

G P Homecare Limited

Radis Community Care (Eden Place ECH)

Inspection report

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25 March 2019
26 March 2019

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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

About the service: Radis Community Care (Eden Place ECH) is a domiciliary care agency. It provides personal care to people living in their own flats within an extra care housing scheme. It provides a service to older people. There were 36 people receiving a personal care service at the time of our inspection.

People's experience of using this service:

People we met and spoke with were happy with the care agency and the staff who provided their care.

People were safe using the agency because staff knew what they were doing, they had been trained and visited people to learn how to care for them before having to do so. There were enough staff, and the registered manager also visited people regularly. Key recruitment checks were obtained before new staff started work.

People told us they always received their medicines and that staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks. They did this in a hygienic way, using protective equipment, such as gloves and aprons. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

People liked the staff that cared for them. People told us that staff were "brilliant", "wonderful", and the "care is lovely". They went on to tell us that staff supported them to live as they wanted. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the agency's aim to deliver high quality care, which helped people to continue to live in their own homes.

Systems to monitor how well the agency was operating were carried out well. Where concerns were identified, the registered manager followed this up to make sure action was taken to rectify the issue.

We have made recommendations about information about long term health conditions and around staff recruitment checks.

Rating at last inspection: Requires Improvement. (Previous report published March 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as scheduled in our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Radis Community Care (Eden Place ECH)

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

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.

Not everyone using Radis Community Care (Eden Place ECH) received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced

Inspection site visit activity started on 25 March and ended on 26 March 2019. We visited the office location on 25 March 2019 to see the manager and office staff; and to review care records and policies and procedures. We spoke with people on 26 March 2019.

What we did:

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed the provider information return (PIR) submitted to us before this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. We took this into account when we inspected the agency and made the judgements in this report. We also asked stakeholders, such as the local authority safeguarding team and commissioners for their views of the agency, although we received no comments.

During our inspection, we spoke with four people using the service and one visitor. We also spoke with three members of care staff and the registered manager. We checked four people's care records and two people's medicines administration records (MARs). We checked records relating to how the agency is run and monitored, such as audits, accidents and incidents forms, staff recruitment, training and health and safety records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "I feel extremely safe with staff here." A visiting relative also said that this was because staff "keep an eye on him".
- The provider had effective safeguarding systems in place, staff understood what to do to protect people from harm and how to report concerns. Staff told us they had training and information about safeguarding and knew where to go for further advice.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling, and falls.
- Risk assessments in relation to people's environment, in and around their homes had also been completed. These included those for fire safety and infection control, which made sure that risks had been identified and managed.

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs. One person told us that there were "always staff around and they come when arranged at night." Staff also said there were enough of them working each day. A staff member told us, "We work as a team and we're never rushed."
- There was a system in place to recruit new staff when this was needed.
- Pre-employment checks such as disclosure and barring checks were carried out before staff started work. However, not all gaps in employment histories or the conduct of the prospective employee had been looked into thoroughly enough.
- We recommend that the provider refers to current guidance on obtaining information about prospective staff.

Using medicines safely

- Staff were trained to help people take their medicines. The registered manager completed competency checks to make sure staff understood this training and were able to give medicines safely.
- Staff completed medicine administration records to show if people had taken their medicines or the reason if they had not. There was information in people's care plans about the type and level of support they needed from staff to take their medicines.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice

guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and team leaders took action following accidents or incidents to reduce the risk of these reoccurring. Staff counted remaining medicines at each visit to make sure medicines had been given as prescribed.
- Staff told us that incidents were discussed at team meetings. This gave them the opportunity to discuss what went wrong and what action they could take to reduce the risk of reoccurrence. It also gave them the chance to reduce risks and take action before incidents occurred, such as assessing people's abilities, if they wanted a bath instead of a shower.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed assessments of people's needs before they started using the service. They worked with health and social care professionals when assessing and planning people's care. This enabled them to make sure they had enough staff with the right skills to meet people's care needs.
- Equipment, such as wrist alarms, were introduced for people at risk of falls. This helped people to keep their independence but gave them the reassurance that they could call for help if needed.

Staff support: induction, training, skills and experience

- People told us they thought staff were properly trained. One person said, "They know what they're doing and new staff shadow other staff."
- Staff had received training when they first started working for the agency and this was updated each year. New staff completed the Care Certificate, which identifies a set of standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competency. One staff member told us the training they received was "really, really good".
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They said they felt well supported to do their jobs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink if this was needed, although most people were able to make themselves meals and drinks, or they used the onsite restaurant. One person told us that staff often made them a hot drink when they visited, even though this was not part of the care the agency provided.

Staff working with other agencies to provide consistent, effective, timely care

- Staff completed an 'About me' form with those people happy to disclose these details. This recorded important information about people, their needs, daily routines and preferences. People took the form with them when they visited other providers of care, such as hospitals. This meant that these details were available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.

Supporting people to live healthier lives, access healthcare services and support

- People and the relative told us that staff supported people to make appointments with health professionals such as GPs and emergency services.
- Staff had access to information from health care professionals (where people were happy to disclose

these details) and they followed this advice, which was included in people's care records.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. For people living in their own homes, this is through the Court of Protection.
- We checked whether the service was working within the principles of the MCA. People were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.
- No applications had been made to the Court of Protection to deprive people of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated kindly by staff. One person commented that, "Staff are very courteous." Another person said, "They're [staff] always very pleasant and very bright when they come in. They're always polite."
- Staff treated people kindly; they showed concern for people and made sure people had everything they needed. They were aware of people's individual needs and preferences.
- People were comfortable in the presence of staff and enjoyed positive relationships with them.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed that staff asked how they preferred to have their care and support provided. One person told us that staff were like a family and made sure they were cared for in the way they wanted.
- Staff had enough time to support people properly and in the way they wanted, which also allowed them to spend time talking with people.
- People were supported to make choices about their care throughout the day. For example, they chose when to get up, whether they had a wash, shower or bath, and when they had these.
- The registered manager said that no-one who received care was using an advocate, but they would refer people to advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. They ensured people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care.
- People's confidentiality was maintained; records were kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs were met and they were happy with the care they received. One person told us that staff supported them to care for themselves. They went on to show us part of their support plan and said, "They are wonderful, I have absolutely no grumbles," about the care they received from staff.
- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. Staff had built good relationships and knew people's likes, dislikes and preferences. Although people looked after their own long-term health conditions there was little information generally to guide staff.
- We recommend that the service consider current guidance and information on long term health conditions to support staff when caring for people with these conditions.
- People we spoke with said they did not look at their care records, as one person said, "They [staff] do everything I need them to anyway." However, staff told us they thought there was enough information in care plans to guide them.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. People had information about external organisations that they could also contact about their concerns.
- Complaints that had been received were investigated and responded to within the organisation's timescales.

End of life care and support

- Guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit. A staff member told us that they would also consult with people's relatives in the event this care was needed.
- Additional guidance was available in the agency's end of life policy, which was available to staff and from visiting health professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when this was required.
- Staff were also committed to providing high-quality care and support. They told us how the registered manager and team leader covered shifts to make sure there were enough staff who knew people and how they preferred to be supported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they were able to provide good quality care and support to people because they had a registered manager who supported staff. They said they could raise issues with the registered manager and were confident their concerns would be listened to. One staff member told us, "[Registered manager] is lovely, you can ask her anything. She's professional."
- Another member of staff told us how working for Radis Community Care (Eden Place ECH) had changed since the registered manager had been in post. "She's turned it around completely. She's the best boss I've had, firm but fair."
- The registered manager was supported by senior staff working for the provider's organisation and by the provider's operational staff. This made sure that the home ran well at those times when the registered manager was not available.
- The registered manager complied with legal requirements for duty of candour; they displayed their rating and sent notifications to us when required to do so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had completed a survey in 2018, which showed mostly positive comments about the agency with a few areas for improvement. Action that had been taken to address these was recorded on the survey report.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care.
- Staff told us that they attended meetings regularly, which gave them support and information was shared quickly with them.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits and quality monitoring visits. These showed they identified areas of the service that required improvement, and made those improvements in a timely way.
- Records of complaints, accidents and incidents were analysed to find trends or themes, such as the staff involved or the cause. This enabled the registered manager to take action where needed and reduce re-occurrence.

Working in partnership with others

- Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority social services or continuing healthcare team. The registered manager contacted other organisations appropriately.