G P Homecare Limited

Radis Community Care (Beacon Park Village)

Inspection report

Beacon Park Village
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Date of inspection visit:
19 March 2018
21 March 2018

Date of publication:
20 April 2018

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 19 and 21 March 2018 and was announced. 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 service.

Rapid response community care is registered to provide personal care support to older people who live in their own apartments within the housing complex. There are 135 apartments and at the time of our inspection, 26 people received personal care support visits. This is the first inspection since the provider changed in 2017.

There were some systems in place to monitor the service however the information that was highlighted through the audit process was not always used to drive improvements through the service.

People were supported in a safe way. Individual risks to people were considered and staff had the information available to keep people safe. Staff understood safeguarding procedures and when to report concerns. Staff working within the home had checks to ensure their suitability. When people needed support with the management of medicines this was provided for them. The provider had systems in place to ensure lessons were learnt when things went wrong. There were enough staff available to offer support to people. There were infection control procedures in place and these were followed by staff.

People enjoyed the food and were offered a choice and people's individual needs and preferences were considered in this and other areas. When needed, people had information available to them in different formats to help them understand the choices they were making. We found people were happy with the staff and the care they received. People's cultural needs had also been considered by the provider. People were encouraged to remain independent and make choices for themselves, including the activities they participated in. People's privacy and dignity was also considered. When people needed support from health professionals this was provided for them and the registered manager worked in partnership with these agencies.

The provider had responded to complaints in line with their procedures. Staff felt supported be the management team and were happy to raise concerns. There was a registered manager in post and they understood their responsibility around registration with us. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

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.
People felt safe and staff understood how to recognise and report potential abuse. Individual risks to people were managed in a safe way. There were enough staff available to meet people's needs. There were procedures in place to ensure people received their medicines as prescribed. Infection control procedures were in place and followed. When incidents had occurred within the home the provider had a system in place to ensure lessons could be learnt.

Is the service effective?

Good

The service was effective.
There was no one who currently lacked capacity however staff had a good understanding and this had been considered for people. Staff received an induction and training that helped them support people. People were supported with meal times and to access health professionals when needed.

Is the service caring?

Good

The service was caring.
People were supported in a kind and caring way by staff they were happy with. People were encouraged to remain independent and make choices. People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.
People received support in their preferred way by staff that knew them well. Activities that people enjoyed were available for them to participate in. People knew how to complain and there were systems in place to manage complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.
Some audits were completed however the information was not always used to drive improvements. There was a registered manager in place and people knew who this was. Staff felt supported and listed to and the registered manager notified us

of significant events that occurred within the service. The provider sought feedback from people who used the service and was using this information to make changes.

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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 was an announced inspection. We gave the manager five days' notice of the inspection site visits. This was because the service is small and the manager is often out of the office supporting staff or providing care and we needed to be sure that they would be available. This announced inspection was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including domiciliary services. The inspection site visit activity started on 19 March 2018 and ended on 21 March 2018.

The inspection was informed by the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to formulate our inspection plan.

At the inspection we gave the provider the opportunity to send us further information including the service improvement plan. We asked for this information to be provided up to 48 hours after the inspection. We have not received any additional information from the provider for us to consider.

We used a range of different methods to help us understand people's experiences. We made telephone calls to six people who used the service and three relatives. We also visited one person in their home. We spoke with two members of care staff, the registered manager and the area manager. During the office visit we looked at the care records for eight people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including

audits carried out, staff rosters and safeguarding, complaints and the infection control policy. We also looked at four staff files so we were able to review the provider's recruitment process.

Good

Is the service safe?

Our findings

People were safe and happy with how they were supported by staff. One person said, "The call bell makes me feel safe". Another person showed us how staff ensured they had their pendant with them so they could call for assistance if needed. They said, "The staff always ensure that I have this with me before they go, they check it to make sure it is working. It gives me reassurance and confidence". Staff knew how to recognise and report any abuse or concerns they may have. One member of staff told us, "It's any kind of abuse and if you suspect someone is unsafe somehow". Another staff member said, "I would look out for changes in people's behaviours. If I was concerned I would report it to the office. I know how to contact the local authority to raise it as a safeguarding concern if I needed to". We saw there were procedures in place to report any concerns appropriately and when needed these procedures had been followed by the provider.

Risks to people were managed in a safe way. For example, one person was at risk of falling. Staff gave examples of how they supported this person. One staff member said, "They are very independent but we ensure the environment is safe for them, they had a fall recently and the paperwork was updated following on from that". We looked at records for this person and the care plan confirmed the information the staff member had told us. We also saw that the risk assessment had been reviewed following a recent fall. This demonstrated staff had information to ensure risks to people were managed. We saw risk assessments were in place for people's home environments to ensure staff had guidance on any potential hazards. This included environmental risks, fire risks and inadequate lighting. When risks had been identified assessments had been completed to identify these and actions taken to reduce them.

We looked at four recruitment files and saw pre-employment checks were completed before staff could start working in people's homes. This demonstrated the provider completed checks to ensure the staff were suitable to work with people in their homes.

Although some people told us their calls were sometimes late, we saw that calls were delivered in the required timeframes the provider has set in their agreement. Records showed and people confirmed that no missed calls had occurred. One person said, "They will give you a ring if they are going to be late". Another person told us, "Sometimes they are early or late but that's okay. I'm an independent person and I carry on just the same. I do what I can". Another person commented, "If you press the buzzer they will come immediately". The registered manager told us how staffing levels were calculated and how staff were matched to people appropriately. They were also in the process of developing keyworker teams for people so they could have a more consistent approach. Records we looked at confirmed there were enough staff available to support people.

There were procedures in place to ensure people had their medicines as prescribed. One person told us, "I take my tablets myself but they always remind me and make sure I have taken them. They wouldn't let me forget something so important". Staff told us they had medicines training and their competency checked during unannounced spot checks by senior members of staff. The medicines administration records (MAR) were returned to the office every month and checked to ensure they were correct and no errors had occurred.

There were systems in place to ensure infection control procedures were followed within people's homes. For example, staff told us and we saw protective personal equipment including aprons and gloves were available and used within people's homes. One staff member said, "This is always available. We can carry this around or it is stored in the office so we can collect it when we require it". We saw the provider had a policy in place and this was followed when needed.

We saw there were systems in place that when incidents occurred these were investigated and actions put in place to ensure learning could be considered when things went wrong. The registered manager explained to us how they would investigate the incident and then share it with staff; they told us this was an area they were currently developing. They gave an example as to how they had introduced daily checks on medicines to reduce the amount of errors they had where staff were not signing for medicines. This meant when incidents had occurred the provider had systems in place so that improvements could be made and lessons learnt.

Good

Is the service effective?

Our findings

Staff received an induction and training that helped them support people. Although some staff told us they had not received some training under the new provider, we saw that the registered manager had recognised this and had arranged future training sessions for these staff. We saw training was arranged for the management of people's skin and also dementia training. When staff had received training the provider checked their competencies by completing unannounced spot checks within people's homes. Staff confirmed and we saw records that showed these had taken place. They covered areas such as the management of medicines. When new staff started working for the provider, they completed an induction and also had the opportunity to shadow more experienced staff. One staff member said, "Yes they get to come around with us for a few weeks to get to learn what to do". The registered manager told us how they had implemented the Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager said that all new starters would complete the Care Certificate as part of their induction.

We saw when needed, care plans and risk assessments were written and delivered in line with current legislation. For example, when people had a specific medical diagnosis we saw people had care plans in place for this. Alongside this, the provider had printed the most up to date information and guidance from relevant bodies.

People who were supported with eating and drinking told us staff offered them choices. One person said, "They prepare my meals for me, they shout in what's in my fridge and I tell them what to do". Another person said, "They always ask, 'shall I make you a drink?'." We saw that people's dietary needs had been assessed and staff had recorded their food and drink intake each day to ensure they were receiving the correct amount. This showed people were supported to eat and drink enough to maintain good health.

People were responsible for managing their own healthcare needs however staff told us they would offer support to people if they requested it. For example, a staff member told us if a person was unwell they would contact their GP for them if they requested them to. Records showed us that when needed staff had contacted health and other professionals and made referrals to occupational therapists and the falls team on people's behalf. Staff worked closely with other professionals to ensure people's needs were met. For example, when people received support from district nurses staff had the information available to communicate with them when required.

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 or 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 to see if the principles of MCA were followed. There was no one currently who the provider was supporting who lacked capacity to make decisions for themselves. The registered manager told us how they had recently completed a capacity assessment for someone who they thought may lack capacity; however the assessment demonstrated they had capacity in the area assessed. Staff demonstrated an understanding when people lacked capacity. One staff member said, "It's if they understand if they are able to make that specific decision. We would be finding out if they retain the information and if they are clear about what they are saying".

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the staff. One person said, "They will fetch my phone for me or draw the curtains for me. They always ask if there is anything more they can do for me before they go". Another person told us, "They are friendly and helpful. I can't fault them". A relative told us, "The majority are very good. We have a laugh and a joke as you get to know them". This showed us people were cared for in a kind and caring way.

People were encouraged to be independent. One person said, "If I can't do something I can ask them [staff]. For example I can't put my skirt on a hanger because my fingers don't work. I ask them if they will do it and they do." Staff gave examples of how they encouraged people to be independent. One staff member told us, "We encourage people to do as much as they still can for themselves. If they don't use it they will lose it [in reference to skills people had], we keep that skill up as much as we can". We looked at care plans and the levels of support people needed was documented throughout.

People's privacy and dignity was upheld. One person said, "They [staff] do say excuse me. I treat them as I want to be treated. They usually talk to me while they are doing the job. They do write in the book and also talk to my wife". Another person said, "They never rush you although they are busy". Staff gave examples how they promoted people's privacy and dignity. One staff member said, "We are respectful of people's homes. We knock the door before we enter even though we have fob keys. We make sure people are covered up when completing personal care".

People were supported to make choices. One person said, "They are thoughtful. They ask me what clothes I want out of my wardrobe. If I say the red top they will get all three out until they have the correct one". Another person told us, "If I am asleep they will come back a bit later if I am tired and ask them to". People's individual choices and preference were documented in people's care plans we looked at.

Good

Is the service responsive?

Our findings

Staff knew people well. One person told us, "The care staff I have had for a long time know me very well". Staff told us they would find out information about people from their care plans and risk assessments as well as from other staff and talking with people. They also told us they shared information about people and any changes that occurred during handover, we saw this information was recorded. The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support. The provider had considered people's cultural needs and information was gathered from people as part of their pre-admission assessments. When people needed information in different formats we saw this was provided for them. For example, one person communicated by pictorial cards and we saw these were in place. The registered manager explained how they were implementing the accessible information standards (AIS) within the home and were considering this individually for people. AIS were introduced by the government in 2016 to make sure that people with a disability of sensory loss are given information in a way they can understand. We did not see any communications plans in place for people or evidence that information shared with people was available in different formats to help them make informed choices.

People were given the opportunity to participate in activities they enjoyed. Rapid Response offered people the opportunity to participate in group activities within the scheme. This included art and craft sessions and also sessions where they could talk about their history and lives. There was information displayed around scheme letting people know what was on and when. One person said, "There is plenty to do here, the care staff are now doing activities too which is positive". This showed us people had the opportunity to participate in activities they enjoyed.

The provider had a policy and procedure in place to manage complaints. When formal complaints had been made the registered manager had responded in line with the provider's procedure. We saw an investigation had taken place and when needed they had offered an apology. We saw documented that the complaints were discussed with people and they were all happy with the outcome.

At this time the provider was not supporting people with end of life care, so therefore we have not reported on this at this time.

Requires Improvement

Is the service well-led?

Our findings

There were some systems in place to monitor the quality of the service. However, we did not see how this information had been used to bring about changes or make improvements to the service. For example, audits were completed on incidents and accidents. We did not see audits were completed in any other areas. When incidents had occurred the provider had taken action to ensure the person was safe however there was no analysis of the information to identify any trends or areas for development. This meant when improvements were needed no action was taken to ensure the required improvements were made. We spoke with the registered manager who confirmed that this was an area that they were developing. They understood what audits and actions needed to be implemented and told us this was something they would implement.

There was a registered manager in place. People and relatives told us they knew who the registered manager was and they were approachable. One person said, "I see her about the village. I can ring her up. She is very nice". A relative described the registered manager as, "Very professional". The registered manager understood their responsibilities around registration with us and had notified us of significant events that had occurred at the service. This meant we could check the provider had taken appropriate action. Some staff told us they had the opportunity to raise concerns and supervisions and team meetings were taking place. One staff member said, "We can raise concerns. The manager is doing her best, she listens to us". Another staff member said, "We can raise our concerns, yes action would be taken".

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I would be happy to raise concerns if needed". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and appropriate action would be taken.

The provider sought feedback from people who used the service. We saw that annual satisfaction surveys were completed. The information was collated and used to bring about changes. We saw the information from the last survey was presented in graphs for people. The provider had an action plan in place and was using this to make changes to the service. We saw that when action was needed this had been completed by the registered manager. The provider also completed quality monitoring visits with people where they obtained further feedback on the service people received.