

G P Homecare Limited

Radis Community Care (Somers Court)

Inspection report

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Wisbech, PE13 2RA
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Radis Community Care (Somers Court) is registered to provide personal care to people living in their own homes. During this inspection personal care was provided to approximately 25 people, all of whom lived within Somers Court. Part of the service's contract included the provision of all people's meals from a central kitchen.

The service had a registered manager in place. 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.

This announced inspection was carried out on 30 November 2015. It was the first inspection of this service since it registered on 26 August 2014.

Staff were only employed after the provider carried out satisfactory pre-employment checks. Staff were trained and well supported by their managers. There were

Summary of findings

sufficient staff to meet people's assessed needs. Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

People's health, care and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs. People received their prescribed medicines appropriately and medicines were stored in a safe way.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People's decisions were respected by staff. However, processes were not in place to protect people who did not have the mental capacity to make decisions from unlawful restriction and unlawful decision making.

People received care and support from staff who were friendly, helpful and respectful. People were encouraged to provide feedback on the service in various ways both formally and informally. People were involved in their care assessments and reviews. Care records provided staff with sufficient guidance to provide consistent care to each person. Changes to people's care was kept under review to ensure the change was effective.

People, relatives and staff told us the service was well run. People told us that the registered manager, was approachable and that their views were listened to and acted on.

We found a breach of the Health and Social Care Act (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.

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.

There were systems in place to ensure people's safety was managed effectively. People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Good



Is the service effective?

The service was not always effective.

Processes were not in place to protect people who did not have the mental capacity to make decisions from unlawful restriction and unlawful decision making.

Staff were trained and supported to provide people with safe and appropriate care.

People's nutritional and health needs were met.

Requires improvement



Is the service caring?

The service was caring.

People received care and support from staff who were friendly, helpful and respectful.

People had opportunities to comment on the service provided and be involved in the care planning process.

Good



Is the service responsive?

The service was responsive.

People's care records provided staff with sufficient guidance to enable them to provide consistent care to each person.

People's views were listened to and acted on. People were supported to be involved in their care assessments and reviews.

Good



Is the service well-led?

The service was well led.

The registered manager was experienced and staff were managed to provide people with safe and appropriate care.

There were systems in place to continually monitor and improve the standard and quality of care that people received.

Good



Radis Community Care (Somers Court)

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 announced inspection took place on 30 November 2015 and was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office at other services that they manage. We needed to be sure they would be present for our inspection.

Before our inspection we looked at all the information we held about the service. This included the provider

information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We requested and received information from professionals who have contact with the service. These included commissioners and healthcare professionals including a GP's.

During our inspection we spoke with 11 people. We also spoke with the registered manager, the provider's support manager, one key carer, three care assistants and the cook. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at three people's care records, staff training records and staff recruitment records. We also looked at records relating to the management of the service including audits, rotas, meeting minutes and records relating to compliments and complaints.

Is the service safe?

Our findings

Everyone we spoke with said that they felt safe. One person told us, “It’s safe here, I always know there’s someone on call.” Another person said, “I do feel safe, very safe.” A third person told us, “The security is the best thing. I feel safe and looked after.”

All the staff we spoke with told us they had received safeguarding training. Staff showed a good understanding and knowledge of how to recognise, report and escalate any concerns to protect people from harm.

People’s risks were assessed and measures were in place to minimise the risks. Risks included those associated with assisting people to move, the management of medicines and controlling the spread of infections. Measures to reduce risk included the use of protective clothing and checking equipment before using it.

Staff were aware of the provider’s reporting procedures in relation to accidents and incidents. The registered manager audited incident and accident reports and identified where action was required to reduce the risk of recurrences. For example, we saw that where a person had experienced a series of falls, their GP had been consulted and they had been referred to an occupational therapist.

The registered manager considered ways of planning for emergencies. For example, they had considered the risks of lone working and put measures in place to reduce the likelihood of harm occurring. This included staff having access to the contact numbers of on-call managers.

We found that regular checks were carried out on equipment to ensure it was safe to use. This included, for example, staff ensuring the landlord for the building had carried out portable appliance tests (PAT) on the equipment they used.

Records showed that the required checks were carried out before staff started working with people. The checks included evidence of prospective staff member’s experience and good character. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

There were sufficient staff to safely meet people’s care needs. People told us that staff understood and met their care needs. One person said, “[The staff] are very nice. I like

the ones who have time to talk.” Several people told us that staff members check on them each morning and one person told us, “They [staff] come and see you if you don’t go down for lunch.” Another person said, “I love it here, there’s always a carer on hand.” People had call bells in their flats to summon staff in an emergency. Those people who had had cause to use these told us that staff had responded quickly, including at night, and took appropriate action. For example, one person required medical attention and staff called their GP.

The registered manager and staff said that they covered planned and short notice staff absences within the team. This meant that people always knew the staff who were providing their care. However, they told us on occasion only one member of staff rather than two were on duty at service during the afternoon. Two people told us they didn’t think there were enough staff. One person said that staff didn’t have time to talk with them because they were short staffed and busy. Another person told us, “They haven’t got enough staff”. They said that they had missed their bath a couple of times because of the shortage of staff. The person went on to say, “They [staff] don’t have time to sit and talk but [they] will spend time if you have a problem.” Staff agreed that this was the case and told us that occasionally the times of some people’s baths were renegotiated because of this staffing change. The registered manager told us she had recently recruited two staff who were being trained prior to starting work at for the service. This would help to ensure that all staff absence was fully covered.

Staff encouraged people to manage their own medicines. Where people needed assistance, care plans provided clear guidance for staff on the level of help people needed. People told us they were happy with the arrangements where the staff assisted to manage their medicines. One person told us, “They [staff] gave me my tablets this morning.” Other people told us where their medicines were stored and that staff always gave them their medicines appropriately.

Staff told us they had received training in managing and administering medicines. Appropriate arrangements were in place for the recording of medicines received and administered, this included short term medicines such as antibiotics. Checks of medicines and the associated

Is the service safe?

records were made to help identify and resolve any discrepancies promptly. We saw medicines were stored securely where this had been identified on people's care plans.

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.

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. We checked whether the service was working within the principles of the MCA. The registered manager told us that no one was deprived of their liberty by this service. The support manager told us that staff and the registered manager had received training in the MCA and Deprivation of Liberty Safeguards. However, we found their understanding of this was limited. They did not understand the circumstances they needed to be aware of, or the action that should be taken, if people's mental capacity to make decisions about their care changed. This meant that the rights of people who were not able to make their own decisions might not always have been protected.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people spoke very favourably about the meals provided by the service. One person said, "The meals are very nice – I like the chicken best." Other people described the food as, "Good" and, "Lovely." However, other people told us that the quality varied and the choices could be repetitive.

Records showed, and people confirmed, that a balanced diet, with several choices of meals, was offered each day. This included special diets being taken into consideration. We saw that people's weight was monitored and action taken if concerns were identified. This showed us that people at an increased risk of malnutrition or dehydration were provided with meal options which supported their health and well-being.

People told us that, where they required assistance, staff supported them to access appropriate healthcare. For

example, one person said, "If I feel poorly I ring my buzzer and they [staff] ring for the doctor." Another person told us that the local GP surgery liaises with the care workers to arrange their appointments. A third person told us that a specialist nurse visited them regularly. Records confirmed that people were supported to access the services of a range of healthcare professionals, such as community nurses, GPs, occupational therapists and chiropodists. Staff made referrals to the healthcare professionals that were appropriate to each person's needs. This meant that people were supported to maintain good health and well-being.

People told us that staff members knew how to support them. One person told us, "They all know what help I need, they're well trained." The person went on to say that when a new care worker started working for the service they worked with another, more experienced, care worker for a few weeks to get to know what to do. Another person said, "Staff do know what I need help with." A third person told us, "They [staff] know me well now."

Staff members were knowledgeable about people's individual needs and preferences and how to meet these. They told us that they had received sufficient training suitable for their roles. They also said they received refresher training every 12 months. This training included topics such as the management of medicines, safeguarding people from harm and assisting people to move safely. The registered manager told us that three staff had achieved a national vocational qualification (NVQ) in health and social care. The service provider organisation had recently introduced the new Care Certificate. The registered manager told us this would be implemented for all new staff. This meant staff were supported with further learning and to achieve nationally recognised qualifications.

Staff members told us they enjoyed their work and were well supported. They said they attended staff meetings and received formal supervision and annual appraisal of their work. They told us these were held both routinely and when they requested them. One member of staff said that this gave them "a chance to raise issues." Another member of staff told us that this had helped them to be "a lot more confident.... I feel I'm doing really well. It's built my confidence. I can't wish for a better manager or job."

Is the service caring?

Our findings

People told us that they were very happy with the service. They described the staff as “friendly,” “good” and “helpful.” One person told us, “Nothing’s too much trouble [for the staff].”

The provider carried out a survey of user views in April 2015. All eight people who responded said that they felt staff listened to them. The view was supported by the people we spoke with. They told us they felt able to talk to staff about their care needs and said that staff knew their needs well. One person said, “The carers are all friendly and understand me.”

The staff we spoke with were proud of the service provided. They all told us that they would be happy for their family member to be cared for by the service.

The provider’s survey showed that all eight people said they felt they were treated as a person, were at the ‘centre of their care’ and that they and their property were treated with respect. We observed pleasant and friendly interactions between staff and the people who received a service. Staff were polite and addressed people using their preferred name. Staff knocked on people’s doors before entering their flats. We heard staff explain to people why they were visiting them and ask permission to access their records.

People were encouraged to be as independent as possible. This information was incorporated into people’s care plans so all staff were aware of the level of support each person needed. For example, one person could manage their own medicines, but could not manipulate the containers the medicines were stored in. The person’s care plan provided clear guidance to staff on the level of support the person required to assist them whilst maintaining their independence.

A staff member told us that, “People are very involved in their care plans” and described how they involved people when their care plans were written and reviewed. Staff told us, “”We chat and find out how they [the person] likes things done. We build up a relationship with them.” People said that they were involved in making decisions about their care and were happy with the care they received. One person told us they were aware of their care plan and we saw that, where possible, people had signed to confirm their agreement to the planned care. Where people were not able to sign their care plan, a staff member had recorded that a discussion had taken place and comments the person had made.

We saw that information on advocacy services was available if people required it. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Is the service responsive?

Our findings

People told us that staff had a good understanding of their care needs and that staff met these needs. One person told us, “We’re well looked after.” Another person said, “I love it here, all the girls [staff] look after me well.”

The registered manager told us that they received a care needs assessment from social services for each person. They, or another senior member of staff, then assessed people’s care needs prior to them receiving the service. This helped to ensure staff could meet people’s care and support needs. This assessment also included the person’s social history. This helped the care record be more individual.

These assessments were then used to develop care plans and guidance for staff to follow. This included information about people’s health needs and how the person preferred their care needs to be met. We found that staff were knowledgeable about people’s needs and preferences. Care records were detailed and included guidance for staff to follow so they could provide care safely and in the way the people preferred. Examples included guidance for staff on assisting people to take their medicines and support with their personal care. Where possible, staff involved people in writing their care plans. Records showed that care plans and associated documents, such as risk assessments, were reviewed at least every six months. Staff told us that if people’s needs changed, the care plan was updated promptly.

Staff completed records of each visit to each person. These provided a brief overview of the care provided and any changes in the person’s condition from the previous visit. Staff described good communication across the team. They

said they attended a handover at the start of their shift where they received a briefing on any changes in people’s needs. They told us they also read people’s care plans and the records of the last few visits. This ensured that staff were up to date with any changes in people’s care.

People’s care plans reflected any hobbies or interests they had. Some people told us that they attended social events that were taking place within the scheme. The registered manager had arranged for a volunteer to visit the scheme weekly and lead a group in art and craft activities. The registered manager had also supported a person to produce a monthly newsletter for the scheme. This included a ‘what’s on’ section and news. For example, a congratulations to staff for passing their food hygiene exam. Another person receiving the service had organised a weekly games afternoon. This meant that people were supported to engage in social activities within the scheme to promoted social inclusion.

Most people said that they had not needed to complain about anything but did know what to do if the need arose. One person told us, “I did make a complaint about the kitchen staff who were rushing us at lunch and not allowing us a second cup of tea. I feel mealtimes are important for us to get together and socialise.” The person told us that they had been listened to and this had not happened again.

We saw that information on how to complain was available for people within their care files in their flats. Staff had a good working understanding of how to refer complaints to senior managers for them to address. We found that complaints were investigated and dealt with appropriately and within the timescales stated in the complaints procedure.

Is the service well-led?

Our findings

The service had a registered manager in place. 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 receiving a service knew who the registered manager was and how to contact her. Two people commented that the registered manager was very approachable. Staff also made positive comments about the registered manager. One staff member told us, "I can't wish for a better manager or job."

Staff said they felt well supported by the senior staff team. All the staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They all told us that they felt confident about reporting any concerns or poor practice to their manager. They all said they felt able to question practice, both formally through staff meetings and supervisions, or more informally. The staff we spoke said they enjoyed their jobs and felt supported by senior staff. Staff members told us they received regular supervision and we saw that two staff meetings had taken place this year. Topics covered

included the use of equipment, lone working and individual people's conditions and meeting their needs. This meant that staff received sufficient support to enable them to meet people's needs.

The registered provider also sought feedback from people through annual surveys. We saw the results of the last survey which was issued in June 2015. Many of the results were very positive. All of the eight people who responded saying they rated the overall standard of care they received from the service as 'good' or 'very good'. Areas for improvement had been incorporated into a service development plan. The registered manager told us all these areas had been addressed and we found no shortfalls in these areas.

The registered manager monitored the quality of people's care and the service provided in various ways. These included quality monitoring visits to people where they were asked what they thought of the service and their care records were checked. Audits were also conducted regularly, for example of medicines administered. We saw that these were satisfactory and no action was required as a result. Records were maintained as required and kept securely when necessary.

The registered manager told us she kept up to date with current practice through updates from the provider and membership of professional organisations. For example, the United Kingdom Homecare Association (UKHCA).

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>Processes were not in place to protect people who did not have the mental capacity to make decisions from unlawful restriction and unlawful decision making.</p> <p>Regulation 11</p>