G P Homecare Limited

Radis Community Care (Coventry)

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?	Requires Improvement

Summary of findings

Overall summary

About the service: Radis Community Care (Coventry) is a domiciliary care agency. It is registered to provide personal care to people in their own homes, including, older people, people with mental health needs, and people living with dementia. 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 the inspection visit the service supported 198 people.

People's experience of using this service:
Staff understood how to keep people safe and protect them from avoidable harm. There were safe procedures to manage people's medicines and to prevent the spread of infection.

People's needs were assessed to ensure they could be met by the service. Staff knew how to manage risks associated with people's care.

Staff were recruited safely, and there were enough staff to provide the care and support people required.

Staff received training and support to be effective in their role.

People were supported to have maximum 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.

Where required, people were supported with their nutritional needs and to maintain their health and well-being.

Staff were caring. They respected people's rights to privacy and dignity and supported people to maintain independence.

People were involved in planning and agreeing their care. Care plans contained the information staff needed to provide personalised care. However, plans had not always been developed for some known risks. The manager took immediate action to rectify this.

Systems were in place to manage and respond to any complaints or concerns raised.

The provider had processes for assessing and monitoring the quality of the service, but these had not always been implemented consistently. Some quality assurance processes and records management required improvement.

Rating at last inspection: Good. The last inspection report was published on 23 July 2017.

Why we inspected: This was a planned inspection based on the date and the rating of the previous inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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? The service was safe. . Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below	**Good**
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. 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: One inspector, and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience supported the inspection by making phone calls to people who used the service.

Service and service type: Radis Community Care (Coventry) is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people and people living with dementia. CQC regulates the personal care provided.

A registered manager was not in post. The previous registered manager had left the service in August 2018. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed, who was in the process of applying to register as manager of the service.

Notice of inspection: This comprehensive inspection took place on 25 July 2019. The inspection was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure the manager and other staff would be available to speak with us.

Inspection activity started on 24 June 2019 and ended on the 25 July 2019 when we visited the office location to meet with the managers, speak with staff; and to review care records and policies and procedures.

What we did: We looked at the information we held about the service and used this to help us plan our inspection. This included concerns and complaints we had received and information the provider must notify us about, such as allegations of abuse. We reviewed 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 contacted the local authority commissioners for the service. They had no concerns about the service provided.

We spoke with 7 people, and a relative of a person, who used the service by telephone.

During the office visit, we spoke with the area manager, branch manager, two care co-ordinators and two members of care staff. We reviewed a range of records. This included, four people's care records, including daily records, risk assessments and medicine records. Two staff personnel files, including recruitment and training records. Records of complaints and the provider's quality audits and checks.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has 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 felt safe with the staff that visited them. Comments from people included, "I feel absolutely safe with them. They help with everything I need."
- Care staff understood how to protect people from the risk of abuse. They had completed training, knew how to recognise abuse and understood their responsibilities to report concerns to the managers.
- The manager understood the provider's procedure for reporting concerns to the local authority and to us (CQC). They had shared information, when required to ensure any allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management

- People had an assessment completed at the start of the service to identify any potential risks to providing their care and support. This included, risk to the person and risks in the environment to keep staff safe.
- Staff knew about risks associated with people's care and had completed training to manage risks safely. Such as, helping people to move, and administration of medicines.
- People confirmed staff knew how to manage identified risks. A relative told us, "They [care staff] use the rotunda safely and they always apply her creams."

Staffing and recruitment

- Radis Community Care provides a long-term service for people who require care and support and a short term, fast response service for up to six weeks. The short-term service supports people to come out of hospital or prevent admissions. Separate teams of staff supported each part of the service.
- There were enough staff to ensure people received all their care calls.
- Most people told us staff arrived around the time expected and stayed long enough to do what was expected. One person said, "I have had care for three years. I have an evening meal call. They are always bang on time for my meals." Another told us, "They are mostly on time, but there can be delays at weekends. It doesn't cause me any problem though."
- The provider used an electronic system for call scheduling, which also monitored the time staff arrived and left people's homes. Staff in the office monitored the system to make sure people had received their calls as required.
- We looked at the call schedules for four people which showed calls were allocated at consistent times. Records showed care staff arrived within 30 minutes of the arranged time, which was the providers policy.
- Due to the nature of the fast response short term service, people did not have allocated times for calls, they had a four-hour time slot when there call would be provided. This was to accommodate new fast response care packages when they were referred. The care co-ordinator tried to provide consistency where

possible.
● The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Staff recruitment files showed Disclosure and Barring Service (DBS) checks and references had been obtained before staff started work

Using medicines safely
● Most people we spoke with managed their own medicines or were supported by family to take them. One person told us, "I do my own medication but they (care staff) do remind me."
● Where people were supported to take their medicines this was recorded in their care plan.
● Staff had been trained to administer medicines and had competency assessments completed to make sure they understood how to manage medicines safely.
● Staff signed a medicine administration record (MAR) and recorded in the daily records to confirm medicines had been given.
● Further information was needed to ensure prescribed creams were always administered as prescribed, in line with the provider's policy. For example, in two people's records instructions were not specific about where to apply creams and no body map was available to show staff where creams were to be applied. The manager took immediate action to rectify the shortfall.

Preventing and controlling infection
● Staff understood their responsibilities in relation to infection control and hygiene.
● People confirmed staff washed their hands and wore disposable gloves and aprons when required. Comments included, "They wear gloves and aprons when they do my care."

Learning lessons when things go wrong
● Staff understood the importance of reporting and recording accidents and incidents so planned care remained safe.
● The management team reviewed accidents and incidents to prevent reoccurrence and to identify any learning. For example, records showed a person had fallen several times recently, this had been reported to the family and GP and an occupational therapist assessment had been requested.
● Accidents and incidents were recorded electronically and shared with the provider who monitored these for trends and patterns.

Good

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

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

- People's needs were assessed before they started using the service. Assessments included people's care and support needs, likes and life style choices to ensure their needs could be met.
- Information from assessments was used to develop care plans and were kept under review to identify any changes.

Staff support: induction, training, skills and experience

- Staff felt supported in their role; they received an induction when they first started to work for Radis Community Care, which for staff new to care included the Care Certificate. The Care Certificate is a nationally recognised induction standard.
- Staff completed ongoing training and received one to one meetings to support and guide them with their work. Training courses included moving and handling, administering medication and food hygiene, as well as specific training to meet people's individual needs.
- Staff spoke positively about the training they completed. A staff member told us about their dementia care training, "This really helped me, as I had no knowledge of dementia before starting work. It was quite a shock to find out the vast difference in the disease and how it effects people."
- Most people thought staff were competent in their role. Comments from people included, "I have two carers three times a day as I need to be hoisted. I feel safe with the hoist and they all seem to know what they are doing." Another said, "They seem to know what they are doing, and they offer to do little extras to help us." However, some people thought younger care staff were not as well trained as older staff.

Supporting people to eat and drink enough to maintain a balanced diet: Supporting people to live healthier lives, access healthcare services and support

- Staff made sure people who required support with their nutritional needs had sufficient amounts to eat and drink. People told us staff made them drinks made them drinks during their call and also left them with a drink before leaving. One person told us, "They do my meals for me and it is good, they ask what I want. They leave drinks for me when they go."
- People we spoke with made their own health care appointments or had family who supported them to arrange these.
- Staff monitored people's general health and knew to report any concerns, such as signs of illness, that might indicate the person needed healthcare support to people's family and the office staff.

Staff working with other agencies to provide consistent, effective, timely care

- The management team and staff worked with health and social care professionals to improve outcomes

for people. Such as SALT (Speech and language therapists), occupational therapists, physiotherapists, GP's and district nurses.

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.

We checked whether the service was working within the principles of the MCA.
● The managers understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
● Records demonstrated people's consent to care was sought and people's rights with regards to consent and making decisions were respected by staff.
● People using the service made daily decisions for themselves, or with the support from relatives and staff.
● The manager told us, "Everyone we visit has capacity to make daily decisions for themselves or with the support of families."
● Staff completed training in MCA. One told us, "MCA is about people making their own decisions. Everyone I visit can make decisions about their care and support."

Good

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. This meant 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 were happy with the care staff at Radis Community Care. One told us, "I am delighted with the care. I would give them 110%. They are very good."
- People described staff as kind, caring and friendly. Comments included, "The carers are all friendly and caring," and, "They are all nice and I like having regular staff who have got to know everything that I like. I find them to be caring, polite and respectful."
- People confirmed they were treated well by staff who they thought were considerate. For example, a relative told us, "[Person] is in pain a lot and they have a real way of calming and soothing her so that she can forget some of her pain."
- Staff told us they had time to talk with people. People confirmed this, "We always chat as we go along and there is no sense of being rushed."

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

- People were involved in their assessment process, care plan reviews and made everyday decisions about their care. One person told us, "All the staff have the right attitude for the job and there is never any rudeness. I feel involved in my care. They treat me with courtesy."
- Staff understood people's communication skills. A staff member told us how they communicated with a person who was unable to speak by using facial expressions and gestures.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their privacy. Comments from people included, "They all know me and my preferences and are polite and respectful towards me," and, "Everyone is respectful of my privacy and they always ask for my consent before doing things."
- The service provided a 'fast response' short term re-enablement service to support people to come out of hospital and return to their own home. Staff told us they had time to support people regain skills and worked alongside occupational therapists and physiotherapists to support people regain their independence.

Good

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 ensure people have choice and control and to meet their needs and preferences

- People's care and support was planned with them when they started using the service. Each person had a care plan for staff to follow. Plans were reviewed as people's needs changed or annually if no changes had occurred.
- We reviewed four people's care records that included care plans and risk management plans.
- Most plans provided staff with information they needed to support people in a way that met their needs and preferences. However, two care plans did not contain management plans for people's health conditions. Staff knew how to manage these conditions and the manager took immediate action following the inspection visit to ensure guidance was available.
- The provider used a different format for short term care plans which were not as detailed as long-term plans, due to the nature of the service. Staff told us short term plans contained all the information about the care and support people required.
- Most people said they were visited by regular care staff that knew and understood their needs and preferences. Comments from people included, "I have got to know most of my carers and they know me and what I like," and "I get regular staff most of the time for my calls, so I have been happy."

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.

- Information was available in different formats, such as large print or other languages if required.

Improving care quality in response to complaints or concerns.

- Systems were in place to manage and respond to any complaints or concerns raised.
- People knew how to raise complaints and had been provided with complaints information when they started to use the service. People told us, "I know how to complain but I haven't needed to," and, "I haven't needed to complain, I do know how if needed."
- Complaints were recorded and monitored for trends and patterns. There had been no formal complaints received by the service in the past 12 months.

End of life care and support

- At the time of this inspection no one supported by the service was at the end stage of life.
- Care records contained information about people's end of life wishes, if they chose to share it.

Requires Improvement

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 good. At this inspection this key question had deteriorated to requires improvement. Leadership and service management was inconsistent and 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: How the provider understands and acts on duty of candour responsibility.

- The service had not had a registered manager since August 2018. It is a condition of the providers registration to have a registered manager for Radis Community Care (Coventry). An acting manager had been appointed after the registered manager had left but had only recently been confirmed in the post. The manager was in the process of applying to register with us.
- The provider had procedures for monitoring the quality and safety of the service provided. We found some quality assurance processes and records management required improvement.
- The medication audit process identified any gaps or errors. However, the action taken when errors were identified had not always been recorded.
- Daily records completed by staff were checked on return to the office to make sure care was provided as needed. On one record there was no lunch time call recorded for three days. There was no record on the audit to explain why the calls were not recorded or if the calls had taken place.
- Daily records did not always evidence that skin integrity checks were taking place as required.
- There was no record in the safeguarding folder to provide an overview of the concern received, the action taken or the outcome. The manager told us this would be put in place.
- Accident and incidents were recorded, but there was no central log to overview trends and patterns. Outcomes of incidents were not always recorded.
- There were no recorded management meetings. The management team had regular informal meetings which the manager said they would start to record. This would include any actions from discussions and the person responsible for completing the action.
- Following the inspection, the manager sent confirmation of the actions they had taken to improve recording and quality monitoring systems.
- The management team understood their roles and responsibilities. The management team were knowledgeable about the service provided and motivated to provide a good service to people.
- The manager had implemented several changes in how the office staff worked, which office staff said supported team working and had improved working relationships. A staff member told us, "I have worked here four years ago and it's much better now. Staff in the office treat you with respect and other staff help when they can. There is good team work."
- Staff understood their role, they enjoyed their work and felt supported by their managers. One said, "I feel

well supported and valued. For example, I did an overtime shift and got a thank you for doing this, which was nice to be recognised."
● There was an 'on call' system at evenings and weekends so staff working outside office hours always had access to management support and advice. Staff told us the 'out of hours' worked well.

● The provider carried out quality monitoring on a quarterly basis. A recent audit had identified some improvements and the manager had an action plan to address this.
● The area manager regularly visited the Coventry office and supported the manager and management team. The area manager supported the manager throughout this inspection.
●The provider understood their responsibilities and the requirements of their registration. They had submitted notifications when incidents had occurred that they needed to tell us about, had completed their provider information return when requested, and their latest CQC rating was displayed on their website 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 were happy with the service they received, comments included, "The staff deserve 110% for their dedication and care for others. They could not be better, and I would recommend them to anyone."
● People had different opinions about how the service was managed. Most thought it was well managed others thought it could be improved. For example, "I am happy overall, and it seems to be well run as far as I can see," and, "I am generally happy, and the carers are brilliant but the communication from management is an issue. It is really not good."
● Feedback from people, relatives and staff was encouraged through phone calls, review meetings and quality questionnaires. Feedback from people and staff was used to support continuous improvement. Not all people we spoke with remembered having reviews of their care or receiving a questionnaire.
● People were provided with telephone numbers, so they could contact the office in an emergency.

Working in partnership with others
● The management team had developed positive working relationships with people's families and health and social care professionals which assisted in promoting people's physical and mental health.