

G P Homecare Limited

# Radis Community Care (Coventry)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Radis Community Care (Coventry) is a domiciliary care service providing personal care and support to 162 people at the time of inspection. The service provides support to adults who have a range of needs, including those living with dementia, learning disability and/or autism and physical disabilities. The service provides long term support to people and a short-term, fast response service for up to six weeks. The short-term service supports people ready for discharge from hospital to return to their own homes. At the time of our inspection there were 162 people using the service.

### People's experience of using this service and what we found

Managerial oversight at the location required improvement to ensure all risks were identified and acted upon to ensure people received safe care. We did not find any evidence people were harmed due to the improvements required.

Assessment of people's risks to ensure staff provided safe care was not always consistent. People's care records did not always contain comprehensive information for staff to follow. However, staff demonstrated good understanding of people's needs and risks and people felt safe with the care staff provided.

Medicines were not always administered safely as most staff required updated training. Procedures on preparing and administering medicines covertly was not always followed. Infection control policy and staff training required improvement; however, staff demonstrated knowledge in effective infection control procedures.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's experience of care call times and duration of care visits varied and the service was in the process of recruiting more staff. People told us they had positive and negative experiences when contacting the office and management team. Improvements were being made by managers to obtain people's views and experiences about the care they received to drive improvement.

Staff felt supported by the registered manager. The service worked closely with external health and social care professionals to ensure people's needs were met in a safe and timely manner.

People were protected from the risk of abuse and the service had systems in place to respond to concerns and learn from incidents.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 02 September 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about a substantiated safeguarding concern regarding a person's care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence the provider needs to make improvements. Please see the safe and well-led sections of this full report.

We found no evidence people had been harmed due to the improvements required and the registered manager took immediate action to mitigate risks where required.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Radis Community Care (Coventry) on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We have identified a breach in relation to the managerial oversight and management of risk within the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Radis Community Care (Coventry)

## **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

The inspection was completed by 2 inspectors who visited the service's office and 2 Expert's by Experience who completed telephone calls to people and their relatives.

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 own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service less than 24 hours' notice of the inspection. This was because we needed to ensure the

registered manager or provider would be at the service to support the inspection.

Inspection activity started on 26 April 2023 and ended on 12 May 2023. We visited the location's office on 26 April 2023.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority. 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 all of this information to plan our inspection.

#### During the inspection

We spoke with 14 people who used the service and 8 relatives. We spoke with 10 members of staff including the registered manager, area manager, care coordinators, field supervisors and care assistants. We reviewed 8 people's care records, 3 staff files and multiple medicine records. We also looked at a variety of records relating to the management of the service, including policies and procedures.



# 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 Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were at risk of receiving unsafe and inconsistent care. For example, we found people with needs relating to personal care, continence care, diabetes and risk of falls did not have comprehensive or completed risk assessments within their care records. This meant staff did not always have complete written information regarding people's risk management and the approaches they should take.
- We found no evidence of people being harmed and feedback from people we spoke with was positive about how staff supported them and managed risks.
- Staff we spoke with demonstrated knowledge of people's individual risks, how to support people safely and the processes they should follow if they had any concerns.
- We informed the registered manager about our findings and they assured us people's care records would be updated with the required information.

### Using medicines safely

- National guidance for the administration of medicines was not always followed. We found 1 person had their medicine administered covertly. However, the required authorisation and evidence of best interest decision making was not completed. Covert administration is when medicines are administered in a disguised way, for example mixed in with food or drink. Specific instruction on how the person's medicines should be prepared prior to administration was not complete. This meant the effectiveness of the medicines could not be guaranteed as some food substances and the amounts used, may make the medicines ineffective.
- We informed the registered manager of our findings and they took immediate action to ensure the correct process was followed and authorisation was in place.
- The provider's medicine policy stated medicines should only be administered by appropriately trained and competent staff. We found staff competencies were checked, however, most staff were overdue their medicines refresher training. This meant most staff did not have up to date training to ensure they administered medicines safely. At the time of inspection, the registered manager was in the process of ensuring staff were up to date with their required training.
- However, people we spoke with said staff administered medicines safely and understood potential risks. For example, a relative told us staff administered medicines for pain relief appropriately. They told us the person's pain was being managed well and the medicines were stored in a locked safe to avoid the risk of unintentional use.

### Preventing and controlling infection

- The provider's policy and training of staff in preventing and controlling infection required improvement.

We found a significant number of staff had not received infection control training, including additional training to manage the risks associated with COVID-19.

- The service had an infection control policy in place; however, this had not been reviewed since 29 June 2021 to consider the changes in national guidance and best practice. This meant the provider could not ensure infection risks were effectively controlled.
- However, staff demonstrated awareness of infection risks and had access to and wore suitable personal protective equipment (PPE) to reduce the risk of infection. One person told us, "Staff wear blue masks, aprons and gloves which they put on as soon as they walk in and they put them in a special box outside when they leave."
- A senior staff member told us spot checks were completed to assess staff competence and compliance, which included their use of PPE and infection control practices.

#### Staffing and recruitment

- We received mixed feedback from people and relatives about the timing and duration of care visits. For example, a relative told us "They only come for 10 to 15 minutes, but [person] should have 30 minutes." We reviewed electronic care visit reports which provided information about the time staff should visit people and for how long. We found occurrences where care calls did not last the full duration and a significant quantity of care calls were not logged correctly. This meant the provider could not ensure staff always visited people at the correct time or for the full duration because their system was not being reviewed.
- Other people we spoke with provided positive feedback. For example, a person told us, "I see the same person, they are very nice, [staff member] is always on time."
- The service was in the process of recruiting new permanent staff due to vacancies which were being fulfilled by agency carers. The registered manager told us staffing levels were slowly improving as the provider agreed to expand recruitment to meet the service's needs.
- The registered manager told us recruitment and pre-employment checks were completed to ensure staff were suitable for their roles and records confirmed this.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe and knew how to raise concerns if they needed to. For example, a person told us, "I feel safe as [staff] all seem to know what to do and they lock the door and talk to me to tell me what's happening. I'd speak to the [staff] or the office, but I've never had reason to, I've no concerns and they are all respectful and they do their job well."
- People were protected from the risk of abuse. The provider had policies and processes in place to identify and respond to safeguarding concerns.
- Staff were able to explain what potential abuse may appear as and the actions they would take if they had concerns, including alerting the registered manager.

#### Learning lessons when things go wrong

- The provider had reporting systems in place for staff to report any incidents, accidents or concerns to the management team.
- Staff understood their responsibilities in raising concerns so appropriate action was taken. For example, a staff member told us, "[Registered manager] is supportive and listens to what we say and will action anything raised."
- We found where concerns had been reported, meetings were completed to share lessons learned with staff to prevent reoccurrence.





# 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. The rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Required improvements from the service's last inspection had not been embedded and sustained. For example, during our last inspection we found quality assurance processes and records management required improvement. However, we identified continued concerns during this inspection.
- Systems and processes were not always effective to ensure the service provided safe care. Quality monitoring measures did not identify failures in the accurate and detailed completion of people's risk assessments. This meant staff did not always have access to personalised risk information or guidance on how to minimise risks and escalate concerns.
- Arrangements for the auditing of people's care records was not always effective. The service aimed to audit people's care records within a 3 month period. Whilst audits were completed, the method used did not always allow for timely identification of any errors or omissions in people's care. This meant opportunities to identify and reduce potential risks could not be promptly acted upon. Where audits had identified issues, there was limited information to detail what actions had been taken in response.
- The management team failed to demonstrate covert medicines were administered to a person effectively and in their best interests. The provider's medicine administration policy was not followed to ensure correct procedures were adhered to.
- The provider failed to ensure their infection control policy was updated to include current national guidance and best practice.
- The provider failed to follow their policy in suitably training staff. We found multiple gaps and overdue training in staff records. This meant we could not be fully assured staff had the knowledge and skills necessary to provide safe care.

Governance systems and processes were not always effective to maintain oversight and manage risks within the service to ensure the health, safety and welfare of people and staff. This placed people at risk of increased harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to our feedback and ensured immediate action was taken where required. We found no evidence people had been harmed due to the failings identified above, however the risk of harm was present due to these failings.

- The management team was not always clear about their statutory requirements. For example, providers are required to notify CQC of key events that occur in or about the service. We were informed of instances where we were not notified of key events about the service as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- People and relatives gave mixed reviews about their experience of engaging with the office and management team. For example, some people told us communication was not consistent in matters relating to their care. People felt they were not always responded to in a kind, understanding or helpful manner when they contacted the office with concerns. Other people told us their experience was positive and felt the service communicated well and responded to their needs.
- The provider told us questionnaires were sent to people to obtain their views and experience of the care they received. This was to enable the provider to analyse people's feedback and make improvements where required or identify good practice. We found the provider received a limited number of responses to enable thorough analysis. Some people and relatives told us they had not received questionnaires to complete. The area manager told us the quality of questionnaires had been improved to promote completion and the number of responses received based on the previous results.
- The registered manager had an approachable working relationship with staff in the office and the those providing care to people. Staff told us the registered manager was accessible and supportive. For example, a staff member told us, "I really enjoy working here, we have built up a good team. If we raise any concerns or queries with the manager, they support us to put additional support in place."
- Whilst team meetings were not completed regularly, staff told us they were constantly informed of any important information. For example, if there were changes in people's needs, risks and any lessons learnt from incidents.

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 management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that 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. The registered manager was able to inform us of the process they would follow in the event of any mistakes made that could impact on people's health and safety. However, this was not always evidenced, as notifiable events were not always submitted to CQC as required.

Working in partnership with others

- The service had effective working relationships with external health and social care professionals to monitor and respond to people's needs and request additional support when required. The service regularly met with external health professionals as part of a multi-disciplinary team to review people's needs and identified risks.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance</p> <p>The provider did not ensure that systems in place to give oversight of the service were being fully used to identify risks or make quality improvements.</p>