

GP 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 effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 15 December 2014 and was unannounced.

Radis Community Care – Derby provides personal care services to people in their own homes. This includes older people, people with physical disabilities and people with mental health needs.

The service has a registered manager. 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.

At our last inspection on 5 June 2014 we asked the provider to take action to make improvements. This was

Summary of findings

in relation to care and welfare, safeguarding people, supporting workers, quality and the management of complaints. The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that action had been taken and improvements had been made.

People who received the service from Radis said that they felt safe. Staff had received training on how to protect people who used the service from abuse or harm. They demonstrated they were aware of their role and responsibilities in keeping people as safe as possible.

People who used the service had risk assessments to inform staff of how to manage and minimise risks to their health and welfare. People told us that they felt that staff supported them to ensure that their healthcare needs were being met.

People who used the service had their dietary and nutritional needs assessed and planned for. However, this needed to be more detailed to always protect people's health. People received a choice of what to eat and drink.

People who used the service and relatives told us they found staff to be caring, compassionate and respectful.

People who used the service were able to participate in discussions and decisions about the care and treatment provided. This also included sharing their views and experience of the service by reviews and questionnaires.

People who used the service had been asked to share information that was important to them about how they wished to have their needs met. This included information about routines, preferences, interests and hobbies.

The provider had quality monitoring procedures in place. However further improvements were needed to ensure that any issues were identified so that action could be taken.

The registered manager enabled staff to share their views about how the service was provided.

The provider supported staff by an induction and ongoing support, training and development. However, training was not comprehensive to enable staff to be fully equipped to deal with all the needs that people had.

Management recognised that staffing levels needed to improve and staff recruitment was underway. The incidences of late care calls had reduced, however senior staff were also undertaking care calls, which took time away from their office based duties.

Overall, robust recruitment procedures were followed to ensure that only suitable staff were employed.

Robust investigations were undertaken in response to complaints, however the system in place for sharing the outcome of the complaints required improvement.

Not all staff had a good understanding of how to assess people's capacity to consent to the care provided to them.

Communication between office staff and people who used to service needed to be improved so that people always received a swift response to any queries they had and were always informed if their care calls were going to be late.

Staff respected people's privacy and dignity and people told us that they were encouraged to be independent.

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.

Further staff recruitment was underway and people mostly reported that they received care when they needed it. Incidences of missed and late calls had reduced. However some people had not been contacted when staff had been late.

People told us they felt safe with staff from the agency and staff had a good understanding of safeguarding reporting procedures.

Overall, robust recruitment procedures were followed to ensure that only suitable staff were employed.

Requires Improvement



Is the service effective?

The service was not consistently effective.

People and their relatives told us that overall they received care that met their needs.

The provision of training required some improvement to ensure staff were provided with up to date skills and knowledge in order to meet people's needs.

Not all staff had a good understanding of how to assess people's capacity to consent to the care provided to them.

Overall, people told us that meals prepared by staff met their needs. They said they had a good choice of food.

People told us that they received appropriate healthcare support.

Requires Improvement



Is the service caring?

The service was not consistently caring.

People and their relatives told us that staff were kind and caring and treated them with dignity and respected their choices.

People had been involved in decisions which related to their care, however care reviews had not been undertaken for all people in a timely manner.

Overall, communication between office staff, care staff and people who used the service was good.

Requires Improvement



Is the service responsive?

The service was responsive.

Staff had a good understanding of people's preferences so that care and support was delivered in the ways they preferred.

Requires Improvement



Summary of findings

Complaints were investigated however people were not always informed of the outcomes of these.

Is the service well-led?

The service was not consistently well led.

The provider's quality assurance processes were in place to check the quality and safety of service people received. However, we identified some shortfalls throughout the inspection that had not been identified.

People's views were sought about the quality of service provided.

Staff told us that they received good support from the management team.

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 is 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 15 December 2014 and was unannounced.

The inspection team consisted of two inspectors.

Prior to our inspection, we reviewed the information we held about the service, which included a notification.

Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted the local authority's contract monitoring team and asked them for their views about the service.

During our inspection we went to the office of the agency and spoke to the registered manager, a care coordinator and two field supervisors. We also spoke with three care staff members and reviewed the care records of six people that used the service, reviewed the records for four staff and records relating to the management of the service. After the office visit we undertook phone calls to 14 people that used the service and the relatives of three people who used the service.

Is the service safe?

Our findings

At the last inspection on 05 June 2014, we found that not all staff had a good understanding of safeguarding reporting procedures. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we saw the provider had taken action. People we spoke with told us they felt safe using the service. Quotes included: “Certainly do” and “Yes, very happy.”

Staff had received training in safeguarding adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff told us they had read this policy.

Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. A safeguarding concern had been raised recently. The manager had followed the correct procedure in relation to this concern. The manager informed us that any concerns regarding the safety of a person were always discussed with the local safeguarding team.

At the last inspection on 05 June 2014, we found that people who used the service had experienced missed and late calls. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we saw the provider had taken action. Most people told us that they had never had a missed call. One person said that their carer had not arrived on one occasion however the agency’s office staff had contacted them an hour later to update them on the situation. They told us that aside from this occasion they were pleased with the service and told us that carers were, “No more than five to ten minutes late.”

Other people gave us mixed feedback about whether staff arrived late for care calls. Half of the people we spoke with told us that care staff arrived at the agreed time. Other people told us that they had experienced some late calls

however care staff had arrived and care had been delivered on each occasion. We asked people whether the office staff had contacted them to inform them of the delay. One person told us “They usually ring” and another said “They rarely ring”. Most people told us that they had contacted the office to enquire about the reason for the delay.

Staff told us they had now been provided with travel time in between care calls so that they were able to undertake care calls at the agreed times. This reduced the risk of staff not being able to make the agreed times. The manager informed us the service had improved and there were no missed appointments unless there were unforeseen events such as severe traffic problems. If staff were unable to attend a care call they informed the manager in advance and cover was arranged so that people received the support they required.

The manager stated she was actively recruiting for more care staff as currently, without senior staff also undertaking care calls, there were insufficient numbers of staff available. This meant that time was taken away from senior staff to undertake office based tasks whilst they were undertaking care calls.

People who needed assistance with their medication told us that they received it from staff at the times they needed it. Staff had undertaken training about medication administration. There was evidence that the manager had raised medication issues with staff, such as making sure that medication records were up to date and accurate. The provider had a medication policy, which was available for staff to refer to.

Assessments were undertaken to assess any risks to people using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person.

The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and beds. Hoist training had been provided to staff from a suitably qualified person. Staff were provided with detailed information about how to use the hoist safely. People told us that they felt safe when staff was using any equipment whilst undertaking their care.

Is the service safe?

We noted, however, that one person's risk assessment did not detail the risks associated with the person's diet and their health condition. The manager stated that she would follow this issue up. The provider later contacted us and stated that this issued had been rectified.

Staff were aware of the reporting process for any accidents or incidents that occurred involving people who used the service.

Recruitment procedures and checks were undertaken before staff commenced employment. These had mostly been robustly carried out though we noticed on one record that a person's reference was not from their previous

employer and there was no recorded reason why the person had left their previous employment. The manager stated this would be followed up to ensure procedures were always robust.

Staff told us they attended an interview to assess their suitability to work for the agency. The staffing records we looked at showed that most staff had previous experience of working in health and social care settings. All staff were required to complete an induction programme which was in line with the common induction standards published by the recognised national organisation, Skills for Care. New staff worked alongside an experienced staff member before they could work on their own.

Is the service effective?

Our findings

At the last inspection on 05 June 2014, we found that not all staff had undertaken training about specific health conditions and improvements were needed in relation to the arrangements for staff supervision. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we saw the provider had taken action. Most people told us that they felt that staff had sufficient skills and experience to support them. One person said; "They know what they're doing."

People were supported by staff who, overall, had the knowledge and skills required to meet their needs. The manager provided us with a programme of training that staff received to fully ensure they had knowledge and skills related to their roles and responsibilities. This showed that staff had received training on essential topics such as, moving and handling, infection control and medication.

Staff spoken with said they had received most, but not all of the required training. Two staff members told us they needed more specialist dementia training. We saw that this training was scheduled for the coming year, which included training on people's specific health conditions.

Staff told us that they received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required.

People told us that they were happy with their carers. One person said; "They are very pleasant carers; nothing is too much trouble for them."

People said that staff sought their consent before they provided care to them. Staff told us they had received some training about the Mental Capacity Act (MCA) 2005 although two staff members were unsure of how to assess people's mental capacity to make decisions and what deprivation of liberty meant in practice. This was if a person's freedom and rights were being restricted. The provider stated that staff undertake a mandatory e learning course prior to providing care and this was evidenced in the training matrix we saw. At the time of our inspection no one using the

service was deprived of their liberty. The manager stated that she would check that staff were aware of their legal responsibilities under this legislation when they encountered this issue.

The manager told us that if they had any concerns regarding a person's ability to make decisions about their care, they would work with the local authority to ensure appropriate capacity assessments were undertaken.

All of the people we spoke with who needed assistance with eating and drinking, except one person, said they were happy with the support they received. One person said: "I tell them in the morning what I'd like for tea and they prepare it." Another person said "Half of them can't cook other than to microwave." We saw no evidence that the management team assessed the cooking skills of staff members to ensure food was prepared as people preferred it. The manager stated this issue would be followed up.

People were supported at mealtimes to access food and drink of their choice. Staff were required to ensure meals were accessible to people who used the service. We spoke with two staff members who confirmed they supported people with their meals and that they had received training in food safety to be able to carry this out safely.

People using the service and their relatives told us that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However other people told us that staff supported them to do this as they were not able to do this for themselves. Staff were also available to support people during healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. We saw that where staff had more immediate concerns about a person's health, they called for an ambulance to support the person so that they could access the medical assistance they needed.

The manager told us that she tried to match staff with people they supported according to the needs of the person, ensuring communication needs and any cultural or religious needs were met. For example, it was the intention of the agency that, if possible, people whose first language was not English, would receive support from staff that were able to speak and understand the person's language.

Is the service caring?

Our findings

All of the people we spoke with told us that staff were caring. They told us that staff provided care at their pace and that they did not feel rushed, even if staff were running late. One person told us that their carers were “Like old friends.”

People using the service told us they were involved in developing their care and support plans and were involved in decisions about how their care was to be carried out. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide supplied to people who used the service.

Most people told us that office staff had visited them to review their care needs. However two people told us that this had not yet happened. The manager said it was policy that senior staff carried out regular reviews of care. The provider later stated to us that some people may not have had reviews due to the fact that they had not been with the agency for a year.

Most people told us that they thought that communication from the agency’s office was good. However, three people told us that they thought that it was poor. One person said, “They’ll call if anything is to be rearranged.” Another said, “Office staff are backward in getting back to me.” A staff member told us that office staff did not always tell people if call times or staff members had been changed.

All of the people we spoke with told us that staff supported them with their privacy, dignity and confidentiality. One person told us that staff, “Keep me covered with a towel [while transferring from a shower].” Another person described their carers as “Very polite.”

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they promoted people’s privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. Everyone said that their independence had been encouraged by staff.

Is the service responsive?

Our findings

At the last inspection on 05 June 2014, we found that improvements were needed in relation to the management of complaints. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we saw the provider had taken action. Most people told us that they had not needed to raise any concerns about the service and two people who had raised concerns told us that they had received a positive response to these. However two people told us that they were still waiting to receive responses about the complaints they had made. One person told us "If I ring or email they respond eventually."

Four people told us they had complained at some point in the past about the staff providing care to them. They all told us that the manager had responded quickly and appropriately and alternative carers had been sought.

People using the service and their relatives told us they were aware of the provider's complaint procedure. We saw that this was included in information given to people when they started receiving care.

We looked at complaints records. This showed that robust investigations had been undertaken in response to complaints although we noted that feedback was given to the local authority, where the complaints came from, (and

who acted on behalf of people) and not the person themselves. The manager said this would be carried out in the future so that people were quickly aware of what action had been taken in response to their concerns.

People who used the service told us that they were given contact details for the office and who to call out of hours so they always had access to senior managers if they had any concerns.

People told us they were given choice and control so that they received care and support to meet their individual needs and preferences. One person said; "The [staff] will ask if I want anything else doing. "Another person said "I ask what I want for breakfast; [the carers] will do anything I ask them."

All of the people we spoke with told us that they were happy with the gender of their carers. From reviewing people's plans of care we saw that this issue had been discussed with them during their assessment of care.

Staff spoken with were knowledgeable about the people they supported. They were aware of peoples' preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met.

People were encouraged to maintain their independence and undertake their own personal care. Staff described to us examples of where they prompted people to undertake certain tasks rather than doing it for them.

Is the service well-led?

Our findings

At the last inspection on 05 June 2014, we found that improvements were needed in relation to the arrangements in place to monitor the quality of service provided. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we saw the provider had taken action. Most people said they had received service satisfaction questionnaires to complete. This meant that they had been provided with an opportunity to express their views about the service provided. Two people told us that they had used this questionnaire to communicate concerns or suggestions for improvement. One person told us that they had fed back their concern about the frequency of change in carers providing their care. They told us that since raising this issue, improvements had been made.

The management team monitored the quality of the service by speaking with people to ensure they were happy with the service they received. Senior care staff undertook 'spot checks' to review the quality of the service provided by staff.

We saw evidence of the provider undertaking checks of systems in place to ensure they were working effectively. For example, checks of staff training and staff recruitment records and processes were undertaken. The manager had produced an action plan to meet the recommendations of the provider's findings. However further improvement of the quality monitoring system was needed, for example to ensure that care reviews were carried out at the required times and to ensure people were notified about the outcomes of any complaints or concerns they raised.

A registered manager was in post. Staff stated that they received good support from the manager via phone calls, supervisions and during staff meetings. They told us that the manager was available if they had any concerns. One staff member told us, "I think the manager does a good job. She listens and tries to take any action needed." Staff all said the manager was approachable and kept them informed of any changes to the service provided.

Relatives told us they had a positive response when they contacted the office. One relative said "A lot of issues have been resolved... Carers are lovely."

People using the service expressed positive views about the management of the agency. One person told us "They can't do much better." Another said "The staff are always happy."

We saw that staff supervision took place. The supervision sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. They were able to raise any concerns they had about the person they were supporting or any other aspects of service delivery.

We saw that staff had been asked about their views as to the running of the agency. Some staff said that if the agency wanted to retain and attract staff they needed to always pay for travelling time between calls and to reimburse staff for the petrol they used to travel to calls. The manager told us that the provider had looked at these issues and would be fully reimbursing staff for these from January 2015.

Prior to this inspection we checked that the provider had sent us notifications of any relevant incidents and issues, as required by law.