

G P Homecare Limited

Radis Community Care (Derby)

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

Radis Community Care – Derby is a 'domiciliary care service.' People receive personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates the care provided, and this was looked at during this inspection. The service provides personal care for older people, people living with dementia, and people with a physical disability. This was a focused inspection to follow up the comprehensive inspection we carried out in October 2017.

The inspection took place on 7 and 8 February 2018. The inspection was announced because we wanted to make sure that the registered manager was available to conduct the inspection.

At our last inspection we identified regulatory breaches related to safe care and treatment and good governance. The provider supplied an improvement action plan detailing improvements that were to be made to the service. At this inspection we found the registered provider had made sufficient improvements to meet previous breaches of regulations, though improvements were still needed in some areas.

A registered manager was in post. This is a condition of the registration of the service. A registered manager is a person who has registered with 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 and associated Regulations about how the service is run.

People and their relatives told us they were safe receiving personal care from staff. They said staff provided care that they liked and they got on well with them.

People's risk assessments provided staff with information on how to support people safely, though some assessments were not fully in place. Calls to people had not always been timely.

People were protected from the risks of infection. Medicines were managed safely and people told us they had received their medicines.

Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities to act and report when needed.

Some people and their relatives told us they were satisfied with how the service was run by the registered manager. Staff were satisfied with the support they received from the management of the service. However, some people and their relatives said that the service needed to improve.

Management had carried out audits and checks to ensure the service was running properly to meet people's needs though some important issues had not been identified.

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.

Risk assessments to promote people's safety were not always in place. Staffing levels were sufficient to keep people safe though some calls were not on time. Staff recruitment checks were in place to protect people from unsuitable staff, though had not always been comprehensively carried out. Medicine had been safely supplied to people. People had been protected from the risk of injury or the risk from infection. People and relatives told us that people were safe with staff employed by the service. Staff knew how to report any suspected abuse to their management.

Requires Improvement ●

Is the service well-led?

The service was not comprehensively well led.

Some systems had not been comprehensively audited in order to ensure that people were always provided with a quality service. Some people and relatives told us that management listened to them and put things right when they raised issues, though this was not everyone's experience. People or their relatives had been consulted on the running of the service though staff had not been regularly consulted. There was a system in place so that we were informed, as legally required, of serious incidents affecting the service. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs.

Requires Improvement ●

Radis Community Care (Derby)

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, as the previous inspection in October 2017 found breaches to Regulation 12, Safe Care and Treatment and Regulation 17, Good Governance.

Radis Community Care Derby provides personal care for people living in their own homes. On the day of the inspection the registered manager informed us that 29 people were receiving a personal care service from the agency.

The visit took place on 7 and 8 February 2018. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of the care of older people.

We reviewed the provider's statement of purpose; this is a document which includes a standard required set of information about a service. We also reviewed the notifications submitted to us; these are changes, events or incidents that providers must tell us about. We looked at information received from a local authority commissioner. Commissioners are responsible for finding appropriate care and support services for people.

We spoke with five people who received a personal care service, four relatives, the registered manager, the area manager and three care staff.

We looked at records relating to the issues we were inspecting including care, staffing and quality assurance records. We also looked in detail at four people's care records.

Is the service safe?

Our findings

At the last inspection in October 2017, there was a breach of Regulation 12, safe care and treatment. This was because many people had late calls, risk assessments to manage risks to people's safety were not in place and staff recruitment systems to prevent unsuitable staff members, were not in place. On this inspection, we found systems and practices had improved though further improvements were needed in relation to staff recruitment, some people receiving timely calls and having fully detailed risk assessments in place to ensure safe care.

A risk assessment was in place, which included information on how to manage a person's behaviour that challenged the service. The care plan gave staff detailed advice from professional sources. However, it was not incorporated into the risk assessment, so it would not be easy for staff to quickly access the information. A staff member said that they had not read this information although they were able to describe how they would manage the behaviour. There was a risk that by not following the guidance, staff may not properly managed these situations, causing potential harm to people. The registered manager said these issues would be followed up.

A person with diabetes had guidance notes in place, so that staff were able to understand the person's condition. Staff confirmed this information was helpful in providing care. However, it did not include symptoms that would guide staff to identify whether the person's blood sugar was at a safe level. The area manager swiftly sent us information which included this detail and added it to the person's risk assessment so that safe care could be provided.

A risk assessment was in place for a person that was at risk of developing pressure sores. There was detailed instructions for the staff to follow, such as checking the person's skin, repositioning the person and applying creams. Staff we spoke with were aware of how to safely provide this care.

Staff records showed that before new members of staff were allowed to start, there was evidence in place that management took up references with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. Where staff were identified as having issues of concern from their past, a risk assessment was carried out to see whether there were any current risks to people's safety. This process was signed off by the regional director. However, we found that one reference that included past poor performance had not been risk assessed. The registered manager said this would be carried out.

Some people said that calls had been unreliable in the past, but this had improved and they were informed when there were going to be untimely calls.

The registered manager told us that sufficient staffing was in place to keep people safe. This is because the agency did not take on new people without staff being available to supply personal care that met their needs. Staff told us that staffing levels were sufficient to keep people safe and meet their needs. A staff member said, "We have enough staff because there are no gaps in the rota. We know which people we are

going to each week."

The majority of people described the timekeeping of staff was within acceptable limits. One person told us that, in one instance, the staff member had got to the person's house travelling on foot in recent snowy conditions to make the call. A person told us, "The carers are generally on time and my main carer, who I see the most, is always on time. They always stay for the full 30 minutes." Another person said, "They are generally on time, certainly within five or ten minutes and most of them ring if they are going to be any later." A relative told us, "Sometimes they are late in the morning and early for the night visit. They always stay until they have completed what they need to do."

However, other people said they had not been informed of late calls. There was evidence of untimely calls in people's care notes. The registered manager stated that checks on call times were carried out. If calls were found to be untimely then staff were spoken to gain the reasons why and to remind staff the importance of calls being on time. We saw evidence of this in staff records and in discussions in staff meetings. The area manager later informed us that electronic systems would be set up so that management were aware of untimely calls at the time they happened so that action could be immediately taken.

People and their relatives confirmed that people were safe with staff from the service. One person said, "Yes I do feel safe." Another person told us, "I absolutely feel safe with my carer who comes. They are all very polite and are always ready to have a chat." A relative said, "My mother does feel safe with the carers she gets. She sees a regular group of 2 or 3 carers. They are sensitive to my mother's condition and they follow the instructions I have posted."

People said that staff knew how to keep them safe. A person said they had confidence about staff helping them with the use of a hoist. Another person told us, "They help me in the shower and make sure I am safe." A relative told us, "The girls puree the meal as my mother has difficulty swallowing." Another relative told us, "We do feel safe with our carers. My wife certainly does. They are all very skilled at showering my wife."

Staff understood the help that was needed to maintain people's safety and wellbeing. For example, a staff member told us how a person's continence would be supported by using the correct equipment and always checking whether the person needed assistance to use the toilet on every call.

There was an assessment of people's homes to ensure they were safe. This included a fire assessment. The area manager said that the issue of whether people had smoke detectors in their homes would be added to the list of issues to be checked, to ensure people's safety. The list also included an assessment of facilities to ensure, for example, that there were no obstacles causing trip risks, and equipment in place such as grab rails for people to hold onto in toilets. This reduced the risk of people falling when using the toilet.

People said that staff took appropriate precautions when supplying personal care, such as wearing protective gloves to reduce the risk of cross contamination. One person said, "When they wash me they always wear their gloves." Another person said, "They all wear gloves when they wash me, which is really good." Staff were aware what to do to ensure infection control if someone had a serious infection. They were aware of regularly washing their hands and wearing protective equipment.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals were made to the local authority. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the management did not deal with them on their own. The whistleblowing policy contained information about reporting any concerns to CQC and the local authority, though the local authority contact details were not

included. The area manager said this issue would be followed up.

Staff told us they had never witnessed any abuse towards people receiving a personal care service. We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it to the management of the service, and report this to relevant external agencies if needed.

People said that they received their medications on time. One person said, "They make sure I take my tablets and always write it up in the day book." A relative told us, "They make sure that she [person using the service] takes her medication." Medicine records showed that people usually received their medicine as prescribed, though there were a small number of gaps, which the registered manager had identified to discuss with the staff members concerned.

We saw that where accidents and incidents had happened, these were acted on appropriately. For example, where a person had been found by staff where their health needs were compromised, the person had refused a hospital admission. The registered manager alerted the district nurse and a review was held to put in place safe treatment for the person.

The registered manager said any lessons learnt from accidents and incidents would be discussed with staff. The area manager said that she was setting up a record of lessons learned and this information would be shared with staff swiftly after the incident. This issue would also be included in the accident and incident policy.

Is the service well-led?

Our findings

At the last inspection in October 2017, there was a breach of Regulation 17, good governance as a proper auditing system had not been in place, adequate travelling time had not been provided for staff and people reporting the office was not responsive to their concerns. On this inspection, we found systems and practices to check that quality services were provided, though there were still areas that needed further improvement.

A system was in place to ensure that quality was monitored and assessed within the service, such as monitoring the timeliness of people's care calls, telephone monitoring to people to ask them about the quality of the service they received, providing surveys to people so they could comment about the service, checking health and safety systems and staff recruitment. We found people had generally expressed positive comments about the service in telephone monitoring calls, but some issues had not been followed up, such as a person having early calls. The registered manager said this would be carried out. The staff recruitment audit had not included checking on a poor reference from the previous employer. The area manager swiftly followed this up and supplied this information after the inspection visit.

Some people described the management as having improved recently by comparison with the past when things were less consistent. One relative said, "We get a questionnaire six monthly and any of the issues we have raised have been sorted."

People and their relatives said that their experience of raising issues with the service was variable, ranging from good to unresponsive. One relative told us, "I have raised it [an issue] with Radis when they have missed things. It has now been resolved to my satisfaction. The response from the manager was good." Four people and one relative said that they did not think that office management staff had sorted issues such as receiving staff rotas, being in contact with them and checking staff performance. A person told us, "The office is not very approachable and they are not very responsive;... They have not been to visit to see how things are going or to review the care plan." The registered manager stated this was not the case as all staff had received a spot check in the past six months. They provided evidence to us that this had taken place and that office staff rang people if staff were going to be late.

People told us they received good personal care from staff. They had a consistent group of staff, which made it easier for them as staff knew their needs and preferences. They described staff as being polite and courteous. A person said, "They are all very polite and we have a good chat while they are doing things for me. They always come with a smile, which is really nice. They will ring the doctor for me if I need to see one. They care for me really well so I can stay at home." A relative told us, "At one time the carers were a bit up and down; at the moment we get the same group of carers which is nice for [family member] as she has got to know them."

Most people and their relatives told us that they received their weekly rotas so they knew which staff were supplying personal care, though one relative and two people said they had not received them. The registered manager later sent us a copy of a letter to be sent to people, stating that staff rotas would be

posted to them rather than relying on staff to remember to supply this information.

The majority of people would recommend the service. One person said, "On the whole I am well cared for and I think overall they are very good and I would recommend them." Another person told us, "They do listen if we have a problem and will take action, which is really good...I would recommend them to others who need care, but you would have to keep any eye on things."

One relative said, "Punctuality has been a problem in the past, but it is much better now." Another person said, "I would recommend it. It's quite good now. It went downhill when they lost a lot of carers, but it's now back on track."

Most people and their relatives told us they had received a questionnaire so they could comment on the quality of the service from the agency, though one relative and one person said they had not received any questionnaires. The registered manager said this would be followed up. Some questionnaires had been received back to the agency. This indicated that the service was either satisfactory or good. The area manager said any issues identified would be followed up by the management of the agency. This will then indicate that people or relatives had an influence about how the service was run.

The service had a registered manager, which is a condition of registration. The registered manager understood their role and responsibilities with regards to legislation relevant to social care and the reporting of incidents to CQC.

Staff told us that they receive good support from management staff. A staff member said "The office staff are really good. They always help you when they can and change things around for you when they can."

Staff meetings were held. These included relevant issues such as ensuring that infection control was maintained and the importance of calls being timely. A staff member said staff had felt listened to when they made suggestions.

Questionnaires had not been sent to staff in recent years to ascertain their views on the quality of the service. The area manager contacted their head office and received a reply that staff questionnaires would be organised this year. This would mean that staff would have more of an opportunity to have a stronger influence in the running of the service.

Staff said that management expected them to make sure that people were treated properly, with respect, ensuring their welfare and giving them choices.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating of the service on their website.