G P Homecare Limited

Radis Community Care (Millbrook House)

Inspection report

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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?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

Radis Community Care (Millbrook House) is registered to provide personal care to people living in their own homes. During this inspection personal care was provided to 22 people, all of whom lived within Millbrook House.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our last inspection took place on 19 and 26 August 2014 and as a result of our findings we asked the provider to make improvements to staff knowledge and application of the Mental Capacity Act 2005, care planning and risk

Summary of findings

assessment, the management of medicines and assessing and monitoring the quality of the service provision. We received an action plan detailing how and when the required improvements would be made by.

This announced inspection took place on 21 September 2015. We found that sufficient improvements had been made to ensure people care was effectively planned and risks managed. Although improvements had been made in the other areas, there were shortfalls in the management of medicines, the application of the Mental Capacity Act 2005 and the governance of the service. You can see what action we told the provider to take at the back of the full version of the report.

People were not always supported to manage their prescribed medicines safely. Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

Staff were only employed after the provider carried out satisfactory pre-employment checks. Staff were trained and well supported by their managers. There were sufficient staff to meet people's assessed needs.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. People's decisions were respected. However, where people did not have the mental capacity to make decisions, processes had not been followed to protect people from unlawful restriction and unlawful decision making.

People's health and care needs were effectively met.

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

Staff respected people's privacy and dignity. People were encouraged to express their views on the service provided and the care planning process. People's care records were detailed and provided staff with sufficient guidance to provide consistent care to each person. Changes to people's care needs was kept under review to ensure any changes to the care provided was effective.

The registered manager managed three other services in addition to this one. The registered manager was supported by a team leader and care workers. People felt listened to and the registered manager used their feedback, together with audits of the service to drive improvement. However, the provider's quality assurance system was not always effective and did not effectively assess and monitor the quality of the service.

We found three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People were not always supported to manage their prescribed medicines safely.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report any concerns.

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

Requires improvement

Is the service effective?
The service was not always effective.

People's decisions were respected. However, where people did not have the mental capacity to make decisions, processes had not been followed to protect people from unlawful restriction and unlawful decision making.

People received care from staff who were trained and well supported. Staff knew the people they cared for well and understood, and met their needs.

People's health needs were effectively met.

Requires improvement

Is the service caring?
The service was caring.

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

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

Good

Is the service responsive?
The service was responsive.

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

People's care records were detailed and provided staff with sufficient guidance to provide consistent care to each person.

Good

Is the service well-led?
The service was not always well led.

The provider's quality assurance system was not always effective.

People felt listened to and the registered manager used their feedback, together with audits of the service to drive improvement.

Requires improvement

Radis Community Care (Millbrook House)

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 21 September 2015 and was undertaken by one inspector. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office at other services that they manage and we needed to be sure they would be present for our inspection.

Before our inspection we looked at all the information we held about the service. This included the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We looked at other information that we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We received feedback from the Cambridgeshire County Council contracts team and from a representative of Sanctuary Extra Care, the landlord of the building where the care is provided.

During our inspection we spoke with six people and two relatives. We also spoke with the registered manager, one team leader, five care workers and the Support Manager for the service.

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

The manager sent us further information about the service on 24 September 2015 which included the results of surveys.

Requires improvement

Is the service safe?

Our findings

People were not always supported with their medicines safely. A record was made of when the medicines were received. However, the number of each medicine held when a new medicines administration record (MAR) started was not recorded. This meant that where the staff were responsible for administering a person's medicines, it was not possible to audit the medicines held in stock for each person.

We saw that one person had medicines that were prescribed to be administered when the person required them, however there were no clear instructions for staff to follow. For example, the person had a medicine where the pharmacy label instructed it was to be administered 'when required'. The member of staff thought these were painkillers. However, they could find no information about why the medicine was prescribed, the circumstances when the medicine should be administered, the frequency or the maximum dose. We saw that staff had not administered any of this medicine.

This was a breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Arrangements were in place for the recording of medicines administered and the safe storage of medicines. Each person's ability to manage their own medicines had been risk assessed. We saw that this was kept under review and that staff provided support if concerns were raised that people were not managing their own medicines safely. For example, a care worker told us about one person who had been very confused about when to take their medicines. Staff had monitored the person when they took their medicines and referred this information back to the care manger to ask that the person's care provision was reviewed.

People told us they always received their medicines on time. One person told us, "They remind me to take my medication. Staff always give me my eye-drops." Staff told us that they were trained to administer medicines and that their competency for this was checked regularly by a senior member of staff. One staff member told us, "You have to be so, so careful with medicines."

Care and other records showed that risk assessments were carried out to reduce the risk of harm occurring to people, whist still promoting their independence. These included, but were not limited to, risks such as slips, trips and falls, the environment and the use of equipment to help people to move. For example, we saw that staff had completed risk assessments in relation to assisting a person to move. This included information about the person's ability to follow instructions and their tendency to be distracted during manoeuvres. The risk assessment and care plan included clear guidance for staff to reduce the risk of harm occurring during these manoeuvres. The person confirmed to us that the "carers all know to do" when using the equipment and helping them to move.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The registered manager audited incident and accident reports and identified where action was required to reduce the risk of recurrences. For example, we saw that one person's risk assessment and care plan had been reviewed following a fall.

The people we spoke with said that they felt safe and did not have any concerns about the way staff treated them. One person told us, "Nice to think if I really need someone [the staff] are here." Another person told us, "They know what they are doing. I do feel safe."

The staff we spoke with told us they had received safeguarding training and, where appropriate, refresher training within the last 12 months. Staff showed a good understanding and knowledge of how to recognise and how to report and escalate any concerns to protect people from harm. One member of staff told us, "I'd go straight to [the registered manager]. I wouldn't tell anyone else and tittle-tattle about it." Staff were confident the manager would take their concerns seriously. However, they were also aware of how to escalate the concerns within the provider's organisation using whistleblowing procedures. They also knew that they could report their concerns to external organisations such as the local authority and the CQC.

Staff said that the required checks were carried out before they started working with people. One care worker said, "They got the DBS [criminal records check] and three references before I started [work]. They were very thorough." Records verified that this was the case. The checks included evidence of prospective staff member's experience and good character. The manager also assessed their written work for legibility and accuracy. This showed

Requires improvement

Is the service safe?

that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

People told us they felt there were sufficient staff to meet their needs. One person told us, "They usually come around the same time. They wanted to come at 9am but I said that was too early. We agreed 11am. Today they came at 10.30am and that's fine." Another person told us, "They've got a hard job, but they're very good. If ever I ask them to do anything. They always do it." People said that staff responded quickly when they pressed their call bells. One person told us, "When I [injured myself]… I pressed the alarm and the carer came up straight away. They stayed with me while we waited for the ambulance." The provider's survey results showed that the eight people who had used their emergency call bells were all satisfied with the response from staff.

Staff told us there were sufficient staff to meet people's needs. The registered manager told us that that they had enough staff to cover all the calls. They told us that 90% of staff sick leave and annual leave was covered by the existing permanent staff. They said they had used an external staffing agency to cover the remaining 10% of calls. They told us, and staff confirmed, that they used the same agency staff so the agency workers got to know people's needs.

Requires improvement

Is the service effective?

Our findings

We found that people may not be protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, staff knowledge varied and the MCA and DoLS were not always followed. For example, staff told us of one person who received continuous care from this and another service. Staff told us that that they felt it was not safe for one person to leave their home without supervision and their care plan reflected that they were always accompanied when they went out. However, the registered manager confirmed that a mental capacity assessment had not been carried out or any best interest decisions recorded. In addition, the staff had not suggested to the commissioners of the service that an application may be needed to the court of protection to lawfully deprive these people of their liberty. Following our inspection we saw that the registered manager had requested a mental capacity assessment to be carried out for this person.

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

People's rights to make decisions were respected. People told us that staff checked that they were happy to receive the care staff offered. Care records showed that people had signed to show their consent and agreement to their care plans and risk assessments.

Staff members were knowledgeable about people's individual needs and preferences and how to meet these. People told us that the care they received met their needs. One person told us, "They're all very good. Even the young ones who are still training. I can't fault them at all." The provider's survey showed that all 14 people who responded said that they felt staff had the correct skills and training for their roles.

Staff told us they enjoyed their work. One recently appointed care worker told us, "I love it here. It's amazing."

Staff confirmed, and records verified, that they had received an induction when they started working at the service. They told us this included training in topics such as safeguarding, administering medicines, and assisting people to move safely. One care worker told us their induction had been "useful." They said the training they had received had prepared them well to start work at the service. They said that they then 'shadowed' a more experienced member of staff until they were assessed as competent to provide care. They told us, "It's when you get here, seeing it all first-hand, during your shadowing. That's when you really start to learn."

Staff told us that training was ongoing while they worked at the service. They said they were provided with refresher training and additional training in topics such as dementia awareness. Two staff we spoke with told us they held National Vocational Qualifications (NVQs) in health and social care. This meant staff were supported with further learning and to achieve nationally recognised qualifications.

We saw that staff received regular formal one to one supervision sessions and that their work was appraised annually. The supervision sessions included at least one 'spot check each year when a senior member of staff observed them performing personal care and assessed whether the staff member was meeting the provider's required standard. Staff told us they felt well supported by the senior staff and manager. One member of staff told us, "[The registered manager is a fantastic support. That helps us to work together to deliver good care to the people we support." Another care worker said, "The team leaders are so lovely. I feel I can ask anyone and they help. Its lovely." This showed that staff were effectively supervised.

People told us that their health care needs were met. Records confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses and their GP. This meant that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

People made positive comments about the staff. One person told us, “They are very good. They are extremely nice and very friendly. They come in a talk for a bit.” Another person said, “The carers are very gentle. If I want to talk, they talk with me.” A third person said the care workers were “nice” and treated them “very well.” A relative told us the staff were “very caring … who will often go that extra step.”

The service had received 13 compliments from relatives in the 12 months before our inspection.

These all complimented the staff on the care they had provided. For example, “Thank you for all the good work that you do also for the friendly, cheerful banter we have shared.” and, “To all you lovely carers who’ve looked after [person’s name] with care, compassion, patience and humour… with love and grateful thanks.” and, “Thank you all for the wonderful care.”

We saw that people’s dignity was respected. For example, staff knocked on people’s front doors and waited for an answer before entering, unless there were other directions within the person’s care plan. We saw that staff addressed people using their preferred name. They spoke calmly to people and explained why they were in their home. We saw staff were friendly and caring when speaking with people. Care records were written in a respectful manner. The provider’s survey results reported that 100% of people said that staff respected their privacy and dignity.

Staff had a good understanding of people’s preferences and needs. One care worker talked about the importance of reassuring a person when providing care. They said they tried to understand how the person was feeling and how best to provide the care required. Staff told us they felt it was important to involve people in their care and with every day decisions. The people we spoke with agreed that this happened. For example, people told us they were aware of their care plans. They said that staff discussed the times of their calls and negotiated with them if they were unable to provide their ideal time.

People told us that staff treated them and their homes with respect. “One person said, Very respectful [of my home]. They don’t poke around.”

We saw that information about advocacy was available in the reception area of the housing complex.

Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Good

Is the service responsive?

Our findings

People told us that staff had a good understanding of their care needs and that these were met by the staff.

People's care needs were assessed prior to them receiving care. This helped to ensure that staff could meet people's needs. These assessments were then used to develop care plans and guidance for staff to follow. Assessments and care plans included information about people's health, physical and emotional needs. They also included information about what was important to the person and how the person preferred their care needs to be met.

Care plans provided sufficient information for staff to follow so they could provide care safely and in the way the people preferred. Examples included guidance on assisting people to move and personal hygiene, for example bathing and dressing.

Staff involved people and, where appropriate, their relatives in writing care plans. One person commented that the team leader had explained all the information in their folder to them. This included their care plan and risk assessments. We found that staff were knowledgeable about people's needs and preferences. People and staff told us, and records showed, that people's care plans were accurate and updated regularly and promptly when people's needs changed.

Staff completed records of each visit to each person. These provided a brief overview of the care provided and any changes in the person's condition from the previous visit. Staff described good communication across the team. They said they read people's care plans and the records of the last few visits. They also said that senior staff were very good at briefing them on changes in people's needs and drawing their attention to revised care plans. This ensured that staff were up to date with any changes in people's care.

People's care plans reflected any hobbies or interests they had. People told us that staff encouraged and supported them to attend social events that were taking place within the scheme.

People and their relatives said that they knew who to speak to if they had any concerns or complaints. The complaints procedure was available in the folders in people's flats. Staff had a good understanding of how to refer complaints to senior managers for them to address. We saw that the registered manager had thoroughly investigated and responded to complaints that had been made. Where appropriate we saw that action was taken to address any issues identified.

Requires improvement

Is the service well-led?

Our findings

The provider had a quality assurance system in place to monitor the service people received. However these processes were not always effective. For example, the provider had carried out an annual audit of the service in June 2015. The registered manager told us that they had not received any feedback from the audit and received the report on the day of our inspection. The audit was comprehensive and included audits of care records, people's involvement in their care and personnel files. The report contained 12 actions for the registered manager with the timeframe 'ASAP' [as soon as possible]. As the registered manager had only just received the report from the audit they had not had time address the issues raised. This meant that although the provider was monitoring the service, information was not provided to the registered manager in a timely manner for the shortfalls identified to be addressed.

In addition a senior manager had carried out an audit of medicines administration records (MAR). They had identified that care workers had not signed the MAR and took action to remind staff to do this. However, they had failed to identify that this was because the person had run out of medicines and staff had no action had been taken to obtain them for the person. This meant that although audits were carried out, actions taken as a result were not always appropriate.

This is a breach of Regulation 17 (1) (2)(b)(e) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager sought people's views about the service. For example, team leaders carried out regular care reviews with people and asked for feedback on the service as part of this process. We saw that action had been taken where appropriate following these reviews. For example, staff supported a person to be referred to a health care professional.

The provider had sent surveys to people receiving a service in July 2015. Many of the responses were positive. For example, everyone said that they felt the care they received was 'good' or 'very good'. However, there were some areas for improvement. For example, five of the 14 people did not feel they could take risks. A service development, plan which contained eight actions, was attached to the report. The registered manager had only just received this report and had therefore not had time to address any of these issues.

The registered manager used various tools to audit the service. For example, senior staff carried out spot checks to ensure that care workers were providing care to the provider's standard. This included staff providing care overnight. Other audits included care records and staff supervision.

The service had a new manager who registered with the CQC in March 2015. They had achieved Level 5 Qualifications and Credit Framework (QCF) and attended various courses relevant to their role. They also managed three other services in Cambridgeshire, therefore they only spent part of their time at this service. Each service had its own staff team. At this service the registered manager was supported by team leaders and care workers. Staff had a good understanding of their lines of accountability and the reporting structure within the service. This included use of the whistle blowing procedure to raise concerns within the provider's organisation.

All the people and relatives we spoke with made positive comments about the service they received and the way it was run. Several people referred to the staff as "lovely" and said that staff met their needs satisfactorily.

Staff said they felt well supported by their managers both informally and more formally through staff meetings and supervisions. They told us they were always able to contact the registered manager or a senior member of staff. They said they felt confident raising issues of concern with the registered manager. One staff member said, "[The registered manager] really helped me. She's a very good manager. She deals with issues." They went on to give an example of where they had been concerned that the level of care provided to a person had not been sufficient and how the registered manager had addressed this. Another staff member told us, "The management is top form. [The registered manager] is very committed." A third member of staff said, "The [registered] manager is the best boss I've ever had." A professional who engaged with the registered manager told us she was proactive in ensuring people received appropriate support and care.

Requires improvement

Is the service well-led?

The registered manager was committed to driving improvement of the service. We saw that improvements had been made since our last inspection. For example in care planning, risk assessment and people's involvement in these.

Records we held about the service, and looked at during our inspection confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use service were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Regulation 12 (g)

Regulated activity	Regulation
	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Where people did not have the mental capacity to make decisions, processes had not been followed to protect people from unlawful restriction and unlawful decision making. Regulation 11

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider's quality assurance system did not effectively assess and monitor the quality of the service. Regulation 17(1)(2)(b)(e) and (f)