

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?

Requires improvement 

### Overall summary

This inspection took place on 18 and 20 March 2015 and was announced. We told the registered manager two days before our visit that we would be visiting to ensure they were available.

Radis Community Care (Shrewsbury) is registered to provide personal care to people living in their own homes. The service is registered as a domiciliary care agency and supported living service. At the time of our

inspection 75 people were receiving personal care from the service. 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.

# Summary of findings

At our last inspection on 28 February 2014 we found the provider was not meeting the legal requirements for assessing and monitoring the quality of service that people received. At this inspection we found that improvements had been made and the provider had met the requirements. The provider still needed to make some improvements in monitoring the outcomes of checks completed by staff.

People felt safe when staff supported them in their own homes. Staff were trained and understood their responsibilities in preventing and reporting any suspected abuse.

Staff understood how to support people safely and how to protect them from unnecessary harm. Risk assessments were in place and staff knew how to minimise risk when supporting people with their care. The registered manager dealt with and understood their responsibility in dealing with any accidents or incidents that may occur.

People were supported by staff who had the skills to meet their needs. Staff had received training relevant to their roles and felt supported by the registered manager. Checks had been completed on new staff to make sure they were suitable to work in people's homes.

People told us they made their own decisions about their care and were involved in how their care was planned and delivered. People had good relationships with staff and felt respected and listened to by the staff.

People were supported to access healthcare when they needed it. They were assessed and offered support when they needed help with preparing meals or help with eating and drinking enough.

Staff supported people in line with their care plans and people told us their permission was sought before staff helped them with anything.

People and relatives knew who they could raise their concerns with and felt confident they would be listened to. Complaints were investigated and responded to in line with the provider's complaints policy.

Systems were in place to assess the quality of the service provided. People who used the service were asked to comment on the quality of service they received. Improvements had been made to the service based on people's feedback and our last inspection.

# 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 safe.

People were protected from harm and abuse by staff who had been trained to support people safely. There were enough staff to make sure people received the support they needed. Arrangements were in place to safely support people with their medicines.

Good



### Is the service effective?

The service was effective.

People's consent to their care and treatment was sought by staff. People received care from staff who were trained and supported in their roles. When needed people were supported to access healthcare.

Good



### Is the service caring?

The service was caring.

People were involved in making decisions about their own care and felt their privacy and dignity were respected. People had good relationships with staff and found them helpful and kind.

Good



### Is the service responsive?

The service was responsive.

People's care was delivered in accordance with their preferences and wishes. Care was planned in a personalised way and kept under review. People knew how to make complaints and felt confident to do so.

Good



### Is the service well-led?

The service was mostly well-led.

Improvements had been made to quality assurance systems but further improvement was needed in monitoring these systems. People were asked their opinions of the service and this was used to help improve the quality of care they received.

Requires improvement



# 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 [date] and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service was a small care home for younger adults who are often out during the day; 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 the inspection we had asked the provider to complete a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the home, what they do well and improvements they plan to make. We spoke with the local authority to gather information they held about the home. We looked at our own system to see if we had received any concerns or compliments about the home. 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 used this information to help us plan our inspection of the home.

As part of our inspection we spoke with 12 people who used the service and four relatives. We also spoke with the registered manager and seven staff. We looked at seven care records which related to consent, people's medicines, assessment of risk and people's needs. We also looked at other records which related to staff training, staff recruitment and the management of the service.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe when staff delivered care in their own homes. They told us that care staff respected their homes and followed their wishes for how they wanted their homes secured when staff left.

All the staff we spoke with understood what abuse was and how people could be at risk of abuse in their own homes. They knew how to keep people safe and their role in reporting any concerns to the office. Staff completed training in how to recognise and report concerns about people's safety and this was updated yearly. Staff told us that they followed people's care plans and risk assessments to make sure they stayed safe within their own homes. One staff member said, "I also make sure there are no changes in the person's health or home situation. If there is I contact the office and they will assess any risk". Staff were aware of the risks associated with people's care, including their mobility and medicines. Plans were in place for staff to follow to help reduce these risks. Environmental risks had been identified and clear information was provided to staff on such things as gas and water shut off switches and fire action plans.

Staff knew how to report accidents or incidents that may occur. The registered manager monitored these and told us they looked for any trends or patterns that may emerge. We

saw the action the registered manager had taken as a result of a recent incident. Information had been passed to staff regarding precautions they should take. This showed that the service learnt from accidents and incidents and took action to help minimise potential risk to people and staff.

People's needs were met by sufficient numbers of staff. The registered manager told us that staffing levels were dependent on the number of people who used the service. Newer staff members worked with more experienced staff to help ensure there was an effective skills mix to meet people's needs safely. Staff told us they worked in teams in areas close to where they lived. By working in these localities they got to know the people they supported and also had their travel time kept to a minimum. Appropriate checks were completed on new staff prior to them starting work. This included obtaining references from previous employers and completing checks to ensure they were suitable to support people living in their own homes.

Most people we spoke with told us their relatives helped them with their medicines. Two people told us that staff supported them to take their medicine as prescribed. Some people told us that staff applied their topical medicine for them. A topical medicine is a cream or ointment applied directly to the skin. They told us that staff applied their topical medicine when they needed it and always asked them before they did this.

# Is the service effective?

## Our findings

People and relatives felt staff had the skills to support them and meet their needs. One person said, “The new staff shadow the experienced carers”. All new staff completed a corporate induction programme and attended training at the office before working with people. One new staff member told us they had clear goals throughout their induction and knew what was expected of them. They had shadowed more experienced staff members until they were competent to work alone. Staff told us the training they received gave them the skills and knowledge to support people. One staff member told us they had requested a dementia awareness course. They said, “The office arranged the training. I now feel I can take a better approach to looking after people who have dementia as I understand better how they see the world around them”.

Staff told us they had support from their line managers when they needed it. Team meetings were arranged within their localities. They told us they received one to one time with their line manager where they discussed any concerns they had and training they needed. They also received feedback on their practice following spot checks. This helped to ensure that staff were supported in their roles and had the opportunity to discuss their practice.

People told us that staff asked their permission before they did anything. They told us they had consented to their own care and treatment and we saw their care records contained a statement of consent which people had signed. The registered manager told us that no one who used the service lacked capacity to make their own

decisions. Staff had received training in the Mental Capacity Act 2005 (MCA) and told us how they obtained people’s consent on a day to day basis. One staff member said, “Ask them if it’s ok, involve them in what I am about to do, offer choice so they can always give their consent”. We saw that policies and information for staff were available. The registered manager told us that if they had any concerns regarding a person’s ability to make a decision they would work with the local authority to ensure appropriate capacity assessments were undertaken.

People we spoke with told us they did not receive any help with meal preparation or eating and drinking. We saw that when people first started using the service this was discussed as part of their needs assessment. People’s care plans identified when family members supported them with this and when care staff needed to provide support. Staff told us they had received training in food safety and were aware of safe food handling practices. They confirmed that before they left their visit they ensured people were comfortable and had access to food and drink.

People were supported to access healthcare when they needed it from doctors and district nurses. One relative told us that a staff member had supported their family member to attend an appointment at their doctor’s surgery and also a hospital appointment. One staff member told us that a district nurse had provided some training to staff on how to support a person who had recently been discharged from hospital. Staff told us that they liaised with other health and social care professionals if people’s health or support needs changed.

# Is the service caring?

## Our findings

All the people we spoke with thought the care staff were caring, kind and compassionate in their approach with them. One person said, “They [staff] are in it for the right reasons”. People were happy with the staff and they got on well with them. People told us that staff were aware of their care needs and supported them in line with their agreed care plans. One relative told us how staff were aware of their family member’s communication needs and gave them time to process information. They said, “They are very good, always talking to [person’s name] so they can answer them [staff]”. People agreed that staff used their preferred term of address and took time to listen to what they were saying.

People felt involved in agreeing how they wanted their care delivered. They told us that staff asked them what help they needed and how they wanted it done. One person told us they had been supported to make decisions about their future care and this had been recorded in their care plan.

One relative told us they were involved in helping new staff understand their family member’s needs. They told us, “I am involved in producing [person’s name] care plan and teach staff the routine”. One staff member told us about the importance of ensuring people were involved in their own care and treatment. They told us, “we have to give [people] choice, encourage independence, talk with them”.

All of the people we spoke with felt that staff maintained their or their relative’s privacy and dignity. They told us that staff respected them and the fact that they were in the person’s own home. Staff encouraged and supported people to maintain their independence in their own homes. They told us they gave people 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. One staff member told us, “I always keep people covered when possible when helping them with their personal care. It’s a small thing but shows I respect their privacy”.

# Is the service responsive?

## Our findings

People and their relatives felt that care staff delivered their care the way they wanted it, did not rush them and responded to their needs and wishes. One person told us that they had needed additional support following medical treatment and that Radis had arranged this for them. One relative said, “Staff are astute to any changes in [person’s name]”. Another relative told us that the office would contact them if there were any changes with her family member’s health condition. Two people told us that they had expressed a preference for which care staff they wanted to support them and this had been accommodated.

People’s care plans were reviewed and updated – involved. We saw that people’s care plans were updated regularly and changes were incorporated into the care plan. One person told us that the care co-ordinator monitored their care plan. Staff told us that if they felt a person’s care needed reviewing they would contact the office who would arrange for this to be done.

People who used the service 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

Staff supported some people to access the community and minimise the risk of them becoming socially isolated. One relative told us their family member received “a lot of time for support in the community”. They said, “The staff are very good, always talking to [person’s name]”. One relative had written to the registered manager to express their thanks to a staff member who had sat and chatted with their family member and listened to their stories.

People told us they had a copy of the complaints procedure in their information file and would always ring the office if they had concerns. One relative told us that their family member had asked for female only care staff. They had complained to the service when a male care staff turned up and said that this had not happened since. The registered manager had told us in the PIR that seven complaints had been received in the last 12 months. We confirmed this was correct at our inspection. We saw that all complaints received had been dealt with and resolved in line with the provider’s complaints process. The provider had improved arrangements for staff travel to and from care calls. This was in response to complaints raised by some people about staff sometimes being late and rushed at care calls.

# Is the service well-led?

## Our findings

At our last inspection on 28 February 2014 we found the provider was in breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This was because the provider did not have an effective system to regularly assess and monitor the quality of service that people received. At this inspection we found the provider had made improvements in the quality assurance systems they used but still needed further improvements in monitoring these systems.

We found that some improvement was still needed on how the registered manager was monitoring checks completed by supervisors. Daily records were brought from people's homes to the office monthly. These were then checked by supervisors to make sure the records were completed correctly and accurately by staff. We found that some records were not complete but there was no record of what actions had been taken by the supervisors to address this. We also found that some records had not been returned to the office since November 2014. On the second day of our inspection the registered manager confirmed that this was due to staff error which had not been picked up by the supervisors. They informed us that they had already taken steps to address this with supervisors and staff. They also were looking into ways to improve how supervisors recorded these checks so issues were brought to the registered manager's attention.

The registered manager told us that they collated information on audits they had completed and sent these to the provider on a monthly basis. They also gave them information on spot checks that had been completed on staff and staffing levels. They told us that the providers were actively involved in the business and visited the branch and the company 'manager's days'. The provider's quality manager had completed a quality audit in August 2014. The registered manager was given an action plan

which they confirmed they had completed. We did note that this action plan was not monitored and would not be checked by the provider until the next quality audit in August 2015.

The provider asked for people's feedback in a survey they sent every year. They also completed telephone monitoring calls to speak with people throughout the year. Following the provider's last survey in August 2014 a report was produced of the findings. Some people had given negative feedback. Where they had given permission, the registered manager had contacted these people to discuss their concerns. The registered manager told us that following feedback from the survey and from our last inspection the provider had made improvements in staff working rotas to incorporate their travel time. People were sent a newsletter every four months which informed them what was happening with the service as a whole. The registered manager told us that they hoped to include feedback from the surveys in these newsletters.

People told us they were aware of who the registered manager was but had not met them. However, they said they saw the care co-ordinators often because they supported them along with the care staff. People and staff had access to management when the office was not open through an on call telephone number. The registered manager was supported by supervisors and co-ordinators in monitoring quality and managing care staff. The registered manager told us that they received feedback from the field supervisors and care co-ordinators which kept them up to date on staff practice.

Staff told us they felt supported by the registered manager and that they were approachable. They understood the management structure and what their roles were within the service. One staff member said, "I'm accountable for everything I do so I do it as best as I can". Staff agreed that they would feel comfortable in raising concerns and these would be treated in confidence by the registered manager.