

G P Homecare Limited

Radis Community Care (Laburnum House ECH)

Inspection report

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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

About the service

Laburnum House provides personal care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support services.

Not everyone using 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 the service was providing personal care for 20 older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

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

At this inspection we found the provider and registered manager had made improvements to the service. They were compliant with the fundamental standards set out by law although further actions were required to embed good working practices in the service.

The service management and leadership had been inconsistent; however, the registered manager and the new area manager were working to promote an open and inclusive culture and were taking actions to improve the service where needed. Staff were being supervised and felt supported by the management team.

Since the last inspection, while some improvements had been made, training records were still incomplete. The registered manager and area manager were working with the provider's training department to make improvements.

Staff we spoke with were aware of their responsibilities in relation to safeguarding and said they would feel confident raising any concerns. The registered manager had notified us of safeguarding concerns they had received and had taken appropriate actions in response.

Staffing levels were determined by the number of people receiving care and support and their needs. Staff were now receiving medicines competency checks, following medicines awareness training. The registered manager was working on updating these records. Assessments were undertaken to assess any risks to people and to the care workers who supported them and how risks were minimised or prevented.

People, and their relatives or other representatives if appropriate, were involved in the assessment of their needs and the planning of their care and support. Where people required support in relation to food and drink this was recorded within their care plans. Staff worked with other agencies and supported people to

access healthcare services if required.

The feedback we received from people indicated they were happy with the overall care and support being provided. The registered manager and staff treated people with kindness and empathy and knew them well. People told us their privacy, dignity and independence were respected by staff.

People's feedback indicated the service was usually responsive to their needs and staff arrived at the agreed times. Support plans contained details of people's agreed care schedules, their routines and preferences. Staff demonstrated understanding of how individuals communicated their needs, likes and dislikes.

The provider had a complaints policy and procedure. People felt comfortable to raise any concerns with the staff and management and felt they were listened to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 22 March 2019) and there was one breach of regulation. The provider did not complete an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulation. The regulation was now being met but improvements will need to be embedded in practice to ensure they are sustained.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Radis Community Care (Laburnum House ECH)

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 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.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave a short period notice of the inspection because the service operates an extra care housing service to people in their own homes. We needed to be sure that a member of staff would be there to meet us.

What we did before inspection

Before the inspection, we reviewed all the information we held about the service including previous

inspection reports and notifications received by the Care Quality Commission. We had asked the provider to complete a Provider Information Return (PIR). This is information we request on at least an annual basis about what the service does well and improvements they plan to make. The provider did not complete the required PIR. We took this into account when making our judgements in this report.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with two members of care staff, the registered manager, and the area manager. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at recruitment records for a member of staff employed since the last inspection. A variety of records relating to the management of the service, including staff supervision, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a community care professional who had contact with 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we found staff knew how to recognise abuse and protect people from the risk of abuse. However, records showed not all staff had completed training on safeguarding adults from abuse. At this inspection we found training records for staff were still incomplete.
- Staff we spoke with were aware of their responsibilities in relation to safeguarding and said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.
- The registered manager had notified us of safeguarding concerns they had received and had taken appropriate actions in response.

Staffing and recruitment

- There were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs.
- Some people, whilst overall happy with the quality of care they were receiving, felt the service was short staffed at times. A person told us, "There has been a lot of changes over the last few weeks. They've changed the team leaders, people have left and they have been short of staff."
- A person told us there had been occasions when staff had missed visits. They said, "I ring up if they don't turn up" and "It used to be really organised but the last few months it hasn't been. My son...spoke with staff. They told him I wasn't on the computer, so we'll see how it goes. I find it a worry." We raised this with the registered manager who said they would check the records and follow this up, as there could be issues with the web-roster system that was used.
- Two team leaders had left the service in September 2019. The registered manager told us the service had struggled but had since then recruited two team leaders. The service was recruiting for two care staff and these hours were currently being covered by existing staff.
- The rota showed staff cover was arranged in advance and staff we spoke with said there were no problems covering the shifts. There were normally four staff in the morning, two staff in the afternoon and one staff at night. The service was one staff member short on the day of this inspection due to illness at short notice.
- Records for a member of staff recruited since the last inspection contained most of the required checks and information including a full employment history. The provider's staff recruitment policy is to request three references for candidates. We found one reference on file. The registered manager took immediate action and, following the inspection, provided evidence of two further satisfactory references.

Using medicines safely

- People who received support with their medicines, such as prompts and reminders to take them, generally felt the systems worked well. A person said, "They do (medicines) for me. I can reach them, but I don't touch them. They are in a cabinet which is locked and the girls have the key. It works well."
- One person told us, "I have to take a lot of tablets...Some carers come in and there is no problem and never get it wrong. A couple of them get a bit muddled." They told us occasionally staff were late arriving to support them with their medicines and, "This means my pain has built up and I then can't have them at the set times." They also told us, "I'm epileptic so it's important I have my (medicine) at the right time to keep the fits under control." They added, "It doesn't happen very often, but it does happen."
- This person's care plan now had guidance in place for staff about epileptic seizures and the possible 'triggers'. Staff were aware of the person's medical condition and of the importance of giving medicines at the correct times. They told us the person "Is aware and will phone staff if they feel anything is needed."
- Medicine administration records (MARs) that we viewed showed people had received their medicines as required.
- An 'as required' (PRN) medicines protocol form was available for use but had not always been used to record when people had PRN medicines. The registered manager took immediate action to rectify this.
- Body maps were used to provide guidance for staff on the application of topical creams and ointments.
- Staff were now receiving medicines competency checks, following medicines awareness training. The registered manager was working on updating these records.

Assessing risk, safety monitoring and management

- People told us they felt safe using the service.
- Assessments were undertaken to assess any risks to people and to the care workers who supported them. Areas covered by these assessments included risks relating to the home environment and equipment, food preparation and moving and handling. Plans set out how risks were minimised or prevented.
- Staff demonstrated understanding of assessing risk and least restrictive practice.
- A staff handover logbook was used to record when staff had carried out welfare checks on people, if there were any issues and follow up actions.
- A business continuity plan was in place to support the running of the service in the event of an emergency.

Preventing and controlling infection

- Staff induction training included infection prevention and control and staff were provided with personal protective equipment (PPE) such as aprons and gloves.
- Care plans contained relevant guidance for staff, for example when providing personal care or preparing food.

Learning lessons when things go wrong

- The provider had a policy and procedure for recording and reporting accidents and incidents and records were held on file.
- Audits were taking place and any necessary actions were recorded and shared with staff. The registered manager confirmed if errors occurred when staff were giving medicines, the individual members of staff received further training and competency checks.
- A team leader and staff communications book had been introduced to help ensure messages were not missed.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection in February 2019 we found staff did not all receive appropriate support and training to carry out their duties effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. The regulation was now being met but improvements will need to be embedded in practice to ensure they are sustained.

- Since the last inspection, while some improvements had been made, training records were still incomplete. The registered manager and area manager were working with the provider's training department to make improvements.
- Three staff records indicated they had received safeguarding training in August 2017 but no refresher training since then. For another staff member who started in 2017 there was no record of training in safeguarding or moving and handling. Supervision records for this member of staff stated they were scheduled for further training on 25 February 2020. Another member of staff also had no record of an induction or moving and handling training. They had received medicines awareness training on 25 November 2019. A medicines competency check for this staff member was completed following the inspection.
- Following this inspection the registered manager sent us an update stating all outstanding training for staff was booked for the current and following month.
- Staff we spoke with told us they had received three days basic training before working in the service, including moving and handling, medicines awareness, infection prevention and control, recording and reporting, and safeguarding people. Their induction had included shadowing experienced staff on shift. Formal supervision and spot checks had been re-instated since the new registered manager had been in post.
- Staff we spoke with did not give us any concerns about their abilities to provide effective care and support. They demonstrated knowledge and understanding of the needs of the people they supported and of providing respectful, person centred care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person had an assessment of their needs containing detailed information about their morning,

lunch, afternoon and evening routines, as appropriate, and the support they required with tasks such as bathing, dressing, medicines and meal preparation.

- The service worked with partner agencies during the assessment process, including the local authorities who commissioned some of the care packages. The registered manager had ensured an occupational therapy assessment took place and new equipment was in place before a person was discharged from hospital back into the service.
- People, and their relatives or other representatives if appropriate, were involved in the assessment of their needs and the planning of their care and support.

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

- Where people required support in relation to food and drink this was recorded within their care plans. Care plans also contained information about any specific nutritional needs and food preferences people had. People confirmed they received the support they required and as agreed in their care plans. A person told us, "They make sure I'm eating and drinking." "The girls always check my fridge to make sure I've got food and drink."

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

- People told us staff supported them to access healthcare services if required. People's care records showed relevant health and social care professionals were involved with people's care when needed.
- There was an appointments diary in the office so staff were aware of times when people may need support.

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.

- While the available records did not demonstrate all staff received training in the MCA, staff we spoke with told us online training was provided and showed an understanding of the principles of the MCA. Staff understood people's right to make choices and involved people as fully as possible in making decisions about their care and support.
- The registered manager confirmed there was no-one receiving care who was subject to any restrictions on their liberty.
- Care plans showed that people were able to make their own decisions independently or with support from relatives or other representatives.
- The provider had policies and procedures to help staff meet the requirements of the MCA.

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

- The feedback we received from people indicated they were happy with the overall care and support being provided. People's comments included, "The (staff) here are 100%. I have no complaints at all", "We get on really well together", "Some are like friends now" and "The carers are brilliant. I can't fault them. I like the new team leader, she's lovely."
- We observed the registered manager and staff treated people with kindness and empathy and knew them well.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed they were involved in decisions about their care and support and this was reflected in a recent survey carried out by the provider. For example, people were given the choice about whether they were supported during personal care by male or female staff.
- Care plans were written in a way that respected people's choices, wishes and individuality.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy, dignity and independence were respected by staff. A person told us, "I shower myself but they help me in and out of the shower and stay with me." Other comments included, "Very polite, caring and helpful."
- We observed staff were respectful toward people and promoted their privacy, dignity and independence. Staff knocked on people's doors and waited for their permission to enter.
- Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view them.

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

- Support plans contained details of people's agreed care schedules, their routines and preferences. This information included individual morning, lunch, afternoon and evening routines, as appropriate, and the support people required with tasks such as bathing, dressing, medicines and meal preparation. The plans would enable staff to provide personalised care in line with each individual's needs. Support plans had been, or were being, reviewed and updated.

A person said, "They write everything in my folder. I never look in it but my son does."

- People's feedback indicated the service was usually responsive to their needs and staff arrived at the agreed times. Comments included, "They come when they should. They might be a little late if there is an emergency" and "Sometimes they might be held up with the person before you." People told us staff responded quickly if they used the call alarm.
- The service had recently introduced 'catch up' meetings at 11am, so that staff could discuss and respond to any changes in people's needs and care schedules.

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.

- People's care plans included sections about their personal histories and current communication needs and abilities, including whether they wore glasses or hearing aids.
- Staff demonstrated understanding of how individuals communicated their needs, likes and dislikes.
- The service had access to a range of communication formats, if required, through the provider organisation.

Improving care quality in response to complaints or concerns

- People felt comfortable to raise any concerns with the staff and management and felt they were listened to.
- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.
- Following a recent complaint, the medicines procedures were reviewed and amended.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We did not receive the action plan we requested from the provider following the previous inspection in February 2019.
- A record of a provider action plan that was implemented in September 2019 was mostly blank in the sections relating to actions taken and progress made. Following the inspection the registered manager sent us an updated copy of the action plan, which indicated steps had or were being taken to improve the service.
- Since the last inspection, staff training records and attendance had continued to be an issue, which had been identified in the September action plan. At this inspection we saw this was now being addressed.
- The action plan had also identified there was a lack of evidence of quality monitoring being completed within the service. The registered manager and the area manager were now carrying out audits, including those of care plans and reviews. The area manager told us a new template was being developed for a consolidated action plan, which would make monitoring and oversight easier.
- There had recently been staff changes resulting in a lack of team leaders, which the registered manager acknowledged had impacted on the service organisation and delivery. Two new team leaders were now in post supporting the registered manager in the daily running of the service. Daily handovers were taking place to ensure communication between staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and the new area manager were working to promote an open and inclusive culture and were taking actions to improve the service where needed.
- Staff were being supervised and felt supported by the management team. Information was shared with staff at team meetings, which had started to take place again.
- The provider had appropriate policies in place as well as a policy on duty of candour to help ensure staff acted in an open and transparent way in relation to care and treatment when incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider carried out an annual service user satisfaction survey and produced a report and an action

plan based on the findings. The most recent report was dated December 2019. There had been eight responses to 24 questionnaires sent out and the majority of those responses were positive. A service development plan was attached to the report and stated it was the manager's responsibility to review and address any individual issues raised in the report. The registered manager was in the process of reviewing the report.

Continuous learning and improving care; Working in partnership with others

- The provider's quality and compliance team, which had a role in monitoring service provision, had been expanded.
- The registered manager told us they were being well supported by the area manager and the new team leader.
- Monthly managers meetings were used as an opportunity to share ideas for best practice.