

G P Homecare Limited

# Radis Community Care (Shrewsbury)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Radis Community care (Shrewsbury) is a domiciliary care service, providing personal care and support to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 41 people were receiving a regulated activity.

### People's experience of using this service and what we found

People told us that they felt safe and were supported by consistent and reliable staff. Staff understood their responsibilities with regards to keeping people safe. There were systems in place to safeguard people from the risk of possible harm.

The service had procedures in place that ensured new staff were safely recruited.

The registered manager assessed people's needs and involved them in planning their care in accordance with their wishes and preferences.

Each person had a care plan. This was reflective of their needs and had been reviewed at regular intervals.

Staff were knowledgeable about the people they supported and provided kind personalised care.

Medicines were safely managed, and people received their medicines at the right time.

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.

Staff told us they enjoyed working at the service and they were well supported by the management team. Staff felt valued, motivated and were committed to the people they supported.

There was positive leadership at the service and people and staff spoke highly of the provider. Staff were dedicated to maintaining high standards and there were quality monitoring systems in place to drive service improvement.

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

### Rating at last inspection

The last rating for this service was Good (published 13 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# Radis Community Care (Shrewsbury)

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 October 2019 and ended on 22 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since registration. This included details about incidents the provider must notify us about, such as abuse. We checked for feedback from local authorities

and commissioning bodies.

During the inspection

We spoke with five people who used the service and ten relatives about their experience of the care provided. We spoke with three members of staff, the registered manager and area manager.

We reviewed a range of records. This included three people's care records, three staff files in relation to recruitment and staff supervision and records relating to the management of the service.

# 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

- The provider had procedures in place to guide staff on keeping people safe, for example whistleblowing and safeguarding.
- People were supported by staff who were trained in safeguarding and had a clear understanding of what could constitute abuse and how to report any concerns. Staff understood their responsibilities to raise their concerns with management and how to escalate them further if necessary.
- People told us they felt safe using the service. One relative told us, "(Person) needs a lot of help and can only be moved with the use of a hoist and without the expertise of the well trained carers I would worry every day about their safety."

### Assessing risk, safety monitoring and management

- Risks to people were assessed at the start of their care package and reviewed on a regular basis or whenever there was a change in need. The registered manager routinely audited people's assessments, records and care plans.
- Each person had assessments of risk and their individual needs and preferences recorded. The assessment included people's medication risks, falls, mobility, equipment in use and the environment people lived in that might affect their safety and that of the staff who visited. This was to help make sure that all were kept safe from foreseeable risks.

### Staffing and recruitment

- Staff had been safely recruited. Care workers recruitment files we looked at all had the required pre-employment checks recorded. For example, obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports.
- There were enough suitably trained staff available to flexibly cover the needs of the service.

### Using medicines safely, Preventing and controlling infection

- People received their medicines safely and as prescribed by staff who were trained to do so. Senior staff did spot checks in people's homes to make sure they received medicine as prescribed and staff followed the service's procedures.
- Staff told us they had attended training on infection control. People who used the service told us that staff wore gloves and aprons when providing personal care. One person said, "They wear gloves and aprons to do all of the jobs and they change them as well."

### Learning lessons when things go wrong

- The registered manager investigated and reviewed safety incidents and events when things went wrong

and acted to prevent any reoccurrence.

- The registered manager supervised staff to identify any required improvements. They took prompt action as required.



# 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

- The registered manager planned and delivered care in line with people's assessed needs and according to their preferences and lifestyles.
- Staff regularly reviewed people's care plans and where changes had occurred in their needs or wishes this was shared and care plans updated. This helped to make sure information about people's needs remained current.
- The registered manager ensured care staff were spot-checked in people's homes to ensure they were applying their training correctly and in line with best practice.

Staff support: induction, training, skills and experience

- A comprehensive induction was completed by all staff when they commenced employment with the provider. Staff told us that all new staff completed mandatory training courses followed by a period of shadowing experienced team members during which time their competency was assessed.
- One person said, "I think the care staff are well trained. When a new member of staff starts they always shadow the regular people so that they learn the ropes."
- Staff were experienced, confident and told us they felt supported in their role. They had regular supervision and observation in their care visits by a senior member of staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs for eating and drinking were assessed and documented. Their preferences and special diets were recorded.
- Staff monitored people's food and fluid intake as required and followed guidance, where provided, from the speech and language therapist (SALT).

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked with other services which supported people to ensure they received good care that met their needs. Some people were supported by community healthcare teams and the service followed any guidance they gave.
- Staff supported people to live healthier lives and to access relevant services, where required.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and found they were.

- People's capacity to make decisions relevant to their care and support were assessed and documented.
- Staff knew and applied the principles of the MCA. They told us they assumed people had capacity unless they had been specifically assessed otherwise and this was recorded in the care plan. They gave us examples of how they sought consent from people and enabled people to make decisions about their day to day care.

# 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

- Staff were caring and treated people well. People described staff as being kind, caring, helpful and attentive. One person told us, "The carers who come to me couldn't be any kinder in the way they help me every time they come."
- People's diverse needs, including religion, culture and language were assessed and included in their care plans appropriately. The service matched people to staff who best understood those needs.
- Staff were passionate about providing good care and spoke of the people they supported with warmth and kindness.
- Care files included some information about people's life histories and their preferences. Staff showed an awareness of people's individual needs, preferences and interests.

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- People said they could express their views and felt involved in decisions about their day to day care and support.
- The registered manager and staff understood the importance of involving people in decision making. We saw that reviews were held with people and their relatives when their wishes or needs changed. One person told us, "My care plan was just reviewed with me a couple of weeks ago."
- People's support plans detailed how to support them to maintain their independence. Staff spoke about how they supported people, including those living with limited mobility, to remain independent. One person said, "When I am in the shower the carers steady me, so I can do as much as I can myself, I like to be as independent as I can."
- People were treated with respect and care workers promoted their dignity. One person said, "The care workers make sure that the curtains are closed and that I am kept covered while they dry me."
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

# 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 plans were personalised. Their plans included a background history of the person, mobility needs, nutritional support and health conditions. Staff had a good knowledge of the needs and preferences of the people they visited.
- The service involved people in drawing up their support plans and reviewing them.

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.

- Staff told us about the different ways they communicated with people, including those people with limited communication or hearing impairments.
- The registered manager ensured people received information in appropriate formats to meet their needs. They assessed people's communication needs to identify how they needed information to be provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people with their interests and social activities. Some people's support plans included time for them to be supported to access the community, such as going shopping with the staff or attending community activities.
- People's care visits were planned in accordance with their social needs, for example, earlier morning visits were in place when the person was attending a regular activity.
- Visits from regular care staff helped people feel less isolated.

Improving care quality in response to complaints or concerns

- People knew how to complain if they needed to and felt confident they would be listened to. One person told us, "We have never needed to make a complaint but if I had a problem with something the care worker had done I would talk to them first and then if we couldn't resolve it I would ring and speak to the manager."
- A complaints policy and procedure were in place. The system in place ensured that all complaints would be recorded and responded to promptly.
- The provider was responsive to feedback and people they supported confirmed this.

End of life care and support

- At the time of the inspection, the service was not supporting anyone with end of life care.
- Policies and procedures were in place and a small staff team was in place to deliver end of life care.

# 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 has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clear organisational structure in place with lines of accountability. People told us the registered manager was friendly and approachable.
- People were at the centre of the service's culture. One person told us of their relative not returning home from hospital until 1am and care staff attended to help them to bed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered provider had quality monitoring systems to monitor service provision, review accidents and incidents and get feedback from those using the service. This was to learn lessons and make improvements, where needed.
- People and staff told us the registered manager was 'straight' with them. They said the registered manager had given them clear information about all aspects of the service when the agency agreed to provide their support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and to notify us of any significant incidents or events that affected the running of the service.

Working in partnership with others

- The service worked with a variety of healthcare professionals who were involved in people's care. Care staff worked collaboratively with health and social care professionals such as, district nurses and GPs and followed their instructions when supporting people with their care needs.
- People told us they could give feedback informally when senior staff visited for checks. One relative said, "The co-ordinator called the other day. It was quite unexpected but nice to see them."
- The local authority informed us that they had completed a monitoring visit in October 2018. They informed us that all the comments from their report had been responded to very quickly.