G P Homecare Limited

# Radis Community Care (Burton on Trent)

## 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

We inspected this service on 17 March 2017. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. There were 54 people in receipt of personal care support at the time of this inspection visit. At our previous inspection on the 29 April 2015 the provider was meeting the regulations that we checked. At this inspection the service continued to meet the regulations that we checked but we identified that improvements were needed.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Quality monitoring systems were in place but we found these were not always effective. For example the provider was not following their own policy in ensuring all staff received training updates when required. Care staff were transcribing people's prescribed medicine onto medicine administration records, but no safety checks were in place to ensure any errors in hand written transcripts could be identified. Staff understood the support people needed and worked well with health care professionals to ensure people's needs were met. However people's care records were not always updated in a timely way to reflect these changes in support.

People received their calls as agreed and from a consistent staff team. People were protected from abuse as staff understood what constituted abuse or poor practice and their role in reporting concerns. Checks on staff were done before they started work to ensure they were suitable to support people. People were supported to take their medicine when needed.

Staff supported people to make their own decisions.  When people were unable to consent, assessments had been undertaken regarding those specific decisions to ensure they were made in their best interests and with the involvement of their family and friends. The delivery of care was tailored to meet people's individual needs and preferences.

## 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.

People were protected by staff that knew how to keep them safe and protect them from harm. People's health and welfare was assessed and actions to minimise risks were recorded in people's care plans and implemented. People were supported to take their medicines and there were sufficient staff to support people. The suitability of staff was checked before they commenced employment.

### Is the service effective?

Good

The service was effective.

Where people were unable to make their own decisions, their capacity had been assessed and staff had clear guidance on how to support them in their best interests. Staff knew people well and had completed training so they could provide the support people wanted. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

### Is the service caring?

Good

The service was caring.

People were supported by staff in a caring way and encouraged to maintain their independence and have choice and control over the support they received. People were treated with respect and supported to maintain their dignity.

### Is the service responsive?

Good

The service was responsive.

The support people received was tailored to meet their needs and preferences. The provider's complaints policy and procedure

was accessible to people and their representatives to enable them to raise any concerns.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Systems were in place to assess and monitor the quality of care although these were not always effective in ensuring areas for improvements were addressed in a timely way. People received the support they needed but their care plans did not always reflect the changes in care provided.

# Radis Community Care (Burton on Trent)

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 visit took place on 17 March 2017 and was announced. The provider was given four days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak to people and their relatives as part of this inspection prior to the office visit. The inspection team consisted of one 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. The expert-by-experience did not attend the office base of the service, but spoke by telephone with people who used the service and relatives.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. On this occasion we did not ask the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us. We used all of this information to formulate our inspection plan.

To gain people's views about the care and to check that standards of care were being met, we spoke with 12 people who used the service and six relatives. We spoke with three care staff, two care coordinators and the area manager. The registered manager was not on duty on the day of our office visit.

We looked at the care records for four people. We checked that the care they received matched the

information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Good

# Is the service safe?

## Our findings

People told us they felt safe with the staff that supported them. One person said, "I've never had a single carer either raise their voice or use bad language, they never ever speak about any of their other clients either." The staff ensured people's safety was maintained when they supported them. One person told us, "I had a series of falls recently which meant that I had to start having carers, particularly in the morning because I was worried about falling in the shower. Since having the carers, I haven't had a single fall. Perhaps it's just the reassurance that there is somebody here that makes a difference, but I do feel much safer now." Relatives told us they were confident that their family member was supported in a safe way. One relative said, "[Name] has to be hoisted these days, and I know they don't particularly enjoy it, but the carers are so careful with them and make sure that they explain everything they are doing. They never start to lift until [Name] is comfortable and feels that the sling is well supporting them. In all the time they have been doing this, they have never once had any problem whatsoever."

Support plans instructed staff to ensure that life lines were on and accessible for people so they could summon help in an emergency situation. People confirmed that this was done. One person told us, "I have a pendant that I wear round my neck and I usually take it off to have a wash in the morning and it sits by my bedside. If I don't remember to put it back on once I'm dressed, my carer will usually bring it to me while I'm eating breakfast because she usually finds it when she's tidying the bedroom up." Another person said, "I have a call pendant that I have on my wrist and my carer is good and always reminds me about it after I've had my shower and got dressed. I usually remember to automatically put it back on, but if I don't I'm grateful that my carer is there to remind me before she goes."

The staff ensured people's safety was maintained before they left them. Some people had key safes to allow staff and other health care professionals to enter their home. One person said, "I have a key safe that the carer uses every time she comes to see me. They all know the code but they always make sure they ring the doorbell and call out who it is as soon as they come through the door. I've never had anybody leave the door unlocked when they have left me. It seems to work really well and makes it so much easier for me." Another person told us, "My carer uses the key safe outside my front door. They just have to punch a code in and it releases the key for them and then when they go out they lock up the door behind them and put the key back in the box for the next carer when she arrives. I think it's a really good system that means I don't have to struggle to get to the door any more. I was a bit worried to start with, in case people didn't lock my door properly after they had left, but I've had this for a long time and I've never once had any problems with it."

We saw that environmental risks assessments were undertaken within people's homes. This was done to check that any hazards with the person's home were identified and actions taken where needed to reduce identified risks. Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "If I identified any new risks in a person's home, I would report it to the office." The staff were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "There is a process to follow. I would call the office and

document my concerns. There is also information in the office including the local authority contact number but I haven't had to use this myself as the manager is very good and would report any concerns to the local authority." Staff told us they were provided with training to support their knowledge and understanding of how to keep people safe. One member of staff told us, "We have safeguarding and whistle blowing training. We also have a poster in the office to remind staff of the procedure." Whistle blowing is the process for staff to raise concerns about poor practices. The registered manager understood what incidents needed to be shared with the local authority safeguarding adult's team; where concerns had been identified, reports had been made to the local authority.

We saw that the support provided was dependent on the level of support each person required. All of the people we spoke with and their relatives confirmed staff were available to support them as agreed and told us that staff arrived on time for their visit. One person told us, "Considering how bad the traffic can be around here, the carers do remarkably well to be here at the time they do. I certainly wouldn't complain about their timekeeping at all. They also stay for the amount of time that they are supposed to. By the time they've written in the records and sorted everything out for me, the time goes really quickly." Another person told us, "It's only been rarely that they've been anything more than 20 minutes late for one of my visits, and as far as I can recall on those occasions, someone has phoned me from the office to let me know that they were running late. I've never had any problems with them not staying for the full time that they are supposed to."

People and their relatives confirmed that their support was provided by a consistent staff team which they preferred. One person told us, "I suppose I see a small number of regular carers, even including weekends. They are all known to me and I don't have to explain to them what and how I like things to be done." Another person said, "They are all lovely and to be honest, I don't mind who I see as they all remember remarkably well what it is I need help with."

An on call system was available for staff. A member of staff said, "The on call is available to us if we need support." People who used the service told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given. One person told us, "I don't phone them very often, only occasionally to change a visit time, but they are always very polite and seem to know about me when I do call." Another person said, "All the office staff are very good and they actually pass messages on and if they promise to phone you back, they always will."

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for four staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. We saw that all the required documentation was in place.

We saw a system was in place to support people to take their medicines and this was monitored by the management team. People told us they received support to take their medicines as prescribed, and in the way they preferred. One person told us, "My tablets come in a blister pack and I have to take them twice a day, so when my carer is here in the morning and evening they will pass me my tablets and make sure that I have a drink and then once I have taken them, they write in the chart in my folder so that everyone knows that I have taken them." Another person said, "My carers help me with my tablets morning and night. They will pass me them together with a drink and once I've taken them it gets recorded in the tablet chart in my folder."

Information in people's care plans included their preference for how they took their medicine. We saw that

assessments were completed of the level of support the person needed to take their medicine so that staff could support the person according to their needs. For those people who required support a medicines administration record was kept in the person's home. These records were then sent to the office for the management team to audit. We looked at these records and saw that staff signed when people had taken their medicine or recorded if not and the reason why.

Good

# Is the service effective?

## Our findings

People we spoke with confirmed that they were happy with the support they received from staff. One person told us, "I've never had any concerns about the skills that my carers have when looking after me, and in terms of what help I need, they seem perfectly well trained." Relatives told us that staff were professional in carrying out their duties. One relative said, "When they come to look after my relative I have to say that their hygiene skills are spot-on. I've never had to take them to task over wearing their gloves or aprons or in ensuring that they wash their hands as appropriate."

Staff confirmed they received the training they needed to support people. One member of staff told us, "Our induction is over three days both classroom based and e-learning. We can't go out to support people until all the training is completed." Another staff member told us, "When all the training is completed new staff work with experienced staff on the rounds they are going to be doing. This is to help them to get to know people. There is a workbook that they have to complete as well." Another member of staff told us, "When I was new I had the training, shadowed experienced staff for a few weeks and had regular supervisions to check how I was getting on and there was a workbook to complete as well, it was quite thorough." We saw that new staff completed the care certificate which sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff were supported to gain further knowledge and the skills they needed to care for people. One member of staff told us, "I have had training to support someone with their stoma bag. I would always ask if I needed specific training and the manager would organise it. I feel confident that I have the skills I need to support people and this is discussed at supervision with me."

We saw and staff confirmed that they were supervised and supported by the management team. One member of staff told us, "We have supervision sessions and annual appraisal and spot checks on our practice. These include checking we are wearing our uniform and badges and have our gloves and aprons." Another member of staff said, "I have regular supervisions in this office. I am asked how things are going with the people I support and if there is any training or support I need. I am supported really well."

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 people 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. The information in people's

assessments and support plans reflected their capacity when they needed support to make decisions. We saw that where people were unable to make decisions independently, they were made in their best interests. These were made with the involvement of the person's family and friends who new them well. Staff understood the principles of the MCA and understood their responsibilities for supporting people to make their own decisions. Staff knew about people's individual capacity to make decisions. One member of staff told us, "One person I support does need support to make decisions but they can tell me through non-verbal ways. For example they have really good appetite but I know when they've had enough to eat because they turn their head away. I know what meals they like and with the support from their relative we make decisions in their best interests."

Staff told us they obtained people's consent before they supported them. People we spoke with confirmed this. One person told us, "The carer never really makes a start until they've asked me if I'm ready and feel alright." Another person said, "My carer always asks if I'd like a cup of tea before my wash and sometimes, I'll even have my breakfast first if I'm feeling a bit out of sorts." Where people were able to consent to the support they received they had signed their care plans to demonstrate their agreement.

Some people we spoke with were supported with meals and told us they were happy with how this was done. One person said, "Sometimes, I just can't decide what I fancy, so my carer will kindly look in the fridge and cupboard and tell me what she thinks she can make from what I've got there. It's nice, for a change, to have something a bit different and I'm fortunate that my two main carers know how to cook some lovely quick things." Another person said, "My carers never mind cooking me something else if I really don't fancy what I have in the fridge. Sometimes, they'll do me a quick jacket potato, or bacon and eggs or just some soup. They never make me feel guilty for wanting something different."

People told us that the staff supported and encouraged them to maintain good hydration. One person said, "My carer always makes sure that I have a hot drink before she leaves and she usually leaves me a glass of water next to my chair and she will put me some biscuits on the saucer so that if I get a bit peckish I've got something to nibble on until lunchtime." Another person told us, "After lunch, my carer will usually leave me with a hot drink for the afternoon and I'll usually get her to put a couple of cakes on a plate for me. They always insist on leaving me a glass of water as well."

Where people were supported with food and drink this was recorded as part of their plan of care. People's specific preferences and diets were recorded, to ensure their needs could be met. We saw that where people had been identified at nutritional risk, staff monitored what they ate and drank to enable them to alert the person's family or seek professional guidance as needed.

People confirmed that staff noticed if they were unwell. One person said, "My carer sometimes gets the agency to phone my daughter if I'm not feeling too good." A relative told us, "My relative had a nasty nosebleed a while ago when his carer was here. She knew exactly what to do and she managed to make it stop really quickly. She stayed with us, after speaking to the office, and didn't leave until she was sure he was alright. She told me to phone the GP and then she wrote everything in the records." This demonstrated that staff monitored people's well being to ensure that appropriate medical intervention could be sought as needed.

Good

# Is the service caring?

## Our findings

People told us the staff were caring towards them. One person staff, "I've been with this agency for a number of years now, so I think I must know all the carers by now! They are all lovely." Another person told us, "I think I must know most of the carers now, but they are all genuinely lovely and so caring. They are as important to me as members of my family are now."

People considered that the staff supported and encouraged them to maintain their independence. One person said, "I have a carer come in to help with my meals. I have a condition that means I can't lift pans or trays in and out the oven anymore. However, I still enjoy cooking, so when my carer is here, I try and prepare and start cooking as much as I can and my carer only takes over when my hands give up on me." Another person told us, "I'm quite wobbly on my legs these days and cannot really have a shower without my carer here anymore. However, once I'm in the shower, I like to be able to wash as much of me as I can and my carer just then does my lower back and the back of my legs for me."

People confirmed that staff supported them at their preferred pace and respected their wishes. One person told us, "My carer will always ask me if I'm ready to have my shower, and if I'm not quite, she'll make me a cup of tea and get on with my breakfast until I am ready." Another person told us, "My carers never mind doing any extra jobs and they won't go until they think I'm totally happy and have everything I need to hand."

People were supported to maintain their dignity and privacy. One person told us, "I hate wearing dirty clothes, but I don't always notice when something is dirty these days. My carers are very good though, they never let me put on anything which is dirty and they also find time to put a load of dirty washing in the machine for me." A relative said, "My relative is bedbound these days, but her carers are really good with her. When they've helped her get washed, they will make sure she has a fresh nightdress and if her sheets need changing, they'll do it and then leave them for me to wash. I've never once been into her afterwards and found her either uncovered or wearing dirty bedclothes."

People confirmed they were asked for their preference in staff gender when supported with washing and dressing. One person told us, "I certainly remember being asked if I preferred male or female carers. I did tell the manager that because I have a shower most days, I'd rather just have female carers. They've never tried to send me a male carer." Another person said, "I was asked, but I said I really didn't mind. However, having said that, I've only ever had female carers." This demonstrated that people were supported to exercise choice and their preferences were respected.

Good

# Is the service responsive?

## Our findings

People were supported with a variety of tasks such as support with washing and dressing, preparing meals and taking medicine. People told us that their carers understood their needs and were capable of delivering the service that they required in their preferred way. One person said, "I think most of us have our own ways of getting things done, and because my hands aren't as useful as they were, my carers are very good and take that into account when they're helping me." Another person told us, "I am quite fussy in my old age, but my carers never complain about the way I like things to be done."

Staff were respectful of people's routines and worked with them to ensure they were met. One person told us, "I like my carer to come early in the morning so that I can be ready to go out when my family arrive. My carer always makes sure everything is tidy before she goes." Another person said, "My friends take me out every week so it's important my carer is reliable and comes on time, otherwise I wouldn't be ready to go in time."

People confirmed they had care plans which were kept in their home and that staff updated their daily records every time they visited. Care records contained specific details about the person to provide the staff with an overall picture of the person, to support them to get to know the person better and understand their needs, preferences and communication methods.

Discussions with people and their care records showed they had been involved in their care and their views had been gained about what was working and any changes they felt were needed. One person told us, "The manager comes to visit and we review my care plan together." Another person said, "My daughter comes to the review meetings so that we can go through the care plan with the manager to see if there are any changes needed." Another person told us, "They always ask me my opinion about the service when we're meeting to go through my care plan."

Staff told us they worked well as a team to ensure people were supported according to their needs and preferences. One member of staff said, "It's a good place to work, we all help each other out."

People we spoke with were aware of the procedure for making complaints. One person said, "There's a leaflet all about complaints in my folder here on the table." Another person told us, "I remember seeing a leaflet about complaints in my folder last time I looked at it properly." Relatives confirmed they would contact the manager if they had any concerns. One person said, "If I had any concerns about my relative then I would be straight on the phone and asking to speak to the manager about it." Another told us, "My relative has been looked after by the agency for a long time and we've never had any problems whatsoever, but if we did, then I would phone the office and ask to speak to the manager so that I could have a chat about whatever the problem was."

A complaints procedure was in place and this was included in the information given to people when they started using the service. We saw that no complaints had been received since our last inspection.

Requires Improvement

# Is the service well-led?

## Our findings

Although we did not identify any errors within medicine administration records (MAR), we saw that these were handwritten by care staff. This is known as transcribing. We discussed this with the care coordinators and area manager who confirmed that the staff member that attended the person's first call at the beginning of each month was responsible for hand writing MAR sheets against the prescribed medicines they received form the pharmacy. We were told this was because the pharmacy services used did not provided printed MAR sheets. There was no procedure in place for transcribed MAR sheets to be checked by a second staff member, as many people were only supported by one member of staff. We discussed the potential risk of using this method, as transcribed MARs should be checked and countersigned by a second staff member to ensure any errors can be identified.

Since our visit the registered manager has confirmed they had begun to type MAR sheets at the office and told us these would be rolled out for all people that are supported with their medicines. The registered manager confirmed that the member of staff that attended the person's first call at the beginning of each month would check the typed MAR against the person's received medicines and sign the MAR to show this check had been done. The registered manager told us, "If there were any changes in the medicines received the staff would ring the office and we would then check this with the pharmacy or GP."

Although staff told us they received training and people were happy with the staff's skills, we saw the provider was not following their own policy in the timescales of staff training for several staff members. For example we saw that medication training was required annually. Some staff had not received this training in the last 12 months, with some not receiving this training since 2014 or 2015. The area manager confirmed that the outstanding annual fire safety training was being updated the week after our visit. We saw that other training for some staff had not been undertaken within the provider's timescales, for example three yearly food hygiene and annual safeguarding training was out of date. For example some staff had not received food hygiene training since 2012 or 2013 or safeguarding since 2013, 2014 or 2015.

We saw that monthly quality assurance reports were completed by the registered manager and sent to the provider for them to monitor the service. An annual quality assurance visit was undertaken by the provider's quality assurance officer. We looked at the report from the visit in December 2016. This identified where improvements were needed and this included gaps in staff training and improvements required in some care plans. However as some training was more than two years overdue, this should have been identified at previous audits. An action plan was in place and demonstrated that the registered manager was working towards its completion.

We saw that in general people's care plans were updated as needed. However one person's daily logs showed they were and had been in receipt of support from the district nursing team for over a month. Staff we spoke with were aware of this and discussions with them confirmed that they worked with district nurses to support this person. However their care plan had not been updated to reflect this. This demonstrated that people's care plans did not always provide an accurate reflection of the care provided to them.

A registered manager was in post. People and their relatives told us that they felt the service was managed well. One person said, "I'd recommend them to anyone. I've been very satisfied." People told us they found the registered manager approachable. One person said, "She has occasionally covered when one of my carers was off ill and I found her to be very nice and approachable." Another person said, "The manager is very nice and friendly, I have no concerns about speaking to her." Another person told us, "A really nice lady who is the manager has been out to do a review with us, so if we had any problems, we'd contact her."

The provider had measures in place to gather people's views and experiences in relation to the care they received. One person told us, "I definitely feel listened to even though I've never had anything to complain about." Another person said, "I always feel like they are interested in what I'm saying." We saw that people were encouraged to express their views through a range of methods. This included consultations through individual meetings and by telephone. We saw that positive feedback was received. For example one person had said, 'I am very happy with the carers, they complete all the tasks and go over and above board.' We saw that annual satisfaction surveys were sent out to people by the provider. The results were fed back to the registered manager along with any actions required. We saw that the registered manager then addressed with individuals any points raised. For example some people had stated they were unsure how to make a complaint or compliment. The registered manager had written to each person and included this information with each letter.

We saw that audits were undertaken on completed medicine records which were returned to the office every month. Staff confirmed that any missing signatures or errors in daily records identified within that month would be reported to the office for the management team to address. This demonstrated that any errors could be identified promptly to enable action to be taken. We saw evidence to show that the management team undertook spot checks on staff practice that looked at staff dress, attitude, time keeping and the support they provided. Audits of accidents and incidents were undertaken to enable the registered manager to identify any patterns or trends and take action where necessary.

It is a legal requirement that a provider's latest CQC inspection report 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 conspicuously displayed their rating in the office and on their website. The provider understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.