

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

This inspection took place on 23 February 2017 and was announced.

Radis Community Care Limited is registered to provide personal care to people of all ages living in their own homes. They were providing personal care to 95 people at the time of our inspection.

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.'

People were supported by staff who had been trained to understand how to recognise abuse and discrimination. Systems were in place for staff to follow which protected people and kept them safe from avoidable danger and harm. Staff were confident in reporting any concerns they had about a person's safety.

People received care and support from staff that were trained to be effective in their role. Staff had the skills and knowledge to understand and support people's individual needs. The training they received was kept up to date.

People's rights were protected and they had choices in their daily lives. People were supported to maintain their diet and health needs where required. Staff were caring and people's privacy, dignity independence and individuality was respected and promoted by staff.

People received care from staff that were suitably recruited, supported and in sufficient numbers to ensure people's needs were met. This was because the provider had undertaken the relevant checks to ensure the staff they employed were suitable to work with people

Staff asked people's permission before they helped them with any care or support and understood the importance of obtaining consent. People's right to make their own decisions about their own care and treatment was supported by staff. People that needed assistance to eat and drink received support to ensure they had enough. Staff helped people to access healthcare services when this was required.

People were supported by staff who knew them well and had good relationships with them. People were involved in their own care and felt listened to when they made their wishes known. Staff protected and respected people's dignity and privacy when they supported them. People received care and support that was individual to their needs and preferences

People and their relatives knew how to complain about the service and felt comfortable about doing so

The provider carried out annual satisfaction surveys with people using the service. The registered manager had systems for monitoring the quality of the service and had taken action when improvements were needed.

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 received safe care and support from sufficient numbers of staff. Risks to people's safety were assessed and plans put in place to reduce them. People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the required knowledge to support them well. People were able to have choice and plan their own care as desired. People were supported to eat and drink enough to keep well.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they were familiar with and had built positive relationships with. People were involved in their own care and treatment and staff treated people with compassion, kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were enabled to have care and support plans which reflected their needs and wishes. People were supported to maintain friendships and pastimes wherever possible. People and their relatives knew how to complain if required. People felt listened to by the staff team.

Is the service well-led?

Good ●

The service is Well-Led.

People, family members and staff were asked for their views and were listened to by an experienced registered manager.

The registered manager had a clear vision for the growth of the service which included people's views and wishes.
Arrangements were in place to monitor the delivery of care to ensure it was meeting people's needs and was of good quality.

Radis Community Care (Shrewsbury)

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 23 February 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and one 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.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection of the home.

During the inspection we spoke with fifteen people who used the service and four relatives. Relatives we spoke with were also involved in providing care to their family member. We spoke with eight staff which included care staff, office staff and the registered manager. We viewed two records which related to people's care and support needs, people's medicines and assessment of risk. We reviewed four staff files. We also viewed other records which related to quality monitoring and the management of the service.

Is the service safe?

Our findings

People told us the staff who supported them had the necessary skills to support them in a safe way. People also commented that they felt safe when staff were in their homes. One person told us that they were very happy to have the staff in their home. They said, "They have the key to my door in the keysafe. I trust them and feel secure with the staff. I have the same ones so I know them well." One relative told us, "They are very good and my relative feels safe with all the staff that come to see them." Another relative said, "I am more than pleased with the care [person] gets. It is a safe service with a good care plan in place. Staff always use gloves and aprons and clean up after themselves."

People felt that they were kept safe from the risk of abuse by the staff. Relatives contacted agreed that they had confidence in the staff to protect people. All staff spoken with knew the procedures for keeping people safe from abuse. Records looked at confirmed that staff had received training on how to keep people safe from harm, abuse and discrimination. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk. Staff understood how to report concerns about people's safety and well-being, both within the service and to external agencies if they had any concerns. All staff we spoke with knew about whistleblowing and said they would not hesitate to use the processes if required. One staff member told us, "I would report any concerns to the manager. I am sure they would sort it out. If they did not then I would report it myself to CQC."

We looked at the way the service managed risks to people. Before the service agreed to support a person, they carried out initial assessments with them. This was to ensure the person's needs could be met safely by staff. We saw that risks to people had been identified and measures were put in place to reduce the risk for the person. One person said, "They assessed my house for hazards. Not just for me but for the staff as well." For example, the registered manager had arranged direct referrals for people to have their homes checked by the community fire officer if they wished. This reassured people that their homes were safe in the event of fire. Staff spoken with knew the risks associated with people's care. They told us how they discussed with people any risks identified and ensured that new risks were reported. This meant that care plans could be reviewed to ensure people were supported safely.

People felt that there were enough staff employed to support them well. One person said that the staff never let them down. They continued, "I can set my clock by them." One person commented, "We get the staff rotas for the following week, so we know who is coming. If it changes, if a carer is ill or something, they let us know." A relative said, "There is a good continuity of staff for [person]." Another relative said, "[Person] likes the continuity of the same staff. This makes them feel comfortable and safe. There have been no missed calls." Staff told us that there was an on call system and a senior member of the staff team was always available. This meant staff had access to guidance and support in an emergency situation. Staff told us what they would do in a medical emergency to ensure people were safe. This included calling the emergency service and reporting issues about people's welfare to the office team and people's family members.

The provider took steps to ensure staff were suitable to work with people in their homes. Staff spoken with and records looked at showed that all the recruitment checks required by law were undertaken before staff

started working. These included two references from previous employers and Disclosure and Barring Service checks (DBS). These are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services.

Most people did not need assistance to take their medicines. Where support was needed we saw that medicines were managed safely by staff who had received the relevant training. Care records contained information for staff about the support the person needed to take their medicines.

Is the service effective?

Our findings

People told us they were supported by staff who were knowledgeable about their needs. One person said, "If there is a new staff member starting, they come in with the usual carer so they get to know my routine before they come on their own." Another person told us that they felt the staff were well trained to care for them. They said, "I have dementia and the staff know how to support me. They know I have good and bad days and change what they do to suit me." Another person said, "The staff are well trained and are always there to support me." The relative of a person who was supported by the staff team told us that they thought the staff were well trained. They also confirmed that the staff had good knowledge about their family member's health conditions.

Staff spoken with told us they had the necessary training to help them to do their job well. We saw that the provider adopted a planned approach to staff training. Staff were supported to undertake classroom based training whilst waiting for their suitability checks to be completed. All staff said they had an induction into their role and that they shadowed an experienced member of staff. One staff member told us they found the shadowing experience very helpful to them. This member of staff said, "The shadowing on the job was useful and helped me to get to know the people I am caring for." One staff member told us that they had undertaken a good dementia course and a special course on Parkinson's disease. They said, "The dementia training and Parkinson's disease training has given me confidence to care for these people." Records looked at indicated that staff had completed or were in the process of completing the care certificate. The Care Certificate is a nationally recognised training programme. The programme sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment. Some people being supported were living with complex health conditions. One person had epilepsy and had frequent seizures. They were supported by a core staff team to provide continuity of support. These staff had received extra training specific to the person's needs. The person's relative confirmed that the staff were knowledgeable and competent to care for their family member.

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 told us that staff sought consent before supporting them with their care and that staff only offered support with their agreement. Staff said they had received training to enable them to understand how to protect people's rights. A member of staff said, "MCA is about people's ability to make their own decisions." Another staff member said, "We explain to people what we are doing and make sure they understand. If they are unable to speak, we will know if people are consenting by their body language." This meant that people were assured that they had the opportunity to agree to their care.

People who needed support with preparing food and drink told us that staff always supported them in a way that they wanted. We spoke with the relative of one person who was living with complex healthcare needs. They received a high level of care and support from Radis Community Care. This included preparation and assistance with eating and drinking. The relative told us, "The staff follow clear instructions

from the Speech and Language Team (SaLT) as [family member] is at high risk of choking." Staff we spoke with confirmed this.

People told us that if they were not well staff would contact the doctor for them. One person said, "The carers would always help me to get a GP visit if I needed one. They have also stayed later to be with me if I have been unwell." Another person said, "If I am unwell they would call the doctor." Staff told us that some people could contact the doctor for themselves. If someone was not able then they would call the GP, with the person's permission. They would also report it to the office team, so that the office staff could inform family members. This meant people were supported to maintain their health when needed.

Is the service caring?

Our findings

People felt that the staff team cared about them. One person told us, "I am treated well by the care staff and feel comfortable with them." Another person said, "They are very aware of my physical and mental health and they sense if I have a problem. They know not to rush me when I feel like this." We spoke with one person who felt very confident with the staff who supported them. They said, "I have three different carers to help me. They all help me to be independent and they make me cups of tea and are interested in me and what I think." Another person told us, "The girls know where everything is in my house that I may need. I trust them and I like them."

One relative commented that the staff understood their family member's needs. They said, "They know all about [person]. They understand their ways." We spoke with one relative of a person who had very complex needs. They told us, "The staff are marvellous. I have every confidence in leaving [person's name] with the care team and going out. [Person's name] is very trusting of the staff team who support them." We spoke with another relative who told us, "I have recently been very unwell. The care staff were able to look after me as well as my relative. They wouldn't let me do any housework and they helped me a lot. I really welcomed their kindness." We were also told, "The care staff have a good laugh with [family member]. They really work to keep them motivated and I appreciate all that they do."

People told us that they felt important and that staff appreciated them and their views. One person said, "They are my lifeline. They listen to me and ask me what I want." A relative said, "The social interaction is very good. The staff chat away to [family member] and always ask before leaving if there is anything else they can do."

People we spoke with felt that they were cared for with dignity and respect. The provider also respected people's wishes about having male or female care staff. One person said, "I need a lot of personal help and would not be comfortable with a male carer. I only have female carers who are very gentle. They make sure I can have privacy in the bathroom." Another person told us, "The staff are very good to me. They treat me in a very dignified way." One relative confirmed that staff were kind, caring and respectful towards their family member. They said, "They always make sure [person] has privacy when bathing." Another relative was very happy with the support their family member received. They told us, "I am more than pleased with the care [family member] gets from Radis. They have always treated [person's name] with dignity and respect."

We saw that all staff were signed up to the Dignity Challenge as part of their training. The 10 'dignity do's' were discussed at supervisions, appraisals and staff meetings. These are the core values and actions which staff need to work to in order to provide high quality services that respect people's dignity. Staff told us that the values of the dignity challenge were very important. One staff member commented, "It is about treating people as you would wish to be treated yourself."

The provider had produced a leaflet for people they supported and their relatives which signposted them to national organisations who were able to offer advocacy, help and advice if required.

Is the service responsive?

Our findings

People told us they were involved in agreeing and deciding their care needs. One person said, "They came out to assess me and I agreed what I needed. They are providing the care I need." Another person told us, "[Staff name] came out to do an assessment and check on how things are going." Records we looked at showed that people had been involved in assessing and agreeing their needs and how they wanted to be supported. We reviewed two care plans and saw that people's care was planned in a way that reflected the individual care they needed. We saw that care plans were reviewed regularly, so that people had the opportunity to make any changes to their care needs and comment on how the service was going for them. One relative told us, "The management team review the care plans." Another relative confirmed that they were involved in reviewing their family member's care plan. They said, "I review [person's] care plan and am involved with the updates. They are very responsive to [person's] changing needs."

Where people were living with complex needs, the management team monitored the support being provided. They then provided the staff supporting these people with up to date information. For example, one person required oxygen to be administered on occasions. The care plans showed clear instruction for the staff as to how, when and why this should be administered, and how to use the equipment. This information was supplementary to their training. The information was reviewed and updated depending on the amount of usage of the oxygen. This enabled the staff team to respond quickly to people's changing needs and new equipment.

People told us that staff were given the required amount of time to support them. One person said, "Of course I would like them to stay longer, but they have enough time to help me. That's just because I like their company." Staff encouraged family relationships to be maintained and enhanced by their support. One relative told us, "I am supported by the staff team to take [family member] out in the car. They come with me and help me with the wheelchair." Where possible, people were also encouraged to participate in a local function organised by Radis Community Care. For example, people were invited to a Christmas get-together in a local church hall. Staff supported people to get to the venue. As a result, the staff team were now planning further events, such as a tea, cake and bingo morning for people and their families.

All the people we spoke with knew how to complain about the service if they needed to. The majority of people said they had never made a complaint as they had no reason to. One person told us, "I complained to the office about a carer who I did not like. They did not send them again and they told me what they had done with the person. It all worked out well." Another person said, "I have never made a complaint. I would call the office if anything happened." One relative told us that they had complained to the office team as their relative had a missed visit. They confirmed to us they were happy with the response and felt the complaint had been taken seriously. They said, "It was the only missed call and they investigated it and told me the reason. I was happy with that."

The provider had developed a leaflet for staff to give to people. The leaflet was called "How are we doing?" This leaflet explained to people and their relatives how to contact the registered manager if they had any comments or compliments about the staff and service provided. It also contained very clear guidance about

how to complain, including who to go to if not satisfied, including the local government ombudsman and CQC. In addition, the leaflet contained the contact details of other organisations who could assist the people.

Is the service well-led?

Our findings

People and their relatives felt they received a good quality service. People spoke highly of the registered manager and office team, as well as the staff who visited them. One person said, "I know I can speak with the manager and the office staff at any time."

People told us they were regularly asked for their views on the quality of the service they received. They told us this was done during review visits and telephone calls from office staff team. We saw that surveys were sent to people and their relatives, to give them the opportunity to comment on the quality of the service. These surveys were analysed and an action plan developed to address any shortfalls identified. We saw that, of 58 surveys returned by people, 100% felt that they were treated as an individual by the staff team.

We spoke with one relative whose family member had very complex support needs. They told us, "The agency is on the ball with everything. I have had meetings with the manager but I have a coordinator who comes to see us twice a week to check everything is alright. This gives us continuity and I know they will always do their best for us."

We had varied responses from staff about the support they received from the management team. One staff member said, "I have a good relationship with my supervisor." Another staff member commented, "I always contact the office team. They are always helpful and supportive to me." A third staff member said that they had opportunities to chat with the senior team. They said, "I meet every three months with my supervisor. I am very happy with them." The registered manager agreed that the supervisors had the greater amount of contact with staff members as a result of the widespread geographical areas. As a result, the registered manager travelled out to the areas to meet with staff, rather than expecting them to come to the main offices. All staff we spoke with said they would report any concerns about their colleagues to their immediate line manager, then the registered manager. They also said that if they were not satisfied with the registered manager's response they would use the provider's whistleblowing procedures. The whistleblowing procedures enabled staff to raise concerns about poor practice in confidence.

The registered manager was very open to new ideas as to how they could improve the service provided. Staff were encouraged to give their views as well. For example, the staff team had recognised that one family member was struggling to cope with their family member's dementia. As a result, they invited the relative to attend the same dementia training as the staff team supporting their loved one. The feedback from the person was very positive. They said, "I have learned a lot from the day. I now understand better my family member's behaviour." The provider and registered manager were planning to offer this initiative to other family members.

The registered manager had developed links and initiatives with local organisations, such as the local fire service and arranged for the provision of free fire safety checks in the homes of people using the service.

The registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of their registration. They also

understood and complied with duty of candour.

The service was audited on a regular basis by the provider's quality assurance manager. These audits included the number of accidents and incidents, responses to these and any other concerns brought to the attention of the registered manager. A report was prepared which was shared with the registered manager. As a result of this audit, the registered manager would then prepare an action plan for improvement. The registered manager shared the audit with us. We saw one area where staff feedback highlighted the need for staff supervisors to be able to have more team meetings. This was because they worked in areas which were far apart. The registered manager arranged for the supervisors to meet to discuss issues in their areas. Feedback showed that this was appreciated as the staff were able to support each other better.

The provider was involved in fundraising events for charitable organisations. For example, staff and management did a sponsored bike ride. They involved people they supported and their families who were supported to watch the event. They also visited people who could not get out to attend, to spend some time with them. People were informed of this event through the provider's newsletter.