit one of the supported living services as part of the inspection.

This was the first inspection of the service under the current registration. The inspection was carried out by one inspector. The service submitted a provider information return (PIR), in September 2018. 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 looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed the information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted a total of 10 representatives of the local authority who funded people supported by the service and external healthcare professionals, for their feedback. We received no concerns.

During the inspection we spoke with the registered manager, the office manager and one other staff member. We examined a sample of six care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including, training and supervision records and medicines recording. We spoke with one person receiving support from the service to obtain their views. Other people were unable to speak with us. We observed the support provided to one person by

the staff during our visit to a supported living setting. After the inspection visit we spoke with a further two people supported by the service and two relatives. We obtained verbal and email feedback from two staff about the service.

Is the service safe?

Our findings

People and relatives told us people were safe while receiving support from the service. One person told us they felt safe supported by staff. Two relatives also felt people were safe. One told us, "Yes, she is safe. I feel very comfortable about the staff." Another relative, when asked if their family member was safe under the care of the staff, said, "Yes, always."

Appropriate investigations had taken place where safeguarding issues had been identified to try to minimise the risk of recurrence. The service had taken appropriate action to learn from incidents. A range of suitable actions had been taken following investigations, including disciplinary action, re-training and competency reassessment. Staff received regular updates to safeguarding training and understood their responsibilities.

Risk to people were appropriately assessed and action taken where possible to minimise the risk. The service had identified concerns related to the lifestyle choices made by one person, which could impact on their safety or wellbeing. Whilst respecting the person's right to make an unwise decision, the service had alerted the care manager and sought appropriate advice. People's care plans cross-referenced to risk assessments where applicable to ensure staff were aware of them. Risk assessments provided guidance to staff on how to mitigate identified risks. People's home environment was assessed for any possible risks to them or the staff providing their support.

Where people required support to transfer or mobilise, appropriate risk assessments had been carried out and detailed care plans were provided. Where specialist equipment was required, photographs and additional information for staff were present in the care plan.

People were safeguarded because the service had a robust recruitment process to ensure as far as possible that the staff employed had the appropriate skills and approach to provide safe care. Recruitment records for five recently recruited staff included evidence of the required checks including a criminal records check, references, employment history and confirmation of identity. Records of interviews showed suitable questions had been asked to try and establish candidate's suitability to provide safe and effective care.

At the time of inspection, the service had four staff vacancies, two of which had been recruited to and staff were undergoing pre-employment checks or induction. Members of the management team were trained and provided support to cover care calls, where necessary.

The service had an appropriate 'service contingency plan' to describe how the service might be maintained and prioritised, should a variety of foreseeable emergencies arise.

People's medicines were in some cases, managed on their behalf where they were unable to do this themselves. Where the service managed people's medicines, a suitable system was in place to order, manage, administer and record their medicines. Only medicines provided in original pharmacy-labelled packaging were administered and regular stock checks were carried out. People each had hospital information packs which contained information to help ensure their needs were met in the event of

hospitalisation. Staff had received training on medicines management and had their competency assessed. Additional training had been provided where staff were responsible for administering medicines via 'peg' tube (direct to the stomach).

Is the service effective?

Our findings

People and their relatives felt the service met their needs effectively. One person was happy their support was always provided by the same group of staff and said they got on well with them. The person also praised the support they had received around their healthcare needs and said they got to eat the food they liked. People's relatives said the staff knew the person's needs very well. One relative said of the staff, "They are very professional and polite and interact very well with [name]." Another relative told us, "I never feel they [staff] are rushing." Other comments made included, "I love Radis, the best care agency I ever worked with. The management can also deliver care, they are very hands on."

People's needs were assessed and their care was planned along with the person and or their representatives to help ensure it met their needs and wishes. Daily notes and handover records helped ensure that key information was passed on to staff to maintain continuity of care. They identified any significant events and referred staff to relevant care plan changes. Care plans identified any individual preferences about how support was provided through detailed daily routine summaries.

The service understood the Mental Capacity Act 2005. (MCA). The 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. The service worked in line with this legislation. Mental capacity assessments were carried out where there was a question whether the individual had the capacity for specific decisions. 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 the community people can only be deprived of liberties when this is agreed by the Court of Protection. The service did not, currently, support anyone whose liberty was restricted.

One person supported by the service had capacity for day to day decisions about things such as food, clothes and activities, but not for more complex health-related decisions. Support had therefore been provided through a best interest process involving them, their family and relevant professionals to try to optimise their healthcare and decisions made around this. External healthcare professionals had worked with the person to support the ongoing self-care aspects of their health and wellbeing.

People's consent was sought before care was provided, in whatever way they could demonstrate this. Some people were able to communicate their wishes using electronic communication aids. Two people's care files included their consent for the use of safety equipment. One person's care file recorded that their verbal consent to the care plan had been obtained.

People received the support they needed around nutrition and hydration, where this was part of the care plan. Where one person was provided their food via enteral peg tube, detailed instructions were provided for staff and appropriate training had been provided.

People had access to regular and specialist healthcare support where necessary. The advice of healthcare professionals was sought and acted upon. Guidance was available to staff about supporting healthcare and relevant medical conditions. For example, information on pressure area risk identification and reporting was on one person's file, who was at risk of developing these. Another person's care file included a detailed epilepsy support plan. People's health needs were identified in 'Health action plans' where this was part of the care provided.

All staff were expected to complete the nationally recognised 'Care Certificate' induction training programme to equip them with the necessary knowledge and skills. The service had recently begun to follow up this training with thorough competency assessments, based on the 'Care Certificate' competencies. However, these had yet to be completed. Staff had received annual updates of all core training and competency had been assessed informally as part of spot check monitoring visits. Moving and handling training for staff included practical observation and sign-off of competency by the trainer. Ongoing support was provided through regular one-to-one supervision and annual performance appraisal.

The service worked effectively with health and social care professionals to try to ensure agreed care plans were delivered. The service was good at advocating on behalf of people for additional support and specific needs. For example, staff had highlighted one person's need for repair or replacement of their specialist mobility equipment.

Is the service caring?

Our findings

People and relatives told us the service and staff were caring, treated people with kindness and respected their dignity. One person said, "They respect my views and manage my dignity well."

People were happy the staff consulted them about day to day decisions and involved them in their care. A relative also said staff managed dignity and privacy well, felt appropriately involved and kept informed about their family member's wellbeing.

Management carried out periodic unannounced spot check monitoring visits to observe the care provided and sought the views of people about their care.

People's care plans and files reflected their involvement or that of their representatives, in decision-making and in establishing the details of the care package. Information about their likes, dislikes and preferred daily routine was sought and recorded so staff knew how to deliver the agreed care and support.

References were made in care plans to asking the person their views and encouraging their involvement. Care plans were regularly reviewed with people and their representatives to ensure they reflected any changes in people's needs. Staff confirmed they had access to care plans and described how they worked in ways that respected people's privacy and dignity. For example, by offering people' choices, listening to what they want and seeking their consent.

Staff respected people's rights to be involved in decisions-making about their daily lives to promote people to be as independent as possible. People were enabled to communicate using their chosen method(s), which were recorded in individual 'communication passports'. Staff sought people's views and were guided by these when providing their support.

The provider had a confidentiality policy and staff had been trained in General Data Protection Regulations 2018 awareness and were adhering to the new regulations.

People's care plans referred to any cultural, spiritual or other diverse needs and addressed these where relevant to the care package. Specific support had been offered to one person in relation to their diverse needs.

Is the service responsive?

Our findings

People and relatives said the services responded flexibly when people's needs changed. One person was happy staff took notice of them and their wishes and listened when they had a problem. One person said, "I get on with most staff. They listen." They were happy they got to go out often to places they enjoyed. Another person told us, "Staff listen to how I want things done. It's all done my way." They added that the service had been flexible when they wanted to change their support hours.

People's care plans provide staff with the information needed to offer personalised care in accordance with their wishes and needs. Care files and care plans were detailed and clear. Issues were cross-referenced between risk assessments and care plans to ensure identified actions were taken by staff.

People had consented to the content of their care plan wherever possible or this had been discussed with their representatives, where appropriate. Support plans included some pictorial elements to assist people's understanding although they weren't in a fully easy-read format. Where the person supported was a child, their parents were consulted and involved in decision-making. The involvement of family in support was encouraged where this was appropriate and wanted by the person. People were supported to access events and places of interest in the community where this was part of their care plan. One person told us "I get to go out a lot."

Individual communication plans were provided where people had specific communication needs. The communication systems reflected the requirements of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People had access to a complaints procedure, available in easy read format where necessary. The registered manager said the procedure could be made available in other formats or languages if required. People were supported by staff or family members, if they wished, to raise a concern.

People we spoke with had no complaints about the service or the support they received. One person told us, "I have no concerns. Any issues are dealt with." One person raised some issues which the registered manager was going to discuss in more detail with them.

Where complaints had been raised previously, (ten since this service was registered in September 2017), they had been investigated and addressed by the service. Fifteen compliments had been received about the service in the same period. Comments made included, "The support plan captured my daughter's needs very well", "This is the first agency in a long time that meets all of [name's] needs," and "[person's name] and [staff name] have a great relationship and enjoy spending time together."

People used a variety of communication aids as well as speech in order to enable them to convey their wishes. For example, some people used pictorial communication systems on touchscreen tablets. One

person had a specialist electric self-propelled wheelchair to enable them to move about independently within and outside their home.

Is the service well-led?

Our findings

People and relatives said the service was well run and felt the registered manager was approachable and accessible. One person told us, "The manager calls back immediately, if necessary." Another person described Radis as, "An excellent care provider." A relative said they were, "Very able," to contact the registered manager and described her as, "Very open."

A registered manager was in post as required in this service. 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.

The registered manager also oversaw other aspects of the provider's services. She was based in this service three days per week and was in regular contact with the branch manager at other times. An out-of-hours on-call service for staff was shared between four of the management team. Additional support and advice was available to the service from an in-house clinical nurse specialist, when required.

Staff were given a copy of the provider's 'values', a copy of the 'Skills for Care' code of conduct and a staff handbook when they started employment. These provided them with information about the approach and conduct expected of them and the provider's ethos. Staff were aware of the providers values and expectations.

Regular team meetings took place. The minutes showed a range of appropriate topics relating to care, individual's needs, thanks and practical issues as well as specific guidance. Additional information had been emailed to staff regarding fire safety and tissue viability. Periodic newsletters were also sent to staff to keep them informed of provider developments and changes in legislation.

Since the service re-branded and re-registered in 2017 the registered manager had taken action to address various issues identified by an internal quality audit under the previous provider. A further audit under the current provider's systems was due later in the month of this inspection.

The views of people and their relatives were sought via an annual quality survey, most recently in 2017. Nine responses were received from sixty-five forms sent out. All respondents were either "very" or "quite" happy overall with the service. A service development plan was attached to the survey report which identified the action taken to address the few issues raised. An easy-read version of the survey form had been used to help enable people to complete the survey. Some quality assurance telephone calls had also been made to people and relatives in between surveys to obtain feedback and management spot check visits often included seeking feedback. A new telephone survey format had been devised for use from October 2018 to be used quarterly.

The service had made improvements based on feedback received, including better rostering of calls and daily notes being returned to the office following calls to enable effective monitoring. Following a previous

issue regarding a breach of confidentiality people's records used outside the office now only included their initials rather than full names.

Any incidents, accidents or significant events were logged on a central computer-based record. They were monitored, analysed and discussed in management meetings to identify any issues or emerging patterns. In this way the service learned from events.

The service had worked effectively with external care and health professionals in meeting people's needs and had advocated for people to try to ensure their needs were met.