

GP Homecare Limited

Radis Community Care (Stoke-on-Trent)

Inspection report

15 Hill Street
Stoke-on-Trent
Staffordshire
ST4 1NL
Tel: 01782 412200
Website: www.radis.co.uk

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We completed an announced inspection at Radis Community Care (Stoke-on-Trent) on 17 and 18 December 2014. At the last inspection on 28 May 2013, we asked the provider to take action to make improvements to the assessment and recording of people's preferences, the training and support for staff and how they monitored the quality of the service provided. We found that some of these actions had been completed.

Radis Community Care (Stoke-on-Trent) are registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported approximately 277 people in the Staffordshire and Stoke-on-Trent area.

There was a registered manager at the service. A registered manager is a person who has registered with

Summary of findings

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.

Systems were not in place to ensure that people received their medicines safely because records did not contain sufficient information.

Systems were in place to monitor the quality of the service provided, but some improvements were needed to ensure that the monitoring of the service was effective.

People's risks were assessed. We saw that staff carried out support in a safe way whilst they ensured that people's independence was promoted. However some improvements were needed that ensured people's risks were reviewed.

There were sufficient staff available to meet people's assessed needs. The provider had an effective system in place to monitor the staffing levels against the needs of people who used the service.

Staff received regular training which ensured they had the knowledge and skills required to meet people's needs. Staff told us that they felt supported by the registered manager.

Some people who used the service were unable to make certain decisions about their care. We found that mental capacity assessments had not always been carried out and consent to care and treatments had not been recorded appropriately in line with the Mental Capacity Act 2005.

We saw that staff treated people with compassion, dignity and respect. Staff listened to people and encouraged them to make decisions about their care.

People told us they knew how to complain and the provider had an effective system in place to investigate and respond to complaints.

The provider promoted an open culture. Staff told us that the management were approachable and that they listened to them.

Summary of findings

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 consistently safe.

Medicines were not always managed and recorded safely and we found that improvements were needed to ensure people received their medicines safely.

People were protected from the risk of harm because staff understood and followed safeguarding procedures. Risk assessments were in place and relatives told us they felt their relatives were kept safe.

There were enough staff available to meet people's needs and the provider regularly assessed staffing levels against people's dependency levels.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Staff received training and support which helped them to carry out their role, but some improvements were needed to ensure that staff understood the requirements of the Mental Capacity Act 2005.

The provider needed to make improvements to the way they gained and recorded consent from people and how people's mental capacity was assessed in line with legal requirements.

We found that people were supported to eat and drink sufficient amounts and when people's health had deteriorated appropriate action had been taken.

Requires Improvement



Is the service caring?

The service was caring.

People told us that staff treated them with care and compassion when they provided support.

People told us they were given choices. Staff told us they listened to people and carried out the support in a way that met people's individual needs.

People told us that staff treated them with dignity and respect. Staff explained the support provided and gave encouragement to people when supporting them.

Good



Is the service responsive?

The service was not consistently responsive.

People were involved in the review of their care, however some reviews were out of date and people were at risk of receiving inconsistent care.

People told us that their support was mostly provided in a timely way and the provider had a system in place to ensure that where calls were late people were not at risk.

Requires Improvement



Summary of findings

People we spoke with were aware of the procedures to complain and the registered manager had a system in place to assess any complaints received.

Is the service well-led?

The service was not consistently well led.

People were encouraged to provide feedback about the quality of the service and improvements had been made where concerns were raised by people.

We saw that the registered manager led the staff team well and was approachable. The registered manager had a clear understanding of their role and responsibilities.

The provider had systems in place to assess and monitor the quality of the service. However, the concerns with medicine management had not been identified by the registered manager. This meant the systems in place to assess and monitor quality were ineffective.

Requires Improvement



Radis Community Care (Stoke-on-Trent)

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.

This inspection took place on 17 and 18 December 2014 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of two inspectors and an expert by experience that carried out telephone interviews with people who used the service or their relative. An

expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in domiciliary care.

We asked the provider to complete 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 reviewed the information included in the PIR along with information we held about the service. We spoke with local authority commissioners to understand their experiences with the service.

We spoke with 11 people who used the service, eight relatives, eight care staff and the registered manager. We viewed 10 records about people's care and records that showed how the service was managed. This included staff training and induction records and audits completed by the registered manager.

Is the service safe?

Our findings

Staff we spoke with told us that they felt competent to support people with their medicines. One staff member said, “I have received training in medicines and the care plans help me to know what medicines people have. I make sure that I have recorded the medicines afterwards”. We viewed medication administration records (MARs) for people who were supported with the medicines. We saw that there were gaps in recording and the MARs did not always contain the medicine name and the amount of medicine needed. This meant that staff did not always have clear guidance that ensured people received the correct type and amount of medicine because records were not accurate.

Staff we spoke with were able to explain how they supported people to reduce risks whilst they promoted people's independence. One staff member told us, “One person who I support is at risk of falls so I always make sure that their frame is by them so they can move safely”. We viewed records that showed people had been assessed for risks to their health and wellbeing. These included people who were at risk of falls and possible risks within the person's home. The assessments gave staff information and guidance on how people's individual risks needed to be managed.

Staff told us and we saw that incidents and accidents had been recorded appropriately. We found that the registered manager had assessed these for any trends. The registered manager told us that they checked the accidents and incidents. Risk assessments and care plans were updated where concerns had been identified. The records we viewed confirmed that they had been updated following an accident or incident. This showed that incidents and accidents were regularly monitored and assessments were updated to keep people safe.

People we spoke with told us that they felt safe when they were being supported by staff. One person said, “Very safe, they are very good”. A relative told us, “The staff are very capable, they look after [person who used the service] properly”. We spoke with staff that were able to explain how they supported people to remain safe. Staff told us that they would report any concerns that someone was not being treated properly to their manager immediately. We spoke with the registered manager who told us the procedures they followed if they had been made aware of suspected abuse. They said, “I would report any concerns to the Local Authority and the police if needed. Staff are suspended if they are suspected of abuse until the investigation has been completed”. This meant that people were protected from the risk of harm.

People we spoke with told us that there was enough staff available to support them and that they stayed for the time required as assessed in the care plan. One person told us, “Carers always stay for the right amount of time, sometimes longer if they need to”. We received a varied response from staff we spoke with about the amount of staff available. One staff member said, “I think there is enough staff, we are busy but I haven't had any problems”. Another member of staff said, “I don't think there is enough staff, we have to cover a lot of extra shifts”. We spoke with the registered manager who told us that they were constantly recruiting when care staff moved to other jobs. They occasionally used agency staff to cover visits, but where possible with permanent staff so that people knew the staff. We saw that the registered manager had a system in place to assess the amount of staff required against the needs of people. The registered manager told us, “I assess the amount of time that calls are taking and speak with staff so that I can re-assess people's needs and gain funding for longer calls if required”. This meant that there were sufficient staff available to meet people's needs and the provider had a system in place to assess these levels regularly.

Is the service effective?

Our findings

At the last inspection we found that there was a breach in Regulation 23 and improvements were needed to ensure that staff received essential training and felt supported in their role. At this inspection we found that improvements had been made. Staff we spoke with told us that they had received training and that this was renewed regularly. One member of staff told us, “I think the training is good and there is plenty of training on offer”. We saw that there was a training schedule in place which highlighted the essential training staff needed to carry out their role effectively.

Staff we spoke with told us they had received an induction before they provided support to people on their own. One member of staff told us, “The induction was good and I shadowed another care worker before I had to support people on my own. I was given training as well”. Staff told us they received supervision with their manager and that they felt that the management team was approachable. One member of staff said, “I have had supervision more regularly recently as it has improved. It is useful so I can discuss any concerns I have or if I need any training”.

We spoke with staff about their responsibilities under the Mental Capacity Act 2005. We found that there were inconsistencies in the staffs’ knowledge and understanding of the Mental Capacity Act 2005. One staff member said, “I haven’t had the training and I really couldn’t tell you about that”. Another member of staff said, “I haven’t had training, I’m not sure”. The training records we viewed showed that most staff had received training in the Mental Capacity Act 2005. This meant that the provider had provided training for staff but this had not always been effective.

People and their relatives told us that they were involved in their care and they consented to their care and treatment. Staff we spoke with were able to tell us how they supported

people to understand the care that was being provided. One member of staff told us, “I always ask before I support people and wait for them to say ‘it’s okay’”. Another member of staff told us, “I always listen to what people say and explain things in a way that they understand”. Where relatives had consented on people’s behalf the records did not always show why the person had not consented to this treatment themselves. For example, one person had verbally consented but their relative had signed for them. The registered manager told us that where a person lacked capacity an assessment was carried out by the social worker which ensured that decision were made in people’s best interests.

People we spoke with told us that staff prepared meals and drinks for them. One person told us that staff knew what they liked and that they always made sure they had a drink next to them when they left. Staff told us that they always offer drinks when they support people, one staff member said, “I always make sure a drink is available and especially in the warmer weather when people need to drink more”. We saw the daily records showed that people were supported to eat and drink sufficient amounts.

Staff we spoke with explained the actions they took if they thought a person’s health had deteriorated. Staff told us that they could tell if people were unwell because of their physical signs but also by their emotional wellbeing, for example; if someone was quieter than usual or they were lethargic. One member of staff told us, “If I thought someone was unwell I would tell the office, ring for a doctor and tell the family. If I needed to I would call 999 and stay with the person to make sure they were okay”. We viewed the daily records of people who used the service and saw where staff had informed the office if they felt a person was unwell. This meant that people were supported to have access to health professionals when needed.

Is the service caring?

Our findings

People we spoke with told us that staff were caring and compassionate. The comments we received from people included; “I couldn’t have better carers, they’re the best”, “We have a laugh and a joke too. They’re very good” and “They are kind and understanding”. One relative said, “They talk to my relative and sit with them”. Staff we spoke with told us how they made sure people felt important and involved in their care. One member of staff told us, “We provide the best care we can for people in their own homes”.

All the people we spoke with said that they were treated with dignity and respect when staff were supporting them. One person told us, “They talk to me in a nice way”. Another person said, “They are very polite”. Staff we spoke with told

us that they always made sure that people were comfortable and protected their dignity. One staff member told us, “I have a good rapport with the people I support. I am always discrete and make sure that they feel comfortable with the support I’m going to give”.

People said they were given choices in the support they had and staff always asked them what they needed. Staff told us that they asked people before they provided support and took account of their wishes. One staff member told us, “I always ask people and listen to what they say. We try and give people as much control and independence as possible”. The care records we viewed detailed how support needed to be provided and were personalised to people’s individual likes and dislikes, for example; how much support was needed and people’s preferred toiletries.

Is the service responsive?

Our findings

At the last inspection we found that there was a breach in Regulation 9 and improvements were needed to ensure that people's preferences in care were considered and recorded. At this inspection we found that improvements had been made. People told us that they had been involved in the assessment of their care and we saw that people's preferences had been considered and documented. Staff we spoke with knew people's preferences and were able to describe how people liked to be supported to maintain their independence.

We saw that people had been involved in the reviews of their care and changes had been made to care plans and risk assessments where people's needs had changed. However we found that some reviews were out of date and we saw that there were inconsistencies between the information held in the care plan and the risk assessments. This meant that there was a risk of people receiving inconsistent care because the records did not contain up to date guidance for staff to follow.

People we spoke with told us that carers mostly arrived on time. The comments we received from people were varied and included; "There has been some hiccups but things are improving", "All carers stay for the amount of time required, sometimes they stay a little bit longer if they need to" and "Carers can sometimes be late and the office staff don't always inform me that they will be late". We spoke with the registered manager who told us that they had a system for

staff to log into at each call and this is monitored on a daily basis. We saw that where there had been a missed or late call then action had been taken to ensure that staff and people had been contacted and the person received a later call. We saw that one person had not received a call and this had been investigated by the registered manager and an apology had been given to the person. The missed call had also been reported to the Local Authority.

People we spoke with told us that they knew how to complain and they would approach the office if they had any concerns. Most people told us that improvements had been made to concerns that they had raised, but some people told us that they felt that the 'office staff' did not always listen to them. The registered manager told us that they had received feedback from people through their annual questionnaires that some people were unsure of how to complain. The registered manager had forwarded information to people so that they were aware of the procedure to make a complaint.

Staff we spoke with told us that they passed any complaints onto the office and recorded any concerns in the daily notes. We viewed records of formal complaints received by the provider which were managed in accordance with the provider's complaints policy. The registered manager told us that they completed a weekly report which contained details of complaints received and the actions taken to remedy these. The records we viewed confirmed this.

Is the service well-led?

Our findings

At the last inspection we found that there was a breach in Regulation 10 and improvements were needed to the monitoring of the service provided because quality monitoring checks and competency checks on staff had not been carried out due to a shortage of field supervisors who undertook the role. At this inspection we found that improvements were still needed. We saw that the registered manager had implemented audits to monitor the service which included monitoring visits, spot checks on staff performance and missed calls. We found that these audits were not effective. For example; the medication audit had not picked up that the records were not been completed correctly and the care record audits had not identified inconsistencies in the records. This meant that the monitoring in place was not always effective and further improvements were needed.

The registered manager told us that the senior co-ordinators had recently been given the role of undertaking the monitoring visits to people and the spot checks on staff performance. The registered manager said, “We have had trouble recruiting the field supervisors so we have had to ask the senior co-ordinators to undertake this role as some of the monitoring has fallen behind”. We viewed records that showed approximately half of the staff had received a spot check, which included more regular checks where there were concerns about a staff members performance.

We saw that the registered manager had sent information to staff where they needed to be updated on practice or where concerns had been identified. For example; infection control procedures, confidentiality, training and recording and completing documentation correctly. Staff we spoke with confirmed that they had received these and that they attended staff meetings to discuss various issues and updates in care practice.

We had varied comments about the management of the service. People told us that the registered manager and the office staff were not always available when they rang the office. However, people told us that when they passed concerns to the care staff these were passed to the office and dealt with appropriately. We were told by people that there had been some improvements to the way that the service was managed. One person told us, “I had some

concerns but the management of the agency has improved”. The registered manager told us that improvements had been made to the service and staff worked well as a team.

Staff we spoke with told us that the registered manager was approachable and listened to any issues or feedback about people they supported or the service provision. One member of staff told us, “I feel supported and the management team are all approachable”. Another staff member told us, “The registered manager is approachable and always deals with any issues that I have reported”. The registered manager told us that they were supported by the provider to undertake their role and responsibilities. They told us, “I feel supported and I can always approach the regional director if I have any concerns. They always listen to me and changes have been made when they have been needed. I have the resources I need to carry out my role and I have regular one to one meetings where I can discuss the service provision”.

People told us they had completed questionnaires about the quality of the service provided. Some concerns had been raised about the continuity of care and we were told that improvements had been made in this area. We saw that an action plan was completed to show the actions taken in response to feedback and this was sent to people who used the service. We viewed compliments received from people which contained positive comments about the quality of the care that they had received. One person had said, “I used to require a lot more help but my care workers have helped me to get better and now I can do a lot more for myself”. We saw that when compliments had been received staff had received a letter that recognised the positive care provided and the provider thanked them for their work. This meant that the provider ensured that staff were aware of positive feedback.

The manager had completed the provider information return (PIR) before we inspected the service. The PIR contained information about the service and how the manager planned to make improvements. We checked the information we held against the information we viewed and found that the registered manager had forwarded information about the service such as; notifications of deaths and serious incidents. This meant that the registered manager was aware of their role and responsibilities.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.