G P Homecare Limited

Radis Community Care (Stafford)

Inspection report

Furtherhill
55 Lichfield Road
Stafford
Staffordshire
ST17 4LL

Tel: 01785212421
Website: www.radis.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 14 and 15 December 2016 and was announced. Radis Community Care (Stafford) is a care service for people who have a variety of support needs, such as older people and people with a physical or sensory disability, people with dementia, younger adults with support needs, those with mental health support needs and people with a learning disability. There were 146 people receiving a service at the time of the inspection.

There was a Registered Manager in post at the time of our inspection. 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.

At this inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Accidents and incidents were not always reported and documented by the management team and it was not always clear if action had been taken to resolve accidents and incidents or to reduce the likelihood of an incident occurring again. These omissions had not been identified in audits of care notes so audits were not always effective.

Medicine documentation audits were also in place however these had not always been effective in identifying when staff had not been completing them sufficiently.

Risk assessments were in place. However, the level of detail varied for different people so staff did not always have enough information available to them to support people safely.

People told us they were receiving their medicines. However, there were not always PRN protocols in place for people that had medicine that was taken 'when required'. Recording of the administration of medicines was not always clear, which had not been identified through effective audits.

The principles of the Mental Capacity Act 2005 (MCA) had not always been followed. Assessments had not always been carried out to help determine if people were still able to make decisions and what type of decisions. Evidence of Lasting Power of Attorney (LPOA) had not been consistently sought and those who did have an LPOA did not always have the correct one in place regarding health and welfare.

People told us they felt safe. Staff were aware of different types of abuse and understood their responsibilities to report instances of suspected abuse.

People and staff told us they felt there were enough staff and they were not rushed. Safe recruitment

practices were in place and staff had appropriate checks prior to starting work to ensure they were suitable to work with people who use the service.

Staff told us they felt supported in their role and they had sufficient training to support people effectively. Staff said they were supported to gain qualifications.

People had access to other health professionals in order to maintain their health and wellbeing.

People were supported to have food and drinks of their choice that were appropriate for their needs.

People felt staff were caring and that they were treated with dignity and respect, and people were encouraged to maintain as much independence as possible.

Care plans contained good personal detail so that staff could get to know the people they supported and people had their preferences documented and catered for where possible.

People and relatives were encouraged to provide feedback or complain if they needed to and it was recorded that this feedback was acted upon. We saw that complaints were recorded, investigated and responded to.

Staff all felt they could approach the registered manager and management team. There was an open door policy and staff all said they could raise things if necessary.

The registered manager had submitted notifications about the service, which they are required to do by law.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments did not always have enough detail and accidents and incidents were not always reported and recorded.

People told us they received their medicines however records did not always reflect this.

People were protected by staff that knew how to report abuse.

Safe recruitment practices were followed to ensure appropriate staff were working with people who used the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The principles of the Mental Capacity Act 2005 were not always being followed. Capacity assessments were not always carried out and Lasting Power of Attorney's were not always checked.

Staff had been trained sufficiently to support people effectively.

People had adequate amounts of food and their preferences and needs were catered for.

People accessed health care services and were encouraged to do so by staff where required.

Is the service caring?

Good

The service was caring.

Privacy and dignity was respected.

People found the staff kind and caring.

Staff offered choices and encouraged people to be independent.

Is the service responsive?

Good

The service was responsive.

People had personalised care plans which included life histories and their preferences were catered for.

People were asked for their opinion about their care.

The service had a complaints policy, and people generally knew how to complain.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was a lack of oversight regarding accidents and incidents.

Some quality monitoring audits had not identified errors or omissions.

The service was not aware of some of its responsibilities under the MCA 2005.

People felt the service was well managed and staff were supported by the registered manager.

The registered manager was supported in their role by the provider

Radis Community Care (Stafford)

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 was 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.

The inspection took place on 14 and 15 December 2016. We gave the provider 48 hours' notice. This was to ensure that someone would be available in the office as it is a domiciliary care service. The service had not been previously inspected under our new way of inspecting services and did not have a previous rating.

The inspection was carried out by one inspector and an expert by experience made phone calls to people who use the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information we held about the service including statutory notifications that we had received from the provider. Statutory notifications include information about important events, which the provider is required to send us by law. We also asked commissioners and Healthwatch if they had any information they wanted to share with us about the service. Healthwatch is an organisation that gathers information from people and relatives who use services and provides feedback to commissioners and regulators (like the CQC) about those services.

We spoke with 14 people who use the service, three relatives, six members of staff that supported people and the registered manager. We reviewed the care plans and other care records for twelve people who use the service and the medicine records for four people. We also looked at management records such as quality audits. We looked at recruitment files and training records for six members of staff.

Requires Improvement

Is the service safe?

Our findings

There were risk assessments and plans in place for people. Assessments in place focussed on people's particular needs, such as their mobility, medicines and other risks staff needed to be aware of when entering a person's home. Some risk assessments were very detailed, but we found some people's assessments contained less detail. For example, a person needed support with their mobility and was hoisted by staff. The risk assessment we viewed did not detail the type/size of sling staff should use and there were no further details about how the person needed to be supported when being hoisted. This meant staff may be unable to check if they were using the correct equipment and may not have had the detail they needed to support the person in a way that catered for their needs and kept them safe. Another person needed support to help maintain their skin integrity and had equipment in place to help them remain comfortable. One piece of equipment was an inflatable mattress. The plan stated that staff should check the mattress and pump it up if needed. However, the plans did not state the setting the mattress should be on. If a mattress is not on the setting most appropriate for the person, this can mean skin integrity is not always protected. Staff had also not always reported accidents and incidents, such as if a person had fallen, so an appropriate response to mitigate future risk had not always been taken. This meant that although some risk assessments were very detailed, others were not and information that staff might need was not always available so there was a risk to people's health and wellbeing.

People told us they got their medicines. One person we spoke with said, "The staff have their gloves on and pop the tablets out of the packet straight into my hand." One relative we spoke with said, "My relative's medicine is always on time. I occasionally check the sheet. I don't do it often as I am confident staff are doing what they should." Everyone we spoke with told us the staff sign the MAR charts after giving them their medicine and that staff always wore gloves whilst they were applying creams to people. Some medicine is applied or taken as and when required, called 'PRN medicine'. Protocols should be in place for staff to follow so they can identify when a person should take their medicine and what the guidance is around taking that particular PRN medicine. We found there were no protocols available to help staff identify when a person may need or may not need their PRN medicine. Although people told us they received their medicines, there was a risk of some people not always getting their PRN medicines when they needed them and their symptoms persisting.

People told us they felt safe. One person we spoke with said, "I feel really safe; they [staff] will always be in front of me when I go down the stairs in case I stumble. I like to know they are there." Another person we spoke with said, "I like to know they [staff] are around when I have a shower. I don't really need anything but I just feel safer." Another person told us, "They [staff] look after me and keep an eye open for me." This meant that people felt safe with the staff who visited them.

People and staff told us they felt there was enough staff available to provide support in an unrushed manner. Every person we spoke with said the staff were usually on time and they stayed for the amount of time they should do. One relative we spoke with said, "They come when they say they will." Another person we spoke with said, "They are very patient with me. I can't rush and the staff don't push me." Another person

we spoke with told us, "They always check I have everything I need before they go." One member of staff said, "I do pick up an extra couple of calls but it's once in a blue moon." Another member of staff told us, "We've got plenty of work but I think there is enough staff, I have enough time." Another staff member said, "We do pick extra calls up, but we can fit them in. We have set rotas and pick things up around that." This meant there were enough staff available to provide support to people in line with their assessed plans of care.

People were protected against the risks of potential abuse. Staff we spoke with were able to tell us about the different types of abuse and the action they would take if they suspected someone was being abused. Staff told us they had received training to extend their knowledge about safeguarding. Staff also told us they knew about the whistleblowing policy so knew they could report concerns if they felt something was wrong. This meant people were protected as people were supported by staff who knew and understood their responsibilities regarding safeguarding people.

The service followed safe recruitment practices. Staff files we viewed included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with people who used the service. Agency staff had also been checked for their suitability to work. This meant that people were supported by staff who were suitable to work with the people who use the service.

Requires Improvement

Is the service effective?

Our findings

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. A person who has Lasting Power Of Attorney (LPOA) for health and welfare has the legal right to make decisions and sign agreement on behalf of someone who has lost their capacity to make their own decisions. A person who has LPOA for financial decisions only cannot make decisions regarding health and welfare.

We saw evidence that the service was starting to take LPOA into consideration. However, staff were not clear about the different LPOAs and that relatives or representatives can only make care-related decisions if they had the appropriate legal authority. In some instances, copies or evidence that a LPOA was in place was not available so it could not be verified whether representatives had the right to make decisions about people's care on their behalf. Relatives and representatives were signing to consent to care when they did not necessarily have the legal authority to do so. In order for staff to know whether a person lacked capacity, a mental capacity assessment should be carried out to help them determine the type of decisions a person can make. However, assessments were not being completed, despite staff feeling that some people no longer had capacity to make certain decisions. Therefore, it was not possible to determine how the service established that relatives or representatives should be consulted about people's care. This meant people were at risk of receiving care that was not in their best interests, because the requirements of the MCA were not always being followed.

Staff were not always able to tell us about the MCA, although people told us they were supported to make choices and staff explained to us how they helped people. Everyone we spoke with said staff checked with them first before staff supported them. One person told us, "The staff always ask what I want when they come." Staff told us they helped people by offering choices such as the food they would like, what type of support they would like for personal care and what people would like to wear. This meant that although some staff were not able to tell us about the MCA, people were still being supported to make their own decisions.

People also told us they felt staff were well-trained. One person we spoke with said, "I am confident they know what they are doing." A relative we spoke with said, "I think all the staff are well trained although the main carer who looks after my relative is brilliant. They seem to use her as a trainer as she often has new starters with her." Staff told us they had training when they started working at the service, and were supported to refresh their training, which was both online and face-to-face and we saw records to confirm this. Staff told us the training prepared them to start working in the community and they had the opportunity to shadow other staff before working on their own. One staff member told us, "It's very good training. It refreshes everything." One member of staff told us, "I had a go in a sling on moving and handling training, it helped me see things from a service user's perspective" and they went on to say, "I've been

offered training, they've been really supportive and fantastic." Another member of staff told us, "I struggled with hoisting people and raised it and they put me on more training to help me." Training was also sourced from external organisations, such as local colleges and staff were supported to gain qualifications. This meant staff supported to undertake training they needed to work effectively.

We saw that other health professionals had been involved with people's care when needed and people told us they trusted the staff to inform them if necessary. One person we spoke with told us, "I need the staff to tell me if my skin is getting red. They are very good, they will say and we decide if I need to get the nurse out." A relative told us, "The staff notice changes in my relative and they would suggest I get the doctor. Recently my relative's health changed - I wouldn't have seen it but the staff did." Another relative told us, "A carer had an idea to get a rotunda [a piece of equipment] for when my relative struggled to stand up. I didn't know about these sort of things. It has been really good and means my relative is able to sit in their chair more often". A member of staff told us, "We speak with other professionals every day." The care notes we viewed showed that other professionals had visited, such as district nurses and referrals had been made to the GP and occupational therapy. This meant people were being supported to access other health professionals to help maintain their wellbeing.

People were supported to maintain their nutritional intake and the records showed that people were supported to have food and drink of their preference. One person we spoke with said, "The staff will do what I want; sometimes I have eggs sometimes cereal it depends on how I am feeling." Another person told us, "The staff make me my breakfast they always ask what I want but I like to have the same thing each day." We also saw in people's plans the type of food and drink they preferred and saw this was offered to them when the staff wrote down what food and drink people had had in each visit. People were also having food supplements when necessary and the records showed these were being offered. This meant people were offered a choice of food and drink appropriate to their needs.

Good

Is the service caring?

Our findings

People told us they were happy with the service and that staff were kind and caring. One person we spoke with said, "They are all lovely staff I have no complaints". Another person told us, "The staff are kind and cheerful." Another person said, "The staff are all very good, we have a bit of fun. I am really pleased to see them come." Another person also told us, "We have a laugh and a joke, we have got to know each other." A relative said, "The staff have got to know my relative, they really look forward to the staff coming." Relatives also told us they felt supported by the staff members. One relative we spoke with said, "I have noticed that my relative really responds to the staff. They are all really good with my relative. The staff are very nice and look after me nearly as much as my relative. They are always checking I am alright." Another relative said, "The staff are good to me as well, they're always asking if they can help." This meant people were supported by staff they found to be caring and enjoyed the company of the staff.

People and relatives told us staff treated people in a dignified manner and with respect. One person told us, "The staff all treat me with good respect. They are very kind and considerate always respectful. I look forward to them coming." A relative told us, "Staff use a towel draped over my relative when they are being hoisted as it is more dignified." Another relative said, "All the staff are cheerful. Their approach to my relative is kind; they never talk down to them." We saw in some care plans that there were additional pointers for staff to assist them in maintaining a person's dignity, such as reminders to ensure people are covered whilst supporting them with personal care or if waking a person, make sure they are woken gently. Staff were also able to explain to us how they supported people to maintain their dignity. One member of staff told us, "I feel privileged that people allow me into their personal space, considering how difficult it must be." This meant people and relatives were supported by staff in a meaningful way and made a difference to their health and wellbeing.

People were also encouraged to be as independent as possible and make their own choices. One person we spoke with said, "I can do most of the wash myself but need a hand with the bits I can't reach. Staff are very good, they encourage me. They use towels to keep me warm and cover my modesty." Another person we spoke with said, "The staff will always knock and shout out as they come in ask how I am and if I am ready to get a wash." A relative told us, "The staff are always really gentle and calm with her. They will ask if she is ready to 'greet the day' before seeing to her. They are all lovely with her, very cheerful." Another relative said to us, "The staff always make sure [person's name] is ready before helping them." A relative also said, "My relative is very quiet but the staff seem to engage them as much as they can. The staff are always bright and cheerful saying things like 'shall we do this first or that later' they are always giving them choices." A member of staff we spoke with said, "I encourage them to do as much as they can for themselves", and another staff member said, "I encourage people to do as much of their personal care themselves." This meant people were supported to remain independent and were encouraged to do as much for themselves as possible.

Good

Is the service responsive?

Our findings

Care plans for staff to follow contained good detail so it was clear to see how people preferred to be supported and what their likes and dislikes were, which included details of people's life history. We saw that these preferences were catered for where possible, such as the type of food and drink people liked was offered to them. One person we spoke with said, "A member of staff asked exactly what support I have at each visit and then we got on with it and it was spot on." We also saw that people and relatives were involved in the reviewing of their plans. One person we spoke with said, "I recall them [staff] reading it all out and I think I signed the paper, but I didn't look at the plan. I suppose I could look at if I wanted." One relative we spoke with said, "They did ask me about the things my relative liked to do, their interests." This meant people were involved in the assessment of their care, which ensured they received care that met their individual preferences.

We saw that reviews with people and relatives were recorded, sometimes this was a meeting and other times it was a quality monitoring phone call to check people were happy. We saw that most reviews had identified when someone's needs had changed and changes had been made based on this review. The care notes which showed what support had been provided on each visit had good detail and reflected the information provided to staff in the care plan. This showed that the care being delivered matched the care people would expect based on their care plan.

People had regular staff that they were able to get to know, and if the regular member of staff was unable to attend they were informed of this and new staff were introduced to people. One person said, "They usually send a new one [staff] with one of my regular girls and they introduce themselves for next time", and another person said, "If it is someone [staff] new they will say who they are." Another person told us, "It is normally the same carers. I know them all now." People got copies of rotas, however sometimes these did change, one person said, "I get a programme of times it wasn't always accurate, but it seems to have got better lately" and another person told us, "I get a rota and that tells me who is coming. It is usually the same people but it can change at the last minute if someone is sick." People said staff were usually on time and if they were going to be very late someone from the office would contact them to let them know. Everyone we spoke with said staff stayed for the amount of time they were supposed to. One person said, "The staff are not often late it is never over half an hour. I give them some leeway as the person before may be keeping them." Another person told us, "They are usually on time but would ring if they are running way behind. I have never been let down." Another person we spoke with said, "If they have everything done they will sit and chat to me" and another person said, "They will always ask if they can do anything else for me before they go." This meant people were supported by consistent staff at the time they were expecting to see them.

Most people told us they knew how to complain. One person we spoke with said, "I have a number to ring if I needed to but I haven't used it." Another person told us, "I would ring the office I suppose but I would tell the carer if they were doing something I didn't like." One relative we spoke with said, "I suppose I would ring the office although if it was appropriate I would speak to the carer direct. I have never needed to though all the staff have been helpful." If people had raised an issue, they told us it was dealt with. One person said, "I have

in the past had need to bring up the time of the visit but this was dealt with and things have now improved." Another person said, "I would let them know at the company. I think they would do something. I did have occasion to speak to someone about one carer and they haven't been since." We also saw that complaints were documented, investigated, the action taken was recorded and responses were sent to the person who had complained. This meant people felt able to complain and when concerns had been raised action had been taken to resolve issues.

Requires Improvement

Is the service well-led?

Our findings

We found that accidents and incidents were not always reported by staff to the registered manager or to the office, which meant that the appropriate action had not always been taken and trends were not analysed. For example, one person had fallen in their home and relatives were informed. However, this was not fed back to the registered manager or office, which meant there had been no investigation completed. There had been no preventative action documented as to how to reduce the likelihood of another fall occurring. We saw records that documented a person had a red mark on their face and the member of staff had documented to 'keep an eye on it'. However this was not reported to anyone and audits had not identified this so it could not be determined if the appropriate action had been taken or not. Some care note audits lacked detail as to exactly what documentation had been looked at and no action had been documented to resolve issues. When we asked the registered manager about this they could not explain why this had not been identified, but they said the process of reporting accidents and incidents would be reiterated to staff. This meant people were not protected from the risk of further harm when incidents or accidents had occurred.

The registered manager had not identified that mental capacity assessments had not been carried out and that people were not having their rights protected under the MCA. When we asked the registered manager about this they told us, "I don't feel qualified to assess people's capacity." When we spoke with senior staff who were involved in carrying out reviews and assessments, they were not always able to explain their responsibilities under the MCA. One member of senior staff told us, "I don't know enough about it" and they went on to say that they had not been aware that there were different types on LPOAs. We saw there was an MCA policy in place from the provider, however this had not been taken into account by the management team. We did not see evidence that the provider was carrying out audits of the branch to ensure it was meeting its obligations. This meant there had been insufficient understanding from the management team and people were not always being assessed and protected under the MCA. Following our feedback the registered manager discussed a plan to commence completing mental capacity assessments and to allow senior staff time to complete these.

Care plan and medicines audits had been carried out. However, they had not always identified concerns relating to poor recording. People told us they had their medicines but we found that MAR charts had not always been fully completed and did not include explanations as to why a member of staff had not signed to state medicine had been administered. For example, one audit had stated there were no issues, however we found there were gaps in the recording with no explanation on the MAR chart. Therefore, the audit had not been effective as issues were not always being identified or acted upon to improve future recording. There were also no PRN protocols available for staff to follow and this had not been identified by the audit. This meant people were at risk of not always receiving care in a way that met their needs because systems in place to monitor the service were not effective.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were asked for their opinion about the service. People confirmed they were asked whether they were satisfied with the service provided. One person said, "I think the office lady rings every couple of weeks to check all is ok." We saw the results of a survey carried out, which had an overall positive response and people were informed of the results of the survey. If a person had raised a concern via the survey we saw it was acted upon. For example, one person said they didn't know how to complain so they were sent a leaflet with the details of how to complain. Other feedback received was regarding staff using their phone during a visit and to address this all of the staff had the phone policy reissued to them to avoid a reoccurrence. One person complimented the service through the survey stating, "It surpasses all expectations and I now have a life."

Everyone we spoke with told us they would recommend the service to others. People generally did not know who the registered manager was, however, most people felt the service was well managed and that they knew how to contact the office and told us that office staff were usually very helpful. Staff felt supported by the registered manager and told us they were approachable. Some staff described the registered manager as 'firm but fair'. One member of staff said, "The registered manager is definitely approachable, they are amazing and they have an open door." Another member of staff said, "I feel supported, if I have any problems I can go to the registered manager." Another staff member said, "The team is very accommodating. The registered manager's door is always open and I can go to the coordinators" and another staff member told us, "The manager is lovely. The supervisors are very good, they're always at the end of the phone which is reassuring." Another staff member said, "They are really nice, whatever issues I've had the manager has always given me the time and tries to rectify things." One member of staff also said there was 'open communication' and that staff had information sent out to them, via memos and through staff meetings. Another member of staff said that they felt the service 'empowered' staff and they were supported to develop and gain qualifications in addition to mandatory training. One member of staff said, "I think it's a good company to work for."

Staff told us and we saw records of spot checks. Staff would be observed in their role and checked that they were carrying out the job correctly. One member of staff said, "We have spot checks regularly to check our appearance and how we work." Another member of staff told us, "Spot checks are done all the time, I don't mind as I know I do things right." Another member of staff said, "They check we're doing things right, I think it's important for this job." Staff told us they felt supported in their role to effectively care for people. One member of staff said, "I definitely feel supported both by co-workers and the coordinators" and they went on to say, "I have supervisions to see how I am getting on. They're very useful, they don't just leave me on my own." Another member of staff said, "I feel supported. If I have problems I can go to them and I have supervisions."

The registered manager told us they felt supported by the provider, they said, "My line manager is my rock, they are very supportive. I can call them and they help me, they are brilliant." They told us they had supervisions with the provider. The registered manager said the regional manager and provider visits the office and offered for the registered manager to call them if needed. There was also a regular conference call between registered managers within the company and regular 'away days' for managers to meet and guest speakers attended to share learning. A member of staff also told us, "The regional managers visit and are only a phone call away." The registered manager had notified CQC about significant events that they are required to notify us of by law. This meant the registered manager was supported in their role to manage the service and was able to ask for help if it was needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Accidents and incidents had not always been reported and analysed for trends. Audits of care notes and medicine records had not always identified when there were issues or missing information. The service was not fully aware of its responsibility under the MCA 2005.