

G P Homecare Limited

Radis Community Care (Fernhill Court ECH)

Inspection report

Oakmount Road
Chandlers Ford
Eastleigh
Hampshire
SO53 2ER

Tel: 02380275914
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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was the first inspection of Fernhill Court since the new provider took over the running of the service on 28 June 2017. The inspection took place on 17 and 19 December 2018 and was announced.

Fernhill court 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 Fernhill Court receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; such as help related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing a service 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.

A registered manager was not 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. A new manager had started with the service and will be applying to register with the commission. We refer to them as the 'manager' throughout the report.

People's Medication Administration Records (MARs) were not always recorded appropriately and not all staff had been assessed as competent to administer medicines. There were no guidelines in place to support staff with the administration of 'when required' (PRN) medicines.

People felt staffing levels were not always consistent but felt it had improved recently. Relevant recruitment checks were conducted before staff started working at the service to make sure staff were of good character and had the necessary skills. However, there were unexplained gaps in staff employment histories.

Most people we spoke with felt staff had the skills and qualities and skills to deliver effective care. However, staff did not feel supported. Records showed one to one supervisions had fallen behind and training was not always in place to support staff.

People did not always feel listened to and felt that complaints were not dealt with effectively. People felt the service was not well led and raised concerns with us. The provider did not complete required documentation when requested.

Care plans showed some records needed to be updated and we could not see if records had been reviewed

with people to ensure they were delivering person centred care.

People using the service and their relatives told us they felt safe. Staff understood and followed guidance to enable them to recognise and address any safeguarding concerns about people.

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

People were supported with their nutritional needs when required. Health professionals were contacted and involved with people's care when required.

During our inspection we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Staff were trained to support people with medicines. However, there were some gaps in Medicine Administration Records (MAR) and not all staff had been assessed as competent to administer medicines. There were no PRN guidelines to support staff when these medicines should be taken.

Employment practices were not always safe as unexplained gaps in staff employment history hadn't been explored in line with the providers policy.

People felt staffing levels were not always consistent but had improved lately.

Staff were aware of how to report concerns and risks to people welfare were identified and plans in place to minimise the risks.

Requires Improvement 

Is the service effective?

The service was not always effective.

Most staff had received training, but for some staff this was overdue. Staff had not received training in respect of first aid or dementia.

Staff did not feel supported and regular supervisions were not provided to staff that staff were providing effective care.

People were supported to access health professionals and treatments, and were supported with eating and drinking.

People were asked for consent before care was provided.

Requires Improvement 

Is the service caring?

The service was caring.

People felt staff treated them with kindness and compassion. Their dignity and privacy was respected at all times.

Good 

People were encouraged to remain independent.

Is the service responsive?

The service was not always responsive.

Complaints were not always addressed in line with the registered provider's policies and procedures.

Care plans were not always updated or reviewed. As a result, people did not always receive care which was person centred and individual to their specific needs.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

People and their relatives expressed concerns about how they felt the service was led. Staff did not feel supported by management.

There were systems in place to monitor the quality and safety of the service provided, however these were not always effective. □

The service was not always aware of their responsibilities and did not submit a Provider Information Return (PIR) when requested to do so by the commission. □

Requires Improvement 

Radis Community Care (Fernhill Court ECH)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 19 December 2018. The provider was given 48 hours' notice of the inspection visit 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.

The inspection team consisted of one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people receiving care and support and two relatives. We spoke with the area manager, manager, team leader and three care staff. We looked at care records for six people, medicines records and recruitment records for five care staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Following the inspection, we also received feedback from one external healthcare professional.

Is the service safe?

Our findings

People were not always protected against the risks associated with the unsafe management and handling of medicines. Records showed that people had received their medicines as prescribed, but this was not always recorded in line with best practice. Some medicine administration records (MARs) did not have signatures. The MAR chart provides a record of which medicines are prescribed to a person and when they are given. Staff administering medicines are required to initial the MAR chart to confirm the person had received their medicine. We reviewed records of medicine audits which showed these had picked up missing signatures but did not record any actions taken as a result or measures put in place to make improvements.

The medicines care plans and MARs did not contain any guidance or information to support the administration of "when required" (PRN) medicines. This meant staff did not have access to information to assist them in their decision making about when such medicines could be used, for example if people were in pain. One person was prescribed paracetamol for pain and they could take these medicines up to four times daily with a gap of at least four hours in-between doses. There were no guidelines for staff on how long they should be left before doses. Records showed that on the 3 October 2018 there was a gap of under three hours between administration, which put the person at risk of harm. The providers policy on medicines states that staff are not allowed to assist with PRN medicines unless there are specific instructions which include and clarify, the minimum interval between doses and what the medicines is being used for e.g. pain.

Staff had received training for the safe handling of medicines. However, records did not evidence that all staff had received an assessment of their competency to administer medicines in line with best practice guidance.

The failure of the provider to have an effective system in place to ensure the safe management of medicines was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not effective arrangements in place for the management of topical creams. There were no topical body maps or care plans to support staff in understanding where and how much cream should be applied. Records were not always accurate and when we spoke with a staff member about one person's medicines records and any changes. We were told that their records would not be up to date as their medicines keeps changing. Risk assessments contained very little information to support staff to ensure medicines were administered safely and person centred.

Recruitment processes were not always followed to ensure they were safe and that staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). DBS checks help employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, in three of the five staff files we looked at there were unexplained gaps in staff's employment history. The providers recruitment and selection of staff policy stated that, a full employment

history from the date of leaving education and that any gaps are explained.

The failure of the provider to not obtain a full employment history of staff was a breach of Regulation 19 (1) (a) schedule 3 as the provider had not obtained a full employment history of staff of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We received mixed feedback about staffing. People told us there had been improvements lately but some people still felt concerned. One person told us, "Things (staff numbers) seem to be improving." At the time of our inspection there were three care staff on duty. One person told us this was unheard of and there was often only one person. They said, "Having three people and a team leader is purely for your [CQC] benefit." A relative told us, "I think it is now improving. There are more staff, three new staff and one has returned, so I feel more confident about the amount of staff that are here now. During the summer the staff shortages were noticeable." They also told us, "There is always one member of staff all the time. The girls tell you that best practice is three but they tick over with two. If there is only one they are very busy. I ask myself 'what will happen in an emergency?'".

Staff rotas showed there were mainly two staff but when available an extra staff member was allocated for the morning care calls. We spoke with staff who told us, staffing had improved and it was a lot better now. One staff member said, "We did go through a bad patch when we are working all the hours and not getting cover. Staffing for three staff is unusual and lucky". They also told us the staffing going forward will be two members of staff and the team leader will cover care calls between 07.00am to 11.00am and then complete their administration duties.

Most people told us that staff arrived at the agreed time. One person told us, "Most of the time they come when they should, otherwise they call over the intercom 'just busy, be 5 minutes'." Another person said, "They keep you informed if they are running late." Other comments included, "Usually come at the arranged time". A relative told us, "[Person's name] has care in the morning, sometimes it late but it's better now".

Staff understood their safeguarding responsibilities. A safeguarding policy was available and staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their manager, and if no action was taken they would escalate their concerns.

People were protected by staff who understood and were confident about using the whistleblowing procedures. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. All the staff we spoke with were aware of how to use the policy.

Assessments were undertaken to assess any risks to people and to the care workers who supported them. Areas covered by these assessments included risks to the environment, food preparation and moving and handling. Plans set out how risks were minimised or prevented, for example for one-person staff are to ensure all food is within sell by dates and stored in the correct manner.

The service had a business continuity plan in case of emergencies. This contained a set of procedures to follow and the contact numbers for emergency services. Staff demonstrated a good understanding of infection control procedures. Staff had ready access to personal protective equipment, such as disposable gloves and aprons.

Is the service effective?

Our findings

The majority of people and their relatives told us that staff had the qualities and skills to deliver effective care. One person told us, "The vast majority of the carers are excellent." Another person said, "I think I'm lucky with my carers. We've had lots of changes but more settled now. The ones we have now are pretty good."

The registered provider had a programme of induction and training in place. However, a record of all training showed staff had not always completed or updated this training. Staff records we looked at showed some staff had completed training on moving and handling, recording keeping, medicines and a one-day induction training which included safeguarding and the providers values. However, some records showed that some staff had not completed this training and for one staff member we could only see medicines training on their records. We spoke with the area manager who told us that training was booked in for all staff to be refreshed in moving and handling, medicines, safeguarding and reporting and recording at the start of the new year.

Records showed that staff had not received training on first aid or dementia. The service provides an emergency service to all the people living at the service to provide support in an emergency, to assess and call emergency services if required. The service was also looking after some people with early stages of dementia. Training in this area would give staff a greater understanding and specialist skills and knowledge they needed to support people effectively.

We received mixed feedback from staff about the training they received. We spoke to a new staff member who felt supported by training, they told us they completed four days induction training, which was class room based and included moving and handling, medicines, safeguarding and care plan recording. They said, "The trainer was very good and clear and made it interesting". Then then completed shadow training with an experienced member of staff before going out on their own. Another staff member told us, they had recently returned to the service and had only completed their medicines training so far.

Staff told us they had not received one to one supervision meetings for a long time. Records showed that supervisions had fallen behind. Most staff had only received one supervision session within the last 12 months despite the provider's policy stating staff should have access to a supervision 'once every three months. With new staff to have a supervision meeting at least once a fortnight until their probation is completed'. Supervisions provide an opportunity to meet with staff, provide feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Without these the provider cannot be assured staff have the right skills and support in place for them to effectively carry to their role.

We asked staff about the support for supervisions they received. One staff member told us, "I had a spot check by a lady from wales came and did it. I haven't had a 1:1 supervision chat since I've been here, which would be good as sometimes don't feel you can talk to the manager. Definitely need more support from them. Not had an appraisal". We spoke with a new staff member who told us they had not received a

supervision or spot check since they had started.

The lack of effective supervision and training for staff meant we were not assured people received care from staff who had the right skills and competencies to meet their needs. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all staff had received training in the Mental Capacity Act 2005 (MCA). 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. Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about their care planning. Before providing care, staff sought verbal consent from people and gave them time to respond.

People were supported at mealtimes to access food and drink of their choice. One person told us "They are very polite and offer drinks. They are very good." A relative told us, "At lunchtime they heat up a meal from the freezer and leave a drink." Some people were able to access a hot meal provided by an outside caterer but cooked at the service which staff assisted by taking the meals round in a trolley. Staff could also prepare a meal, or heat up a meal or make a light snack. Care plans contained information about specific food preferences and most were suitably detailed about the support people needed with their nutritional needs.

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. However, not all records were clear if a health professional had visited.

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness and compassion. One person told us, "The girls are very helpful and kind." Another person said, "We have lovely girls. They are all nice people." Other comments included, "They are like friends. I'm very fond of all of them."

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. One staff member told us, "I love the job, I do really love care. Rewarding for me". Another staff member told us how they had left the service but came back as they, missed it and said, "I enjoy it I love the residents and the staff are all lovely".

People and their relatives told us they were treated with dignity and respect. Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care, by for example, ensuring doors were closed and people were covered up.

People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

People said care staff consulted them about their care and how it was provided. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view them.

Is the service responsive?

Our findings

We received mixed feedback about how the service managed complaints. One person who had made an official complaint told us, "[Provider] broke their own rules and regulations in dealing with the complaint because of the length of time that went by". They also told us they had to take it further and that they were totally dissatisfied with the outcome. A relative told us, "When I had an issue with staff shortages and no lunch visit happened I spoke with [manager] and [area manager]. I was told I would receive a letter but nothing has been received." Another relative told us that complaints were not dealt with effectively, with one example where they had complained and the response was not accurate and not dealt with appropriately. Records showed only a couple of complaints were recorded on file and it was not always clear if a response had been made to the complainant. We could not always see records of the complaints people and their relatives had told us about. We spoke with the area manager about the missing records who informed us they may be held at head office. The manager told us they were meeting people and were going to deal with concerns before they come to complaints.

The failure of the provider to have an effective complaints system in place to ensure that people are responded to appropriately was a breach of Regulation 16 (1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people we spoke with told us they had been involved in planning their care. However, we received mixed responses from some people in relation to their care plans and records. One person told us, "When I've looked at what is written on my care plan it's very different to what has actually taken place on that specific visit." Some care plans were not up to date or provided information to support staff. Records showed for one person there was no care plan in place, even though they had been receiving care for a few months. This meant staff would not know what care to provide. For another person their care plan had been completed by the previous provider and had not been updated or reviewed. We spoke to a member of staff who told us that some care plans were on the system and had been updated but they were playing catch up with the majority of the people receiving a service.

Care plans that had been updated provided information about how people wished to receive care and support. The care plans seen were detailed and provided carers with the person's life history and their desired outcomes from the care and support. The care plans described people's needs in a range of areas including personal care, daily living activities, and meal preparation. Care plans reflected people's individual needs and were not task focussed. We spoke to staff and management about reviews of care plans and they could find no reviews of people's care.

People told us they were happy with the care provided by staff. One person told us, "She's [team leader name] a really good helper. If [she] sees something needs doing [she] just gets on." Another person said, "They [care staff] are very good. One in particular is very good." Other comments included, "They are all very good." As well as, "The girls are brilliant." A relative told us, "I'm fussy how [relatives name] is looked after. I read the book, it's kept up to date." They also said, "I'm happy for my loved one to be here. I wouldn't want them to be anywhere else."

The provider sought feedback from people or their families through the use of a quality assurance survey. This was sent out annually seeking their views. At the time of our inspection the service was still awaiting the results of the latest quality assurance survey, so we were unable to view the results from the latest questionnaire.

Is the service well-led?

Our findings

Feedback from people and their relatives showed that the service was not always well led. One person told us, "My issues aren't with the carers, although there are a few bad apples. My issues and concerns are with middle to senior management and the board of directors." They also told us, "In the last year there has been three different managers. They leave, in my opinion, predominately because of no backing whatsoever." Another person told us, "You don't see the management side of things." Other comments included, "I do see her [manager] but she's not here very often". A relative told us, "There is quite a high turnover of managers. It's sad. They leave because they are not happy in their positions." Another relative told us senior management were not visible enough and said, "Last week I met the new manager/supervisor [manager's name] who seems to be a breath of fresh air as she appears to actually care. Obviously, there are some good carers there it would be grossly unfair to say otherwise but the leadership and training has been lacking for a good three years now".

At the time of our inspection the service had been without a registered manager since the end of June 2018. There had been two managers in place since the previous registered manager left, but they had not registered with the commission and did not stay with the service. At the time of our inspection a new manager had just been appointed and told us they would be applying to become the registered manager with the service. The area manager told us the previous two managers did not work out.

Staff we spoke with did not always feel supported by management. One staff member told us, "I don't always feel supported by management, [previous managers name] was lovely but all the managers are based at [name of another providers service] and we never see them, always feels that [name of another providers service] gets more support than we do at Fernhill". Another staff member said, "Managers were non-existence at times, didn't have anyone we could go to". Other comments included, "Don't feel supported say's open door but can't find them [management]."

Records showed only one staff meeting was recorded on file in November 2018. Staff we spoke with told us, there had been a meeting recently but not much before. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice. Staff should feel part of a team and feel listened to and supported and able to contribute to ideas around the home. Meetings can also be used to reinforce the values, vision and purpose of the service. The manager showed us that going forward staff meetings were planned monthly with all staff.

The provider and management used a series of audits to monitor the service. These included, medicines, staff files, records and health and safety. However, these had not always ensured compliance with the regulations, and did not identify the concerns we found during our inspection. In addition to the audits, the provider's quality team visited the service to carry out audits to make sure the service was meeting regulations. The manager was aware of the concerns and was planning to ensure records are collected and audited weekly so they can action and responses can be dealt with straight away.

Records showed a service improvement plan from June 2018 was last reviewed in July 2018 which showed

that supervisions and appraisals to be carried out by the end of July. However, this did not take place as reported in effective.

The service were not always aware of their responsibilities. CQC had not received the requested 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 the improvements they plan to make. We took this into account when we made the judgements in this report.

A failure to assess, monitor and improve the quality and safety of the service was a breach of the Regulation 17 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 12 HSCA RA Regulations 2014 Safe care and treatment There was not an effective system in place to ensure the safe management of medicines. Regulation 12 (2)(g)
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider did not have an effective complaints system in place to ensure that people are responded to appropriately. Regulation 16 (1) (2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance CQC had not received the requested provider information return (PIR). Regulation 17(3)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment practices were not safe the provider did not obtain a full employment history of staff before employment commenced. Regulation 19 (1) (a) schedule 3.
Regulated activity	Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not all receive appropriate support and training to carry out their duties effectively.
Regulation 18 (2) (a)