

G P Homecare Limited

# Radis Community Care (Burton on Trent)

## Inspection report

Suite 2 Cross Street Business Centre  
Cross Street  
Burton On Trent  
Staffordshire  
DE14 1EF

Tel: 01283531513  
Website: [www.radis.co.uk](http://www.radis.co.uk)

Date of inspection visit:  
23 October 2019  
24 October 2019

Date of publication:  
29 November 2019

## 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 (Burton on Trent) is a domiciliary care service which is registered to provide personal care to people living in their own homes. 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

Relatives told us they felt people were safe and staff knew how to report concerns relating to people's well-being and safety. Risks were assessed and managed to reduce the risk of avoidable harm.

People received their support from a consistent staff team. Systems were in place for the management of medicines and people received their medicines as prescribed. People were protected from the risk of cross infection.

People's needs were assessed and regularly reviewed to ensure their care needs were met. Staff received training relevant to their role and felt supported by the registered manager. Staff sought people's consent before providing care and decisions about people's care and treatment were made in line with law and guidance. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received sufficient amounts to eat and drink to maintain their health. People were supported to access healthcare services when required.

People were supported by a caring and compassionate staff team. People were supported to maintain their independence and their dignity was respected; they were involved in making decisions about their care.

People and their relatives were involved in the planning and review of their care. Staff used care plans to ensure they provided support in line with people's wishes. This ensured people received personalised care in line with their preferences and diverse needs. Whilst no one was receiving end of life care, people's needs had been taken into consideration. People and relatives knew how to complain and felt confident their concerns would be responded to.

People, relatives and staff felt the service was well managed. The registered manager had made improvements since the last inspection and was aware of their responsibilities. Systems were in place to monitor the service, which ensured people's known risks were mitigated and lessons were learnt when things went wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (Published 26 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 (Burton 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection there were 108 people receiving a regulated service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to get people's contact details and plan calls to them, with their consent.

Inspection activity took place on 23 October when we visited the office location to see the registered manager, office staff and carers visiting the office. We also reviewed care records, policies and procedures and quality assurance records. Inspection activity concluded on 25 October when the ExE made telephone calls to people and relatives to gain feedback about the service.

## What we did

We used the information we held about the service to plan our inspection. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, serious injuries and safeguarding incidents that had occurred at the service.

We spoke with eight people who used the service and three relatives to gain their experiences of the service provided. We spoke with two carers, a senior carer, a care coordinator, the registered manager and the regional manager.

We viewed six people's care records to confirm what people and staff had told us. We also looked at documents that showed how the service was managed which included induction and training records for staff employed at the service and records that showed how the service was monitored by the registered manager.

# 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 this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe and people told us they felt safe when receiving support from their carers. One person told us, "I do feel safe with Radis, they look after me."
- Relatives had similar views, with one commenting, "The carers all know what they're doing as they have a care plan and they follow it."
- Staff had received training in protecting people from harm and knew how to recognise potential signs of abuse and how to raise any concerns for people's safety.
- The registered manager submitted relevant notifications to CQC and had notified the relevant local authority when required.

Assessing risk, safety monitoring and management

- People had risks to their health and well-being assessed and planned for. People and relatives told us staff knew about risks and supported them safely. One person said, "My carer showers me as I've just got no balance. When I feel weak, they are very good, strong and really supports me. I wouldn't trust anyone else."
- Staff had a good knowledge of people's individual risks and knew how to manage these risks safely and effectively.
- Risk assessments were in place to ensure staff acted consistently to protect people from harm. For example, where people were hoisted, staff received direction and guidance about how the person should be positioned and how they should be supported.
- There were environmental and health and safety risk assessments in place to make sure people and staff were safe in individual homes.

Staffing and recruitment

- People and their relatives told us there were enough staff available to support them at the times they needed. Staff also told us they felt the service had enough staff to provide people with the support they required. Where people required the support of two staff, they told us they always received this. One relative said, "[Person's name] does need two carers and always gets two." And another person said, "They [carers] always do reasonably well with time keeping and schedules, and I never feel rushed."
- Staff had been recruited safely. The provider had carried out appropriate checks on staff to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed and people's feedback confirmed this.
- Systems used to manage medicines were safe and the registered manager completed regular checks to

ensure people received their medicines safely.

#### Preventing and controlling infection

- People were protected from the risk of cross infection. People told us staff used personal protective equipment (PPE) such as gloves and aprons to reduce the risk of infection. One person said, "They [staff] watch over me nicely and are always prepped with gloves for hygiene and aprons to stay clean."
- Staff had received training in safe practices to control the risk of infection, one carer told us, "We get training in reducing the risk of infection are given PPE to wear during personal care."

#### Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. Staff understood their responsibility to report incidents and accidents involving people they supported. The registered manager then acted to limit the chance of similar incidents taking place in the future.
- Where any errors had been identified in staff recordings, the registered manager had taken action to ensure staff were re-trained to reduce the risk of repeat occurrences.



# 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 this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and found that it was.

- People told us they were asked to consent to their care. One person told us, "My carers always ask me how I want things every time, they know what I usually need but it's nice to be asked."
- Records reflected appropriate assessments of people's capacity to make decisions about their care had been carried out and recorded. Where people were not always able to consent to their care this had been recorded and explained so that staff were aware. We saw evidence of a new MCA toolkit currently being trialled that will be rolled out to all branches in the near future.

### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed prior to receiving support to ensure these could be met. This included information about people's diverse needs such as sexuality and religion.
- People told us they and their relatives were involved in the assessment and planning of their care and were invited to reviews of care.
- Care plans reflected people's needs and preferences and included clear guidance for staff. For example, one person's care plan described how they like to be dressed and what beauty products they liked applying.

### Staff support: induction, training, skills and experience

- Staff had training to be effective in their role. People and relatives told us they were confident staff had the required skills to support them effectively. One person told us, "I don't know about training, but they know what they're doing."
- Staff told us they felt confident supporting people and were given enough training, and records supported this. New staff received an induction, relevant training and regular supervision.
- Staff felt supported in their role and able to approach the care co-ordinators or registered manager for guidance.

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

- Where people received support from staff to eat and drink they told us they received sufficient amounts to maintain their health. One relative told us, "Carers microwave meals, then [relative] can eat and drink independently."
- Staff we spoke with were knowledgeable about people's individual tastes and preferences and told us they encouraged people to eat and drink regularly.
- Where people had specific dietary needs, staff were aware of these and care plans offered detailed guidance about how people's meals should be prepared, and the support people required to eat safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and support when required.
- Staff told us if they noticed a change in a person's health they contacted the care coordinator to report this. The care coordinator then contacted the person's relative or arranged for the person to be seen by a healthcare professional.
- The registered manager described how they worked with other partner agencies to ensure people received care that met their changing needs.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were treated with kindness by the staff who supported them. One person told us, "I'm satisfied with this brilliant service, that's the only way I can express. Honestly, all the staff at Radis have good manners, are nice to talk to, treat you well and answer questions if possible, helping in any way they can." And, "Carers are great, keep your spirits up, can have a laugh. Very good, I like them. I know quite a few and honestly Radis is an absolutely brilliant service."
- Staff were aware of people's religious, cultural and social needs, one staff member said, "If anyone has anything we need to be aware about religion or preferences then this will have been put in the care plans so that we know and can support them if they want us to."

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

- People told us they were supported to be involved in decisions about their care.
- Staff explained how they supported people to make choices and respected people's personal preferences and routines. One staff member said, "We always offer people a choice and if they like things doing a certain way we do that too, you just treat people the way you'd want to be treated if someone was helping you."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person said, "[Staff are] always careful to try and keep me covered up and we have a chat as we go along."
- Another person described how staff promoted their independence, "They make sure I have everything I need before leaving so they know I won't struggle."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which met their needs and preferences and people's feedback confirmed this. One person told us, "Whilst I eat carers talk to me and encourage my independence, staff are never annoyed with any requests or cancellations I make and do their best to accommodate me."
- A relative told us they felt staff had a good knowledge of their family member's needs, "My relative always seems happy after staff have been, they know my relative so well now that they support them in exactly the way they like."
- Staff demonstrated a good understanding of people's needs and preferences. They spoke to us about individuals' personalities and interests and said care planning helped with this, but "Getting to know a person over time is what makes the difference."
- Content of care plans was personalised and confirmed what people said.

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.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern about the support they received if necessary. People shared with us concerns they had raised and how they had been addressed. For example, one relative told us about how they'd raised a complaint and, "The situation was dealt with very efficiently."
- The provider had a system in place to ensure complaints were dealt with and the registered manager and provider oversaw any concerns escalated to them by staff.

End of life care and support

- No-one was receiving end of life care at the time of the inspection.
- Where appropriate people's wishes for their end of life care had been considered and recorded. For example, using an advanced decisions care plan.

# 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 the last inspection this key question was rated as Requires Improvement. This was because systems in place were not always effective in ensuring areas for improvements were addressed in a timely way. At this inspection this key question has now improved to good.

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

- The registered manager and staff were clear about their roles and responsibilities. The registered manager regularly reviewed the quality of care people received. Various audits were conducted which included care files, medicines records and staff files. We saw action had been taken where inconsistencies were identified.
- The registered manager understood the legal requirements to notify CQC of incidents of concern, safeguarding and deaths.
- The registered manager was aware of their obligation to display their previous inspection rating given by the CQC, this was displayed in the registered office and the providers website. This is important as it allows the people, relatives and the public to know how the service is performing.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received person-centred, high quality care. People and their relatives told us they felt the service was well-led. One relative said, "I'd say overall management are very professional, very efficient, excellent, top quality. They encourage independence, I would recommend Radis".
- Staff told us they felt valued and listened to and the management team gave them support to do their jobs well. One staff member said, "It's very well run here, very supportive atmosphere and we're always encouraged to talk any issues through."
- The management team had a good understanding of people who used the service and were keen to ensure people received good quality care.
- The management team were aware of their responsibilities regarding duty of candour. Duty of Candour means 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, relatives and staff were engaged in the service. People and their relatives told us they were able to express their views about the quality of service provided. One person told us, "We get sent a form every now and again to fill in, but we also get telephone calls and visits either from the office staff or from the manager

to check everything is going ok."

- People and their relatives were able to contact the care coordinator or registered manager to raise any queries or concerns. One relative told us, "I did have to complain a while ago, and everything changed for the better after I did."
- Staff told us they received supervision and unannounced spot checks of their work and were given feedback about their role. Records we checked confirmed this.

#### Continuous learning and improving care

- The registered manager had ensured the improvements required following the last inspection had been actioned. They told us, "We have improved our systems to ensure people receive consistent care and tightened up the process for staff recording of any concerns."
- The registered manager was open about where further improvements could be made such as call time logging, and this was being addressed during individual supervisions and staff meetings.