

G P Homecare Limited

Radis Community Care (Baird Lodge)

Inspection report

Lumley Close
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Cambridgeshire
CB7 4FF

Tel: 01353661673

Date of inspection visit:
22 June 2017

Date of publication:
18 August 2017

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

Radis Community Care (Baird Lodge) is registered to provide personal care to people living in their own homes. The service only provides care to people who live within Baird Lodge Extra Care Scheme.

At the last inspection, which took place on 6 June 2014, the service was rated good. At this inspection, on 22 June 2017, we found the service remained good. At the time of our inspection, 14 people were receiving care.

People continued to be cared for by staff who provided care and support that ensured people's safety and welfare and took into account each person's individual preferences. People were supported to manage their medicines safely.

People were cared for by staff who had been recruited and employed only after appropriate checks had been completed. There were sufficient staff available to meet people's needs. Staff were sufficiently skilled, experienced and supported to enable them to meet people's needs effectively.

People were effectively supported with decision making and supported to have as much choice and control of their lives as possible. People were supported to maintain a balanced diet with suitable food and fluid. People were supported to access healthcare when they required it.

People received care and support from staff who were caring, kind and friendly. Staff treated people with respect and dignity. Staff knew the people they supported well, and understood, and met, their individual preferences and support needs. People's care plans provided staff with sufficient guidance to provide consistent care to each person. People were encouraged develop individual interests and hobbies.

The provider continued to have a robust complaints procedure in place. The service was well managed. There were effective systems in place to monitor the quality of the service people received and continually improve the service provided.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Radis Community Care (Baird Lodge)

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 checked 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 22 June 2017 and was carried out 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. 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 including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also asked for feedback about the service from Cambridgeshire County Council and Healthwatch Cambridgeshire.

During our inspection we spoke with four people and three relatives. We also spoke with the registered manager, one team leader and five care workers. Throughout the inspection we observed how the staff interacted with people who received this service.

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

Is the service safe?

Our findings

The service remained good at safeguarding people from harm. People and their relatives told us that they and their family members were safe because they received this service. One relative said, "[The service has] made a lot of difference. We know there's [staff] here all the time. We're more settled... It's [given us] peace of mind."

There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from avoidable harm, they had received training and they understood what to look for. They all told us they would report any issues to their line manager and were confident their line manager would take the appropriate action. All staff knew how to escalate concerns should the need arise. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The service remained good at assessing risks to people and using equipment to help reduce risks. Staff assessed individual risks to people and kept updated records to show how risks had been reduced. One person told us how they wore a pendant with which they could call staff in an emergency. A relative said, "[My family member's] safe in a proper hospital bed. [Staff] are keeping her remarkably well." The use of both pieces of equipment was assessed and reflected in each person's care plan. Our conversations with staff members showed that they followed the guidance in place and took appropriate actions.

The service remained good at ensuring there were enough staff with the required recruitment checks to care for people. Staff members told us that they had undergone an interview process and checks were obtained to ensure that they were suitable to work with people receiving care. One staff member said, "I wasn't allowed to start [working] here until I'd had all my training and my DBS (criminal records check) and references were back." People and staff members told us that there were enough staff to safely meet people's needs. People told us that staff visited them at agreed times and responded promptly if they called. Staff told us that there were sufficient permanent staff to cover staff leave. In addition the registered manager told us that staff from another of the provider's services could work at this service if the need arose.

The service remained good at managing people's medicines. People told us that staff members gave their medicines on time. One person said, "The special [prescribed] cream has made my legs much better. The staff know what they're putting on [me]. They always remember it." A relative said, "There's a monthly routine. There was a problem running out of medicines, but not for the last few months. The process has really improved." People who needed support with their medicines received this from staff who were competent to provide this. Staff completed records to show that medicines were administered in line with the prescriber's instructions.

Is the service effective?

Our findings

The service remained good at providing staff with training and support. People told us that staff knew them and looked after them well. One person said, "[Staff] always seem to know what they've got to do." A relative told us, "[Staff] are well trained. They know the [people]. They know me. They provide an excellent level of service."

Staff told us that they received enough training to give them the skills to carry out their roles. New staff members told us they received classroom training as well as e-learning. One staff member said they had received training with a previous employer but described the training they received from this service as, "Much better. I learnt quite a few things and this made me feel happy. The training was face to face and we practised on each other. It was very good." Following this training staff said they worked alongside a more experienced care worker until they felt comfortable. One care worker explained that they found this "reassuring." Existing staff said they received regular refresher training in key subjects, such as safeguarding, administering medicines and health and safety. Staff told us the provider supported them to work towards qualification in social care.

Staff told us they continued to feel supported by the registered manager, team leader and other staff members. Staff received regular supervision and work appraisal. All staff said they felt the registered manager and the team leader were approachable and that they could raise areas of concern with them. All were confident they would be listened to and their concerns would be addressed. A staff member said, "Colleagues are brilliant. [The registered manager] is always at the end of the phone. I couldn't ask for a better place to work."

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. 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. For people in their own homes, an external agency would make the deprivation of liberty (DoL) application to the Court of Protection. The registered manager told us that no-one was deprived of their liberty at the time of our inspection.

People's rights to make decisions about their care and support continued to be respected. Where people were assessed not to have the mental capacity to make specific decisions, they had been supported in the decision making process. Staff said they had received training in MCA and DoL and understood the implications for the people they supported. They spoke knowledgeably about supporting people to make informed decisions. One staff member said, "We assume everyone has [the] mental capacity [to make decisions]. We think about how to provide people with the information so they can make a choice."

People told us that staff supported them to take their meals where they chose: within their flat or in the scheme's dining room. Records showed that consideration was taken in regard to people's nutritional

needs. For example, the need for special diets due to health conditions.

People's health conditions continued to be monitored and healthcare support was accessed when required. One person told us that when they were unwell staff "got the doctor in for me." They said, "I'm being looked after as I should be." People's care records showed that they had access to the advice and treatment of a range of health care professionals. This meant that people were supported with their healthcare needs.

Is the service caring?

Our findings

The service remained good at caring for people. People told us that staff were caring and kind. One person said that all the staff "do the essentials. Some do a bit more and are very helpful." Another person said they rated the staff as "ten out of ten." A relative described the staff as, "Very good. Very friendly." Another relative told us, "I am fully appreciative of the sincerity and warmth with which [staff] carry out their role. It's fair to say that without their care and kindness, my [family member] would have an intolerable existence."

All the staff we spoke with said they would be happy with a family member receiving care from this service. One staff member said this was because, "Staff are lovely and have a very caring nature. I see them treating people how I'd like to be treated." Another staff member said it was because, "I know they put the [person] and their needs first."

We saw that staff treated people with respect and dignity. Staff discussed personal care issues with people discretely and quietly before assisting the person.

Staff continued to involve people and, where appropriate, their relatives in decisions about people's care. People told us that their care plans reflected the care that they needed and staff provided. Relatives told us there were good communication systems between them and the staff and they were confident they were kept informed about their family member's wellbeing.

The registered manager was aware of local advocacy services and how to access these when the need arose.

Is the service responsive?

Our findings

People's health and welfare continued to be met by staff who remained responsive to their needs. One person told us, "I was a bit shaky today. I asked a care worker to walk with me and she did." A relative described the service as "Exemplary in flexibility." They continued, "[Staff] adapted as [my family member's] needs changed. They know the [people]."

Staff spoke knowledgeably about people, their preferences and their care needs. This information corresponded with that in people's care plans which provided staff with sufficient guidance to provide consistent care and support to each person. Staff told us they were given time to read people's care plans before they provided care to people.

Staff continued to meet people's needs in ways that suited each person. Everyone we spoke with said the staff knew them and knew their preferences. A relative said about the staff, "They know [my family member]. They know what she wants to watch on TV." A written compliment from another relative said, "Thank you all so much for the wonderful care you gave to [my family member] especially towards the end of [their] life. We knew it was hard for you with the level of care [my family member] needed but you really did go more than the extra mile to give her so much love and care. You are wonderful."

People's care plans reflected any hobbies or interests they had and if the support for these was part of the care being provided. People told us that staff encouraged and supported them to attend social events that were taking place within the scheme. One person told us, "I often go down and play dominoes and cards [in the communal areas]".

The provider continued to have a robust complaints procedure in place. Records showed that the registered manager had investigated and dealt appropriately complaints.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the 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.

The registered manager managed three other services in addition to this one. However, staff told us that they saw the registered manager regularly and could contact her at any time. From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the support needs and preferences of the people supported by this service.

We received positive comments about the service from the people and relatives we had contact with. People described the service as "good", "excellent" and "marvellous". One relative said, "I can say with total confidence that the care received by my [family member] is faultless and deserves plaudits."

Staff members told us that they liked working at the service and that they got on well together. All staff told us they felt well supported. One staff member said, "I couldn't think of a better place to work." Staff members were able to explain their roles to us and understood how the home and organisation structure worked. The registered manager told us that they had a close working relationship with the local authority to discuss any issues as they arose. We concluded that staff members were supported and that the service continued to be well run.

The provider and registered manager continued to have had a number of quality assurance systems to monitor and improve the service. Audits had been completed in areas including medicines and accidents and incidents. The provider's quality survey contained positive feedback from people and their relatives.

The registered manager looked for ways of improving the service. For example, people told us that their care had improved since this service had agreed to providing all the care within Baird Lodge, rather than several it being provided by several different services. One person said, "All the staff that work here work for one company now. It's much better."