

G P Homecare Limited

Radis Community Care (West End Village)

Inspection report

West End Village
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Staffordshire
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Tel: 01782413246

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16 December 2016

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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

We completed an announced inspection at Radis Community Care-West End Village on 14 and 16 December 2016. This was our first inspection since the provider registered with us in August 2014.

Radis Community Care-West End Village are registered to provide personal care to people living in their own apartments within a complex. There are 33 apartments within the scheme, and at the time of our inspection, the service supported 39 people.

There was a registered manager in post. 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 were supported by staff who knew how to keep them safe. People's risks had been assessed and were being appropriately managed. People were supported by staff who had been recruited safely. People received their medicines safely by competent staff. There were systems in place to check people received their medicines safely.

People and their relatives told us they were happy with their care, and were cared for by staff who had the required skills and support to deliver care to them. People were encouraged and supported to make their own decisions where possible and staff knew about the principles of the Mental Capacity Act 2005 (MCA).

People were happy with the support they received to eat and drink, and were supported to maintain good health and had access to healthcare when required.

People were supported by staff who treated them with kindness. People were involved in making decisions about how their care and support was provided, and staff supported people in a way that maintained their privacy and dignity and promoted their independence.

People and their relatives felt involved in the assessment, planning and review of their care and support needs. People and their relatives knew how to raise a concern or complaint and the provider took action to address and resolve complaints.

People and staff were encouraged to give feedback on the service. Staff felt supported in their roles and understood their responsibilities. Systems were in place for monitoring and checking the quality of the service and were effective in identifying areas for improvement.

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 were protected from the risk of harm by staff that understood safeguarding procedures.

People's risks were assessed and managed and plans were updated when required. Staff understood people's risks and how to mitigate these risks whilst supporting people to maintain their independence.

There were enough staff available to meet people's needs that had been recruited safely.

Peoples' medicines were safely managed and people had their medicine as prescribed.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were suitably trained and supported to fulfil their role.

People's consent to care was gained and where people were unable to make decisions staff and the registered manager had followed the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink sufficient amounts and people were able to access support from health professionals when it was needed.

Is the service caring?

Good ●

The service was caring.

Staff treated people with care and compassion when they provided support and people were given choices about their care.

People's privacy was respected and staff encouraged independence and provided care in a dignified way.

Is the service responsive?

The service was responsive.

Staff knew people well, and the records reflected what staff told us about how people liked to receive their care and support.

People were involved in the planning and reviews of their care and any changes in people's care needs were updated.

The provider had a system in place to handle and respond to complaints, and people knew how to raise an issue if they needed to.

Good ●

Is the service well-led?

The service was well led.

People, their relatives and staff felt the registered manager was approachable and staff felt supported to carry out their role.

People's feedback was sought and acted on by the registered manager to make improvements to the quality of care people received.

Effective systems were in place to assess, monitor and manage the service.

Good ●

Radis Community Care (West End Village)

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 14 and 16 December 2016 and was announced. We gave the provider one days' notice because the location provides a domiciliary care service to people living in their own apartments and we wanted to make sure that people and staff were available to speak with us. The inspection team consisted of 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 asked the provider to complete a 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 improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service.

We spoke with 10 people who used the service, two relatives, five care staff, the registered manager and the provider. We reviewed four records about people's care which included their daily care notes and medicines records. We did this to ensure that they were accurate, clear and comprehensive.

We looked at the systems the provider had in place to monitor the quality of service. We did this to ensure there was a continuous drive for improvement.

Is the service safe?

Our findings

People we spoke with told us that they felt very safe living at West End Village. People told us that because the scheme had a secure entry system to the apartments it made them feel secure and that staff were on hand when they needed them. One person told us, "Yes I feel very safe here. No-one can just walk in off the street and I know the staff pretty well now, so when they come they just knock, shout and let themselves in". Another person told us, "The environment here is good and there are always some care staff on duty that we can contact even when the office is closed at the weekend. It makes us feel secure". We saw that people were able to access their apartments and the communal areas easily using a key fob which gave them independence to move around the scheme when they wished to.

Staff were able to tell us what they would do if they felt someone was at risk of abuse. Staff told us that they would report any concerns that someone was not being treated properly to the registered manager immediately. One staff member told us, "If I thought someone was being harmed, I'd report it straight away to the team leader or manager and write everything down, then this gets reported to the local authority for them to investigate". We saw that staff had a safeguarding information card that they carried with them explaining what to do if they saw signs of abuse. We spoke with the registered manager who told us the procedures they followed if they had been made aware of suspected abuse. We saw that where there had been concerns about a person's safety the registered manager had reported this as required. This meant that people were protected from the risk of harm.

People and relatives told us that staff knew how to support them safely. One person told us, "I have no family locally and it makes me feel safe just knowing there is someone on hand to buzz if I need them. I can trust them and feel safe because they know what they are doing when they help me move about." A relative told us, "I feel [relative] is safe here because the care staff watch them like a hawk and lots of safety measures have been introduced such as sensors on the flat door to alert carers if they go out of the flat. Also [relative] is near the office and they can respond quickly, It gives me peace of mind and I now go home at night knowing [relative] is safe".

Staff were able to tell us about the specific risks that had been identified for people and how they supported people to manage these whilst they promoted peoples independence. One staff member said, "When we know that if someone is at risk of falling we make sure they have their walking sticks or frames with them, and it's about encouraging them to use them ". And another staff member said, "It's about helping people to stay safe. When we use a hoist with someone there are always two staff to do this, we following our training, and anything specific we need to know from their care plan or risk assessment". We saw records that confirmed what staff told us, and we saw that these were reviewed and up to date. This meant that staff had clear, current guidelines to follow to help them support people safely.

We saw that where accidents and incidents had occurred whilst people were using the service, these had been recorded by staff and monitored by the registered manager. There was a log of incidents and accidents for each person using the service, which enabled the registered manager to analyse them for any trends or patterns. This was done in order to try and reduce the risk of a further occurrence. For example, we saw

where a person had fallen, their risk assessments and care plans had been reviewed to lower the risk of further falls, a referral to the falls team had been made and suitable equipment had been sought to try to prevent the person falling again or to alert staff if they did fall. This meant that steps had been taken to keep people safe following an accident.

The majority of people we spoke with told us that there was enough staff available to support them. One person told us, "Staff come when I want them to, I think there are enough staff, you usually don't have to wait too long for someone to come". Another person told us, "There's always someone to help you and you don't have to wait too long for them, and they ring you to see what it is that you need so they can send the staff to people who need them first". We did get some comments from people and their relatives about staff levels being lower during the afternoons and evenings. One person told us, "I don't think there are enough carers on in the afternoon and evening. There are only two of them and several people need two carers, so if any problems come up they have no back up and so fall behind". A relative told us that sometimes they have had to help with their relations care due to lower staffing levels, they told us, "No I don't think there are enough care staff in the afternoon (2pm till 10 pm) or at night (10pm to 6am).There are only two and if they have a problem and they have a double up and there are a few of those, then they are soon running late. I often took over as second carer so they didn't get even later".

We spoke with the registered manager and area manager about staffing levels who told us that they assessed the needs of people and then worked out how many staff they needed, and this was flexible depending if any new people moved in, or existing residents' needs changed. We saw rotas that confirmed this, and also that two team leaders and the registered manager were available if needed to help with support. This meant that there were sufficient staff available to meet people's needs and the provider had a system in place to assess these levels regularly.

We saw that the registered manager had followed safe recruitment procedures. The registered manager had undertaken checks to ensure the staff employed at the service were suitable to provide support to people. Staff we spoke to told us they had been asked for two previous employer references and they had undergone checks through the Disclosure and Barring Service (DBS) before they began working at the service. The DBS is a national agency that keeps records of criminal convictions. Records we looked at confirmed that these checks had been undertaken.

People told us that staff helped them with their medicines. One person said, "The staff make sure I have my tablets as prescribed and if I need anything for the pain I tell them". Another person told us, "The carers make sure my medication that I can do myself is where I can reach it. They do all my other meds now as they are very complicated and I was starting to get confused with it. If it's not due until after the call they will come back just to give it to me. Whoever comes always checks without fail that I have had all I am supposed to have". Staff we spoke with told us they had received training in how to administer and support people with their medication, one staff member said, "I've had training to give medication, and I have this refreshed regularly" We looked at people's medicine administration records (MAR) and found people were given their medicines as prescribed, and staff had recorded when medicines had been administered and when creams had been applied. This meant that people were protected from harm because medicines were administered and managed safely.

Is the service effective?

Our findings

People told us they felt that staff had received training and had confidence in the ability of the staff who supported them to meet their needs effectively. One person said, "Yes they are well trained. They know how to help me transfer properly using the equipment here and never had any incidents with it". Another person told us, "Any new staff always come at first with another carer, I think they call it shadowing, and are not allowed to come alone until they are trained and know what they are doing and you know them a bit". Relatives we spoke to also said they felt the staff were well trained. One relative told us, "They tend to move carers around so that they get experience with new clients and then everyone knows them and they know what care people need and can cover if needed". Another relative explained how the staff had been very good at supporting her mother as her dementia had progressed. They told us, "They have adapted the care according to how she has been, known when to encourage, how to keep her safe but allow her some independence to prevent her becoming upset. We have learned such a lot about dementia from them". Staff told us they had received training in how to support people safely, and records confirmed this. Records confirmed that staff received annual refresher training for mandatory subjects, and also training for any new equipment. One staff member told us: "You get a lot of really good training here, I had a few weeks of induction before I supported anybody on my own. I got to do shadowing with another member of staff who could show me how to do things from the care plan". And another staff member told us, " You have to do refresher training every year for the mandatory courses, and we have to fill in knowledge booklets and do quizzes to make sure we have took it all in". This meant people were supported by staff who were suitably trained to enable them to provide effective care.

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. During this inspection we looked to see if the provider was working within the principles of the MCA and we saw that people were supported by staff who sought their consent to care and support. One person told us, "They always ask for consent and never do anything without asking first and they explain what they are going to do and also talk you through it as they are doing it. They also ask if there is anything else you want them to do before they leave and often make suggestions as to what help you might need. This is good as my memory is not great some days". A relative told us about the support the staff give their relation in regards to decisions, they told us, "[Relative] lacks capacity in some areas but they still always ask permission before they help them and explain things. They encourage them, they don't just tell them. They have also involved us in making decisions about their care and have talked it through with us, often making suggestions, for example about how to keep them secure and how we could all work together to best deal with any issues".

One staff member said, "You always ask people what support they want, you never just do something just because it's in their care plan, and you'd never make anyone do something if they don't want to". Staff told us that they had received training during their induction around the MCA and we found that they had an understanding of the principles of the MCA. One staff member told us, "MCA is about whether people have

the capacity to decide things for themselves, and if they don't then you have to help them to try to decide things where they can, such as choosing what clothes to wear or what they want for their dinner". Staff were able to tell us about people who lacked capacity and the decisions they were able to make for themselves, and records we looked at confirmed this. Where relatives had the legal right to make decisions on behalf of their relations, we saw that the provider had records that confirmed this. This meant people's human rights were protected and that the principles of the MCA were being followed.

People told us they were happy with the support they received from staff to prepare their meals and drinks. One person said, "The care staff do all my meals for me now as I get confused and also I can only stand for a very limited time. I choose what I fancy and they do it for me. They cook it from scratch - proper meals not frozen - may be a jacket potato - which they put in the oven at breakfast or something in the slow cooker. They pop in to check on it during the morning". Another person told us, "During the day I have a hot drink at each of my meal calls including bedtime and they leave me two glasses of water for in between which is what I choose. If I want something else between calls I just buzz and ask". Staff told us they gave people choices what food and drink they wanted, and supported people to make decisions if they had problems with deciding or problems with communicating their choices. One staff member said, "If someone has problems making choices with meals, then instead of asking them what they want, you offer them choices of what they usually like, and this makes it easier for them, or you can show them the choices and they could point at the one they want". This meant people had the support they required to make choices about what they ate and drank.

People we spoke with told us that staff supported them with their health needs. One person told us, "They will ask me if I am feeling alright and notice any changes and say things like, you look a bit pale today, do you feel ok. Last week when I was ill they were brilliant". Another person told us, "They know me and keep a close eye on me and notice changes in my health. They are very genuine people and you can tell in their faces that they don't like to see you unwell. They try to find out what is wrong and if they're concerned they'll say they feel I should see the GP or in some cases get the paramedics out. It's always my decision in the end but I do heed their advice as they know me well". Staff told us that if they noticed a change or deterioration in a person's health, they would take action. One staff member said, "If you notice that someone seems unwell, or not quite their usual self then we report it, we also mention any illness during staff handover so that the new shift coming on are aware of anyone that is unwell". We were present for a staff handover during the inspection and observed staff discussing people's health and well-being. People's care records contained details of the referrals that had been made to healthcare professionals, such as GP appointments and other specialist health services. This meant people had access to healthcare when they needed it and any changes in health or well-being were acted on.

Is the service caring?

Our findings

All of the people we spoke with told us that staff were kind, caring and compassionate when supporting them. The comments we received from people included; "They are all very nice people, you can't fault any of them, I'd give some of them 200% for the job they do", "They are like sisters when they are doing things for me, the girls work really hard and always make sure you have everything you need", and "They are always so courteous I don't know how they do the job they do and keep so cheerful".

People and their relatives told us that staff maintained their dignity during the delivery of their care and promoted their independence where they could. One person told us, "I was apprehensive about help with showering as I was self-conscious, but they were so caring they made me feel fine about myself from the start. They were so reassuring and natural. I am very content at the moment and we always have a joke. They are not just showering me and taking me shopping, they see me as a person first and they look out for me". Another person said, "They do exactly as I expect them to do. I can't say a word against any of them. They are kind and helpful in every way. Awesome in how they do it. They show respect and always speak to me properly and offer to help me wash and shower, but if I want to do it myself they let me try but make sure I am ok". Another person went on to say, "They are all good girls I rely on them and we have a laugh and a joke but they respect my privacy, they cover my bits up with a towel as soon as I am done". One relative told us, "They treated him with dignity, they always shut the door as far as he would let them when doing personal care. He was reluctant at first and was expected to let young girls wash him. He was reassured that he was not the first person to feel like this and was told he could have a "modesty blanket" which made him laugh and relax about it". Another relative told us that their relation had developed some health problems which compromised their dignity at times, and staff had suggested ideas that were now in place that had improved things for their relation. They told us, "They have allowed [relative] to have her dignity, she won't let me do anything like that". This meant that staff knew how to respect people's dignity. Staff we spoke to told us ways they helped to maintain people's dignity when delivering their care or hoisting. One staff member said, "I don't think anyone enjoys being hoisted, so we do the best we can to make it a bit more pleasant for people. Depending on the person, this could mean having a laugh and a joke with them to take their minds off it, or just giving plenty of reassurance and always making sure they are covered up, either by making sure their clothes are in place or by using a blanket to make sure everything is covered". Another staff member told us, "If you are helping someone to bath or shower, it's important that they feel comfortable with you, so you try to keep the person covered up as much as you can and as soon as you have washed an area you cover them up with a towel or their dressing gown".

People told us they were able to make choices about their care, and staff listened to them and respected their choices. One person told us, "I can choose whether to have a wash or a shower. They do my back and feet and I do the rest. I choose what I want to wear and they get it out for me and whether I go down for lunch or stay here". Relatives also told us that their relations were given choices with their care, one relative said, "He was always given the choice about his personal care and if he didn't want a shower then they went along with his wishes and said ok we can see how you feel tomorrow". Another person told us, "They encourage me to do what I can for myself, but I do forget to do things sometimes and the staff remind me about it".

Relatives we spoke with also told us how the staff promoted their relations independence. One relative spoke to us about the care their relation had received. They told us, "He was always given the choice about his personal care and if he didn't want a shower then they went along with his wishes and would say "ok we can see how you feel tomorrow".

People told us that staff were respectful of their privacy, one person told us, "They respect my privacy at all times. They always knock the door, and if you are on the phone when they come they say "I'll come back in a minute" and don't stand listening". Another person said, "They always knock the door even if it's already open, and say "hello, is it ok to come in", even though they know it is. They are always very polite".

Is the service responsive?

Our findings

People told us that they received care and support that was personalised for them. One person said, "I can get up when I want to and go to bed when I want to, if I press my buzzer they come to help me, everything I need doing, they do it in the way I want it doing". Another person told us, "I feel I have a good relationship with all the staff, all very approachable. Basically, they do what needs doing and if you ask them to do something (like put up my Christmas cards) they do it".

People and their relatives told us they had been involved in the initial planning for their care and support, and reviews of their care when people's needs had changed. One person said, "When I first came they talked to me and my family about what I wanted and we sorted it all out, and if I've needed things changing they have sorted it for me". A relative told us that she had been involved in her relations care planning and told us how the care staff had supported both her and her relation through dementia. They told us, "They have been wonderful here and have tried to make [relative] as independent as possible for as long as possible. So far they have coped beautifully and they told me at the onset that they would tell me when it was not workable for [relative] to stay and when that time came they would help us find somewhere else." They went onto say, "They are so knowledgeable and have helped us as a family understand more about dementia. Every stage along the way as [relative] has gone downhill we have all sat down and talked and they have said "Ok, this is the situation. Now what can we do about it."

We saw that support plans were detailed and personalised. The plans contained clear information about each person's level of independence as well as details of the support required from staff. Plans were reviewed by the staff and information contained in plans was up to date. Staff we spoke with told us that they were given time to read peoples' care plans prior to supporting them, and were able to contribute to people's support plans during reviews. The staff we spoke with had a good knowledge of people's preferences and support needs. We saw that each person had a positive outcomes file that staff completed when the person had undertaken a different activity or task than they would ordinarily do.

People told us that staff helped them to maintain relationships with their families. One person said, "My family live away so stay when they visit, the staff are very good with them and adapt my routine if needed". And another person said, "The staff always make my family feel welcome".

Staff were able to tell us about some of the support they provided to the people living in the scheme to help them maintain relationships and also help them to partake in activities that were important to them. One staff member told us, "Sometimes people when they're new here can feel a bit scared of going into the communal hub by themselves, so we will go with them and introduce them to the others and they soon make friends". Another staff member told us about a person that wouldn't be able to look after a dog or a cat due to their support needs, but had been able to get a different pet that they could look after with the support from the carers. We saw photos of different events that had taken place and people told us about the recent Christmas party that had been arranged by the staff. One person told us, "I really enjoyed the Christmas meal, the staff worked really hard to make sure we all had a good time". This meant staff supported people to partake in activities that were important to them.

People and their relatives knew how to raise a concern or complaint and were confident their concerns would be listened to and acted on. One person told us, "Yes I know how to complain, but in six years I can count the number of times I have had to on one hand. I can't remember any of the issues so they probably weren't major but I know they were dealt with pretty quick". Another person told us, "No complaints at all ever. They know what they are doing and they know what I am like. If I have got a problem I say there and then"

We saw that when a complaint or concern had been raised that this was dealt with in line with the providers' policy. We also saw that the service had received compliments from the people living at the scheme and their relatives, one comment received was, "I was a bit worried about receiving care, there was no reason to worry, they are absolutely fabulous and show what the care professions is all about". This meant people were able to raise concerns with the management or staff at the service and these were responded to appropriately.

Is the service well-led?

Our findings

People told us that the scheme was well-led and registered manager was approachable. One person told us, "No problems at all with the manager or senior management. Both do a good job. I have a really good relationship with the manager and can talk to her as though she is my own daughter". Another person told us, "I know who is in charge here and have also met someone from the headquarters who came to see us. It seems well led as there are no major problems and they seem to be very approachable and attentive when you speak to them". Relatives also told us that the manager was available to them when they needed them, one relative told us, "They are very approachable and have helped us every step of the way with mum, we feel able to go in anytime and know they will sit you down and talk things through".

Staff we spoke with told us that the registered manager was approachable and supportive. One member of staff told us, "I feel supported, the manager never asks you to do more than she would be willing to do herself". Another staff member told us, "I feel I can speak to the manager about anything, I feel really comfortable going to her about stuff as she has been a carer herself so she understands how difficult it can be at times".

Staff told us and records confirmed that they underwent 'spot checks' whilst attending their care calls to confirm that they were competent in their role. One staff member said, "We get spot checks, we don't know when we are going to have them and it's just a way for the manager to check we are doing our jobs properly, as well as supervisions". Another staff member of staff said, "We get random spot checks, and they check things like if we are wearing our aprons and gloves for personal care and check that we are hoisting people properly. Afterwards we get feedback about how we got on and if there are any problems then they tell you straight away and then you might need to be booked onto some extra training". Staff also told us that they received supervisions throughout the year, one staff member told us, "We have supervisions regularly and it's a chance to talk through any issues you might be having, and to discuss any training you might need".

Staff we spoke with said they had confidence that if they raised an issue with the registered manager then it would be dealt with. One staff member said, "I know that the manager would act on any concerns I raised". Staff also told us they were supported during team meetings, one staff member told us, "We have meetings every few months where we discuss any new paperwork, new people living at the service and also if there have been any new policies rolled out then we discuss those as well".

We saw that the provider and registered manager had systems in place to monitor the quality of the service and drive improvements. The provider sent out twice yearly customer satisfaction surveys to gain feedback from the people living at the scheme. The majority of responses received were positive, and where any negative comments had been received we saw that the registered manager had already discussed the issue with the person.

We also saw that regular checks on the quality and consistency of the service were completed which included safeguarding referrals, medication records and complaints. We saw that a system had been introduced for medication that required a senior carer to use a checklist for each person's medication to

ensure they had received their medicines. We also saw that care plans, risk assessments and daily diaries were regularly audited to ensure they included the most up to date information for each person. Accidents and incidents were audited for trends, and we saw that where people had been identified as at risk of falling appropriate referrals to health professionals had been made as a result of this.

The registered manager had notified CQC about significant events that they are required to notify us of by law. We used this information to monitor the service and ensure they responded appropriately to keep people safe.