

G P Homecare Limited

# Radis Community Care (Tamworth)

## 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

About the service:

Radis community Care Tamworth provides personal care and support to older people, people living with a learning disability, including some with physical disabilities.

People's experience of using this service:

People told us they felt safe and were supported by staff who had been recruited safely and had the knowledge and skills to provide effective support. Staff knew how to report concerns relating to people's safety. Risks were assessed and managed to reduce the risk of avoidable harm. People received support to take their medicines safely. People received timely support by a consistent staff team.

People were supported by staff who promoted choices in a way that people understood and had control and choice over their lives. Staff received training relevant to their role and understood people's individual needs well.

People were supported by a staff team who understood their needs and preferences. People, and those close to them, were involving in the assessment and planning of their care. People knew how to raise a concern if they were unhappy about the service they received, and systems were in place to action and respond to any concerns.

People, relatives and staff felt the service was well managed. The registered manager and provider had made improvements since the last inspection. People and staff were given opportunities to share their views about the service. The registered manager and provider carried out regular auditing to ensure the quality of care provided and to ensure people received their care when they needed it.

Rating at last inspection: The service was last inspected on 19 March 2018 and rated Requires Improvement overall (report published 19 May 2018) With a breach of Regulation 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a planned inspection based on the rating from our last inspection.

Enforcement: No enforcement action was required.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

## 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 (Tamworth)

## **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 an 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. Their area of expertise was older people.

Service and service type: This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. At the time of the inspection 98 people were receiving the regulated activity of personal care .

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 visit because we needed to be sure that they would be in.

Inspection activity started on 4 June 2019 when the ExE made telephone calls to people and their relatives.

We visited the office location on 12 June 2019 to see the registered manager, speak to staff; and to review care records and policies and procedures.

What we did:

We used the information we held about the service to plan the inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed any information about the service that we had received from external agencies.

During the inspection we spoke with eight people and six relatives of people who received a service. We also spoke with four staff members, the registered manager and the area manager. We looked at five people's care records and medicine administration records, records of accidents, incidents and complaints and quality assurance records. We also looked at three staff recruitment records and staff training records.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by their carers. One person told us, "Yes, we are well supported. The way they look after us makes us feel very safe" and "Yes, I feel safe because of consistent staff."
- 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 where there were concerns for people's safety.

Assessing risk, safety monitoring and management

- People's known risks had been assessed and detailed plans were in place to ensure staff had guidance to support people safely.
- Staff demonstrated a good knowledge of people's individual risks and how to manage these effectively.
- Risk assessments were in place to ensure staff acted consistently to protect people from harm. For example, where people had specific mobility needs, staff received guidance about how the person should be moved or positioned.
- 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

- At the last inspection we found people did not always receive care at the times they needed. At this inspection people and their relatives told us there were staff available to support them at the times they needed. One person said, "The timekeeping's fine and it's regular people" another person said, "Yes, the timekeeping's pretty good"
- Staff had been recruited safely. Systems were in place to recruit staff suitable to work with the people who lived at the home. We saw that Disclosure and Barring Service (DBS) checks were undertaken.

Using medicines safely

- People received their medicines as prescribed.
- Systems used to manage medicines were safe and the registered manager undertook regular checks to ensure people received their medicines safely.

#### Preventing and controlling infection

- Staff told us they had access to personal protective equipment (PPE) such as gloves and aprons and understood the importance of infection control.
- Staff had received training in safe practices to control the risk of infection.

#### Learning lessons when things go wrong

- Lessons had been learned since the last inspection and improvements had been made. The registered manager had implemented more robust checks in regard to call monitoring. The call monitoring system had been set up to alert the registered manager immediately if a call is missed or if a carer is running late. This enables the registered manager to address the problem straight away to ensure people receive their care at the required times.

# Is the service effective?

## Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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. 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, "Yes they always ask us first" and a relative told us, "Yes they do [ask for consent]. She tells them what she wants them to do. They have a good rapport."
- Records reflected appropriate assessments of people's capacity to make decisions about their care had been carried out and recorded. Where people were unable to consent to their care this had been recorded and explained so that staff were aware.

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

- People's needs, and preferences were assessed before they started to receive support to ensure their needs could be met. This included information about people's diverse needs such as sexuality and religion.
- We saw that people and their relatives had been involved in developing their care plans. These included people's past life history, preferences and how people like to be supported by staff.
- Care plans reflected people's needs and preferences and included clear guidance for staff. Staff we spoke with were aware of these preferences and were able to tell us how they supported people.

Staff support: induction, training, skills and experience

- People and relatives told us they were confident staff had the required skills to support them effectively. One person told us, "Yes I would say [they are well trained]. I am very happy with them"
- Staff told us they felt they were supported and received adequate training. We saw new staff received an induction, relevant training and regular supervision.
- Staff felt supported in their role and able to approach the branch co-ordinator 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, "Yes, it works very well, and they make [relative] a cup of tea before they leave."

- Staff we spoke with were knowledgeable about people's individual 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 contained 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, if appropriate, arranged for the person to see a healthcare professional.
- The registered manager described how they worked with other partner agencies to ensure people received care that meet their changing health needs. For example, staff liaising with the district nursing team and local authority social workers to support people.

## Is the service caring?

### Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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, "Yes I do think they have a caring attitude. New workers usually start with a shadow shift, so I get to meet them first."
- Relatives also expressed positive views. One commented, "Yes I would say [they are caring]. [relative] has got a good relationship with them."
- Staff were aware of people's cultural and social needs and these were reflected in care planning.

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 were able to tell us how they offered people choices and respected people's personal preferences and routines.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person said, "They've got to know me and how i like things to be done."
- Staff members told us how maintaining peoples' independence and dignity is important to them. One carer told us, "Some people have a certain way they like us to do things, and it's important that we learn this and make sure we get it right for them."

# Is the service responsive?

## Our findings

At the last inspection this key question was rated as Requires improvement. This was because systems were not always effective in ensuring people received their care at the correct time. At this inspection this key question has now improved to Good

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

- When asked about the timekeeping of the carers people spoke positively, a relative said, "The timekeeping's pretty good. I get a rota."
- We saw a more robust system was now in place to monitor call times and duration. Where call times had either gone over or under the allotted time the registered manager analysed reasons for this and if required discussed this with individuals or as a staff team.
- People told us their care was planned in a way that met their needs and preferences. A relative told us, "Yes they do know [relative] likes and dislikes. I haven't got a bad thing to say at all."
- Staff were able to tell us how they met people's needs and respected their preferences. They spoke about people's personalities and interests. One carer told us, "We spend so much time with our service users and we get to know them so well and they get to know us, that's what makes this job so great."

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.

- We spoke with the registered manager who told us that documents, policies and procedures are available in other formats on request, or when a need is identified.

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, with call times.
- The provider had a system in place to ensure the effective management of complaints 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.
- The registered manager told us that people's wishes for their end of life care would be considered and recorded using an advanced decisions care plan if appropriate.

# Is the service well-led?

## Our findings

At the last inspection this key question was rated as Requires Improvement. This was because systems were not always effective in ensuring feedback was gained about the service and ensuring people received their care at the correct time. At this inspection this key question has now improved to Good.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- The registered manager had worked to make the improvements required following the last inspection. The registered manager told us, and we saw that the call monitoring system had been set up to alert office staff if a call was running late or a call was missed.
- We saw increased quality assurance processes were in place to monitor care calls. Weekly reports were produced by the registered manager of any missed or late calls and if any calls had gone over or under the allotted times. These were used to identify any issues and action where necessary.

### Promoting person-centred, high-quality care and support which achieves good outcomes for people

- People and their relatives told us they felt the service was well-led and were happy with the service. One person said, "Yes I'm happy with it and would recommend it." And a relative said, "Yes, we are happy, and we would recommend it. We are very pleased."
- The management team promoted a positive culture which was reflected in feedback from staff who told us they felt valued and listened to.
- The management team had a good understanding of people who used the service and were keen to ensure people received a good quality of care.
- The management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which 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.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the legal requirements to notify CQC of incidents of concern, safeguarding and deaths.
- The registered manager regularly reviewed the quality of care people received. Audits on care records and medicines took place and action taken where inconsistencies were found.

### Engaging and involving people using the service, the public and staff

- People and their relatives had the opportunity to express their views about the quality of service provided.

We saw that since the last inspection a sample of service users were chosen to receive a quality assurance telephone calls to check the person and their relatives were happy with the quality of the service. We saw where any negative comments were received these issues were followed up by the registered manager.

- People and their relatives were able to contact the care coordinator or registered manager to raise any queries or concerns.
- Staff felt able to share concerns with the registered manager and told us they found them to be approachable. One staff member said, "The manager is always here for us, always has time for us and is the best company I've ever worked for."
- Staff received supervision and feedback about their role. One staff member said, "We get regular spot checks and supervisions, not just to check if we're doing everything right, but to make sure we're ok and haven't got any issues."

Working in partnership with others

- The registered manager and staff maintained good links with health and social care professionals when required.
- Where appropriate, relatives were involved in the care planning process and offered guidance to staff about people's preferences.