

G P Homecare Limited

Radis Community Care (Moorfield Court)

Inspection report

Moorfield Court
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 19 July 2016. Radis Community Care (Moorfield Court) is a domiciliary care service run by GP Home Care which provides personal care and support to people who live in apartments in an independent living complex owned and run by another provider. On the day of our inspection 26 people were using the domiciliary service.

The service had a registered manager in place 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 and associated Regulations about how the service is run. Staff understood their responsibilities with regard to protecting the people they were caring for from abuse or harm and people felt safe. Risks to people's health and safety were assessed and managed, and people were encouraged as far as possible to maintain their independence.

People's needs were met and they were cared for by sufficient numbers of staff. They received their medicines as prescribed and the management of medicines was safe.

Staff caring for people received sufficient and appropriate training to carry out their roles.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA)

When required people received the support they required to have enough to eat and drink and referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care, they were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to meet people's needs

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and staff understood the procedures required should people lack capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Is the service caring?

Good ●

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good ●

The service was responsive

People received care that was responsive to their needs and care

plans were regularly reviewed and updated to ensure they contained accurate information.

People knew how to make a complaint and felt able to do so if required

Is the service well-led?

Good ●

The service was well led.

People felt the registered manager was approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Radis Community Care (Moorfield 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 the 19 July 2016. The inspection team consisted of one inspector and 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office. We needed to be sure that they would be in.

Prior to our inspection we reviewed information we held about the service. This included information received about the service and statutory notifications the service submitted. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with six people who received the services of Radis home care, two relatives, four members of staff and the registered manager.

We looked at the care records of three people who used the service, three staff files and a range of records relating to the running of the service, which included audits carried out by the registered manager.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff who came into their apartments to care for them. They were aware of what to do if they felt unsafe or were not being treated properly. One person told us, "I feel secure and contented," a second person said, "Safe? Yes very much so." The person went on to say they trusted the staff who cared for them. Another person told us, "The staff look out for you." Relatives we spoke with felt their loved ones were safe, one relative said, "Yes definitely I have never had any reason to think otherwise."

People were supported by staff who knew how to keep them safe. Staff we spoke with showed a good understanding of different types of abuse. They were able to provide a description of the types of abuse people they cared for could experience and what their responsibilities were in regard to reporting abuse. Staff told us they would document any incidents of concern and ensure the registered manager was aware. Staff we spoke with were all aware they could report issues of concern to ourselves or the local safeguarding team. One member of staff told us, "I know what to look out for, I would report any concerns to my manager." Another member of staff also told us they would report any possible abuse to the registered manager straight away, they said, "I know the manager would sort it and I could go to local authority."

The registered manager was aware of their responsibility with regard to keeping people safe. They were aware of their managerial role in reporting safeguarding issues when required. Staff had been developed and trained to understand and use appropriate policies and procedures. This had helped to ensure they understood their role in safeguarding people.

The risks to people's safety had been appropriately managed by the registered manager and staff. People's care plans contained information about how staff should support them to keep them safe but still allow the person to maintain their independence. For example, there were risk assessments on different people's mobility needs. The care plans detailed what aids should be used and when and how to offer help to individuals. People we spoke with told us when necessary the staff used equipment required for their care safely and the care they received was tailored to their need, one person told us, "I have all the things to keep me independent." We saw equipment in use was regularly serviced to ensure people were safe when using the equipment. Staff told us they checked the equipment before use to ensure it could be safely operated.

People told us that, when required, staff managed the security of their apartments to keep them safe and it was their choice as to whether staff had keys to their apartments. A number of people had key safe boxes and staff needed to let themselves in and out of their properties to provide care. The main entrance to the complex was locked to the general public and the people who lived in the complex had key fobs which allowed them to come and go as they pleased. One person we spoke with showed us their key fob and also told us of the ways they could alert staff should they need help when in their apartment.

People we spoke with told us they felt there were sufficient staff to meet their needs. The staff were generally on time and people reported there had been no missed calls. They told us there was enough time on the calls and one person told us, "Oh yes [they are] on time and do the things I need." Another person told us if

they needed to press their alarm someone came straightaway. A relative we spoke with also reiterated this point and gave an example of when their relative had been ill during the night. Their relative had told them staff had been, "There in a flash" when they had pulled their alarm bell.

Staff we spoke with told us that they felt there was enough staff to meet people's needs. One member of staff told us, "Yes there are enough staff. There is generally someone in the office if we get an extra call from someone." They went on to say, "If there was not enough time I would say something." Another member of staff told us, "Yes there are enough staff to give the care needed and we always get cover for sickness." Relatives we spoke with told us there was enough staff to meet the needs of their relations. One relative told us, "The staff are always busy but they always give [name] the time they need."

We saw the staff rota and call timings sheets for different people and saw when one person required two people the timing was married up on the sheets. Staff told us this worked out well and people were not kept waiting for their care.

The registered manager had taken steps to ensure people were protected from staff who may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers make safer recruitment decisions. We also saw references had been obtained prior to employment and retained in staff files.

People's medicines were managed safely and individual care plans gave details of what help each person needed. One person told us, "I do them [give own medicines] but the girls give me a nudge so I don't forget." One relative we spoke with told us their relation had recently struggled with managing their medicines and the staff now supported them. They told us this was a relief to both themselves and their relation.

We saw in the care plans what help different people required was clearly recorded. Staff we spoke with knew what levels of help different people required. We viewed the care plan for one person who had until recently managed their own medicines. Discussions had taken place with the person, their relative and the registered manager to establish the level of help required and how they would review the arrangement to ensure it was working for the person.

Staff told us they had received the right training for safe handling of medicines. One staff member told us, "Yes I have had the training and get updates, I feel confident."

We saw records of the training staff had received to ensure they were safe to administer medicines, the records showed staff received ongoing training and support from the registered manager to remain competent.

Is the service effective?

Our findings

People we spoke with told us they felt the staff who cared for them were competent and received the right training to do their job. One person told us, "From what I see they do." Another person said, "Yes they manage things well and know what they are doing." Some people who used the service and their relatives told us the registered manager came to their homes on occasions to observe the staff working. One relative we spoke with said, "Certainly the ones I see have the right training."

People were cared for by staff who were given relevant training and regular support. Staff told us they had received induction training and were supervised when they were first employed. They discussed the different elements of the training which included health and safety, safeguarding vulnerable adults, moving and handling and fire training. They told us the induction process allowed them to familiarise themselves with the needs of people who used the service. One staff member said, "It was a good induction I have never done this type of work before and I was well supported." The member of staff told us they were not allowed to start work until they had completed all of their training, both face to face sessions and on line training. They went on to say, "I have never had this level of support in other jobs I've done." Training records viewed showed that staff received regular training relevant to their roles with regular up-dates. The registered manager confirmed they used a mixture of face to face training and e-learning to give staff the right support.

Staff told us they were supported with regular supervision meetings and confirmed that the registered manager observed their practice. One member of staff told us, "We have supervision every six months, but can talk to [name] the manager in-between if we need to and she does spot checks." They told us they received a yearly appraisal. One member of staff told us, "Yes I always feel these are useful you can discuss the different things you can do to help with the job."

People who used the service told us they were asked to provide their consent before any care was given. They told us that staff always checked what they wanted before doing anything. One person said, "Yes they always say what they are doing and stop if I want them to." A second person told us, "I tell them what I want and they do it." Another person said, "I am not restricted in any way I make my choices."

The people we spoke with confirmed that they were fully involved with planning their care package and discussed their needs with the registered manager regularly. One person told us, "I planned my care with staff when we first started. Relatives we spoke with confirmed that their relations were involved with planning the care packages.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

There were assessments of people's capacity to consent in their care plans. These assessments were

detailed and individualised. There was information in place to highlight where people may need help in deciding what they wanted to do in relation to various aspects of their day to day care. The focus of the assessments was on what decisions people could make and how staff should assist them. Staff we spoke with showed a good knowledge of the MCA, one member of staff told us, "So people have the right to make their own decisions, if they aren't able we need to assess them properly and only make decisions in their best interests after this." Another member of staff said, "It's about whether people have the capacity to make their own decisions." They went on to say, "If I thought a person's behaviour had changed, I would talk to the family and GP, and try to rule out any health conditions and if not resolved we would need to get them assessed properly."

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. These applications must be made to the Court of Protection; no applications had been made for anyone who used the service at the time of the inspection.

People who needed support with eating and drinking were given appropriate support by staff. The needs of the people who used the service were varied and individual needs were recorded in the care plans. One person we spoke with enjoyed eating with other people in the communal area and received readymade meals that they ordered daily. A member of staff prepared and served the meals for them. Staff told us if they were responsible for dealing with people's food in the apartments they would check the dates on food and make sure the dates had not expired. Other people told us they would manage their own meals with the help of relatives. Another person told us, "My family do most of it, but if I need something the staff will help me."

People were offered choices of things to eat, one person told us, "It's always our choice," they went on to say that staff always made sure they ate and drank enough. Staff recorded how well the people they supported with nutrition ate and worked with relatives to monitor people's weights. We saw one person required some nutritional supplements and staff supported them with these. Staff were able to discuss the dietary needs of the people they were caring for, they were well informed as to individual diets and the processes and equipment used to ensure people received their nutrition safely.

People who used the service could be assured that staff would support them with their healthcare needs. Where staff were responsible for assisting people to make healthcare appointments, this support was provided. Staff told us they had a good relationship with the district nurses who visited some of the people they cared for. One member of staff told us, "I know these people well and I watch and ring the family if I am concerned and if need be ring the GP or nurse." They went on to discuss one incident when this had been necessary following them finding one person had sore area on their sacrum. They told us they wanted to contact the district nursing team quickly to prevent further tissue damage, They told us, "There are some things that can't wait and I would deal with them."

People and their relatives we spoke with were confident that should the health of the person who used the service deteriorate, staff would respond appropriately. On the day of the inspection we saw staff dealing with an incident involving the health needs of a person using the service. We saw health professionals were called appropriately. We were able to speak to health professionals who told us they were impressed with the staff's knowledge of the person. They told us the staff had also called the person's relative who was present and clearly had a good relationship with them. The health professionals felt the incident had been well managed and the right help had been obtained for the person concerned.

Is the service caring?

Our findings

People we spoke with told us the staff who provided care for them were genuinely caring and took the time to ensure they gave good care. One person told us, "I love it here, it's perfect." A second person told us they felt the staff were very caring and empathic. Another person told us, "Yes the staff are wonderful, they are on the ball." Relatives we spoke with told us the staff were kind and caring towards their relations. One relative told us their relations were able to build relationships with the staff who cared for them and spoke very highly of staff. The relative said, "Staff couldn't do anymore for them than they do, they are excellent."

People who used the service could be assured staff had a good knowledge of their needs. Staff we spoke with knew the individual needs of the people they cared for and showed empathy when discussing their needs. It was clear they understood the individual needs of people they cared for. For example, a member of staff discussed a person who required time and support to communicate their needs. The member of staff stressed the importance of giving the person the time so they got things done the way they wanted. The staff member spoke warmly about the person.

The interactions we saw between staff and the people who used the service were warm, informal and respectful. One member of staff said, "I love working here, I enjoy going round to see the different people."

People's decisions and lifestyle choices were respected. One person told us, "Yes I am not restricted in any way, I do what I want." Another person told us they were involved with planning their care. One relative told us they were involved in setting up the care their relation received and saw the staff record the care they gave in their relation's folder in their apartment. People received the care they needed in the way they wanted. The group of staff employed in the service was small and people saw the same staff regularly.

Staff told us that people should be able to make their own decisions about the care they received. A relative we spoke with gave us an example of their relation declining personal care. They told us staff would encourage their relation but respected their choices and give care the way the person wanted it.

The registered manager discussed a person who was beginning to require more help from the service, but was resistant to change. They had been working with the person and their relative to introduce change at the pace the person felt comfortable with. We also spoke with one person who was living with the early stages of dementia. The person enjoyed their independence and routinely went out to a particular place, staff continued to work with the person to ensure they were still able to continue this but remain safe.

The people we spoke with felt they were treated with respect and staff maintained their dignity. One person told us, "Oh yes the girls are very discreet." Another person said, "Yes they always close doors even though it's just us and keep me covered up." A relative we spoke with told us they were happy with the way their relation's privacy was maintained, as they often visited around the time their relation was receiving personal care. They told us that staff always had curtains closed and doors closed when their relation was receiving care.

Staff we spoke with showed a clear understanding of the importance of treating people with privacy and respect. They were able to give examples of how they maintained people's privacy when providing personal care. One member of staff said, "It's what people want at the end of the day [respect and privacy]. I talk to people with respect."

People could be assured staff would support them to maintain their independence as much as possible. One relative told us staff had supported their relation to continue to manage their own medicines by arranging more convenient packaging. They had also arranged for a meal delivery service for some days in the week so their relative could continue to cook but did not need to do so every day.

Is the service responsive?

Our findings

People we spoke with felt their individual preferences were known by staff and felt they were encouraged to make independent decisions in relation to their daily routines. One person told us, "Oh yes it's my home, they do things the way I want." Another person told us that staff were responsive to their daily needs. They said, "Yes the staff know what I like, they remember how things should be done for me." Relatives we spoke with had confidence in the service and they told us their relatives' preferences were considered. One relative told us, "Definitely, [name] gets the care the way they want it."

People told us that the communication between themselves and the staff team was good and the staff and registered manager responded well to their needs. People told us they received their care at the times they wanted it and that the senior staff were available if they wished to discuss changes to their care package. One relative told us their loved one's package had changed over time as their needs had increased and they had been very pleased with the way the staff had responded and altered the package.

Staff we spoke with told us the registered manager and team leader kept the care plans up to date and the information reflected the needs of the person they were caring for. As the care team provided care for people in apartments in one building they were able to speak directly to the team who had been on shift before them. They told us the handovers were effective and we saw a communication book which staff could also read to keep them up to date with daily changes.

People's care plans contained information about what they enjoyed doing and gave staff the information they required to be responsive to the needs of the people they cared for. One person told us, "They always make sure I have my book and my music on before they go."

People were supported to go out on visits if they wished in order to prevent social isolation. On the day of our inspection we saw one person using transport to go to visit a relation and two other people went out for lunch together. The registered manager also told us some people were supported to attend day centres to undertake activities.

Relatives we spoke with told us staff would use the time they had with their relations to talk to them.. Staff told us they enjoyed spending time talking to the people they gave care to and they never left a call early as people enjoyed chatting to them. Staff told us they would use the time they had with a person to help them with the things they liked, such as helping them read a knitting pattern.

People we spoke with felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff caring for them or the registered manager. The people we spoke with believed their concerns would be responded to in an appropriate way. All of the people we spoke with who used the service told us they had never had to make a complaint. One person told us, "I haven't got any, but the manager would sort it if I had." Another person told us they knew how to contact the registered manager if they wanted to discuss a concern. The relatives we spoke with told us they had never had cause to complain about the service, but they also had confidence that any concerns would be addressed. One

person said, "No complaints, but I would go to the girls in blue or the manager if I had, they would sort it."

Staff we spoke with were clear about how complaints were managed, as part of their induction they were made aware of the complaints policy and procedure. One staff member told us, "I would listen to the problem, make sure the manager knew and record the complaint." Another said, "I would talk to the manager, but if I could deal with it I would and I would record it in the care plan."

The registered manager told us they had not had any complaints, but they were aware of their responsibility in this regard. They told us they would follow the complaints procedure and ensure people knew they could also complain to the local authority safeguarding team.

Is the service well-led?

Our findings

People told us they had confidence in the registered manager and felt able to approach them if they wanted to discuss anything. One person told us, "Yes I see the manager regularly and can talk easily to her, there is an open door policy." We asked people if they felt the service was well led and everyone we spoke with felt it was well led, one person said, "Everything runs as it should." Relatives we spoke with felt the management team was visible and responsive. One relative told us the deputy manager had been very involved with their relative's care and worked hard to ensure things were in place and ran well.

Staff we spoke with told us they enjoyed working in the service. They told us their manager was readily available to them, the people who used the service and their relatives, and was a visible leader. One staff member told us "[Name] is a supportive manager she will do her best to solve problems." Another member of staff said, "Yes [name] is visible and we can talk to them."

Staff we spoke with felt the registered manager was open and promoted an open culture in the service. One staff member said, "Yes I feel more than happy to communicate with her." Another staff member told us they had good handovers and regular staff meetings, they went on to say, "We have access to management support 24/7."

Radis Community Care operates in a building managed by another provider and the registered manager worked with their staff to ensure the best service was given to the people requiring personal care and support. There were regular weekly meetings between the building management team and the Radis Community Care registered manager. During our inspection we saw the registered manager working together with partners to manage a particular incident to ensure a good outcome for the person involved.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating these procedures. One member of staff told us, "Yes I know there is a [whistleblowing] policy and I would use it if I needed to." Another member of staff told us they would feel comfortable raising a concern, they said, "Yes I am able to talk to the manager or whoever is on call about any concerns."

People who used the service, their relations and staff were given the opportunity to have a say in what they thought about the quality of the service. This was done by sending out surveys each year. We looked at the information from the last surveys to be sent out and this showed a high level of satisfaction among the people who used the service. People we spoke with confirmed they had been given the opportunity to take part in the yearly surveys,

The registered manager also used audits to assess and monitor the quality of the service provided. We saw completed audits relating to areas such as care plans and medicine management. Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.