G P Homecare Limited

Radis Community Care (Ness Court ECH)

Inspection report

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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

Overall summary

Radis Community Care (Ness Court) is registered to provide personal care to people living in their own homes. During this inspection personal care was provided to 13 people, all of whom lived within the extra care housing scheme of Ness Court.

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.

This announced comprehensive inspection was undertaken on 18 January 2016.

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.

Summary of findings

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and took action to reduce the risk of people experiencing harm.

People's health and personal needs were effectively met. Systems were in place to safely support people with the management of their medicines. People received their prescribed medicines appropriately.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People's rights to make decisions about their care were respected. Staff were acting in accordance with the Mental Capacity Act 2005 so that people's rights were being promoted.

People received care and support from staff who were kind, caring and respectful. Staff respected people's privacy and dignity and offered reassurance when people needed it. People were encouraged to express their views on the service provided.

People were encouraged to provide feedback on the service in various ways both formally and informally. People, and their relatives, were involved in their care assessments and reviews. Care records were detailed and provided staff with sufficient guidance to enable them to provide consistent care that met each person's needs. Changes to people's care was kept under review to ensure the change 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.

The service was well run. People told us that all staff, including the registered manager, were approachable. People's views were listened to and acted on.

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 safe.

There were systems in place to ensure people's safety was effectively managed.

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

People were supported to manage their prescribed medicines.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to provide people with safe and appropriate care. Staff knew the people they cared for well and understood, and met their needs.

People's rights to make decisions about their care were respected. Staff were acting in accordance with the Mental Capacity Act 2005 so that people's rights were being promoted.

People had access to other healthcare professionals when they needed to see them.

Good

Is the service caring?
The service was caring.

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

People were involved in reviewing their care plans.

Staff knew people well and what their preferred routines were. Staff offered reassurance when people needed it.

Staff were responsive to people's needs and treated people with dignity and respect.

Good

Is the service responsive?
The service was responsive.

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.

People knew who they could speak with if they had a concern or complaint. A complaints procedure was in place to respond to people's concerns or complaints.

Good

Is the service well-led?
The service was well led.

The registered manager was experienced and had monitoring systems in place that ensured people received safe and appropriate care.

People and staff were enabled to make suggestions and comments about the service.

Good

Radis Community Care (Ness Court ECH)

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 18 January 2016. 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 need to be sure they would be present for our inspection. It was undertaken by two inspectors 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.

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 asked for feedback about people's care from commissioners of the service, the local authority and Healthwatch.

Before the inspection we received survey responses from nine people who used the service.

During our inspection we spoke with eight people who received a service and one person's visitor. We also spoke with the registered manager, the team leader, three care workers and two professionals who do not work for this provider, but provide other services to people receiving care from the provider.

Throughout the inspection we observed how the staff interacted with people who lived in the service. We looked at three people's care records and two staff recruitment records. We also looked at records relating to the management of the service including audits, rotas, and records relating to compliments.

The registered manager sent us further information about the service on 20 January 2016 which included the results of surveys and staff training records.

Good

Is the service safe?

Our findings

The people we spoke with said that they felt safe receiving the service. One person told us, "I feel safe and I trust them very well, I have never heard them shout" Another person said, "You have to have trust them … [and] I do."

The registered manager told us in the PIR that all staff received training in safeguarding people from harm. All the staff we spoke with confirmed this and were knowledgeable about safeguarding. They described how to recognise, report and escalate any concerns in order to protect people from harm, or the risk of harm.

People had detailed individual risk assessments which had been reviewed and updated. Risks identified included hazards such as slip, trips and falls, assisting people to move and those associated with the management of medicines. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accident and incident records included details of all incidents. The registered manager reviewed these regularly to ensure any action required to reduce the risk of reoccurrence was taken. For example, we saw that where a person had fallen, their environment had been assessed and changes encouraged to reduce the risk of future reoccurrence.

Staff considered ways of planning for emergencies. For example, the support each person needed in the event of a fire in their flat. Most people wore a pendant which they could use to call staff. One person told us, "I always have the pendent on and [there are] pull the cords in our rooms and in the common rooms. [The staff] answer on the intercom straight away. It makes you feel safe especially if you fall."

The staff we spoke with told us that the required checks were carried out before they started working with people. Records verified that this was the case. The checks included the prospective staff member's experience, good character and health. This showed 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.

We found sufficient staff on duty to meet people's support and care needs. People told us that when they used their call bell, staff responded quickly. One person told us, "Yes I feel safe and the [staff] are at the end of the buzzer." Another person said, "[The staff] answer straight away and come within five minutes."

Staff told us there were always sufficient numbers of staff on duty to meet people's needs. However, we found that on occasions some staff had worked very long shifts to achieve this. This included on two occasions members of staff having worked continuously for a 24 hour period. A member of staff told us they had found this "exhausting." The registered manager told us that that they had recently recruited additional care workers and that the service was fully staffed. They told us they did not anticipate care workers working such long shifts in the future. Records showed that there were sufficient numbers of staff on duty to meet people's needs. Staff told us there were additional "bank staff" who worked across two of the provider's services who could provide staff cover when required.

People were safely supported with their medicines. People told us they always received their medicines on time. One person told us, "They help me with tablets and they are always on time and stay with me whilst I take them… It's very good."

Staff told us that they had received training in administering medicines and that their competency was checked regularly. Appropriate arrangements were in place for the recording of medicines received and administered. This included guidance for medicines with specific directions. For example, we saw directions for the administration of one person's medicine included that the medicine must be given 30 minutes before other medicines. Checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

Good

Is the service effective?

Our findings

People told us that their care needs were met. One person told us, "My needs are fully met here… [The staff] are getting it right. [The staff] are good." A relative said, "The staff are decent people and from what I have seen [my family member] is well cared for."

Staff told us that they received training prior to being introduced to people 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 "The trainer showed us the proper way, I came out knowing more than I had learnt in care in the last five years." They said that once they had completed the training they then shadowed an experienced member of staff until they felt confident in providing care.

Following their induction, staff said they had undertaken a range of training in topics relevant to the work they performed. Care staff told us they were provided with refresher training and additional training in topics such as dementia and diabetes awareness. A team leader described comprehensive training that had enabled them to feel confident in writing people's care plans and assessing risks. They also told us there was training planned to enable them to supervise staff. The manager told us that one member of staff had achieved, and other staff were working towards, National Vocational Qualifications (NVQs) in health and social care. This meant staff were supported with further learning and to achieve nationally recognised qualifications.

Staff said they received regular supervision senior staff. One member of staff described their supervision sessions as, "Good." They said the registered manager was "very honest and approachable" and provided them with feedback that "makes me a better carer."

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. The registered manager, staff and people using the service, confirmed that no one receiving the service was subject to any restrictions on their liberty.

The provider had procedures in place in relation to the application of the MCA. The registered manager and the staff were knowledgeable about these. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed. One staff member told us, "Everyone is deemed to have capacity unless there are concerns about this."

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. During our inspection we observed staff seeking consent from people before providing support or entering the person's flat.

People told us that staff supported them with their health care needs. One person told us, "The doctor comes to see me if I say to the staff and they ring in the morning and he comes in the afternoon. I see the chiropodist every three weeks, an optician once a year and the district nurse comes to [carry out a test] every month." Another person told us that they had complained of pain. They said the staff had "got the doctor out" and then administered the medicines the doctor prescribed. A relative told us staff had assisted them to contact the hospital on their family member's behalf. They said, "[My family member] has a hospital appointment tomorrow and usually has the paperwork sitting there on the shelf but none [was] there, so I went to the office and told them and I asked for the hospital phone number which they got for me straight away – staff were very prompt."

Records further 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, “The staff are very good, excellent. [They are] very caring and you can have a laugh and a joke with them. They always knock and are very respectful.” Another person said, “Staff are good, they have been very good to me and I don’t mean one of them I mean all of them and I get on well with all of them.” A third person commented, “They are very caring, nice women. They are smashing.”

All the staff and both external professionals that we spoke with told us they would be happy with a family member being cared for by the service. Throughout our inspection we saw good interactions between staff members and the people receiving the service. For example, we heard a person ask a care worker if it would still be alright for them to take their weekly bathe despite having an infection. We saw the care worker knelt down next to the person, listened and told the person they would go and find out. The care worker returned and again, knelt down and answered the person’s question. The care worker showed kindness, patience and empathy throughout.

Staff had a good understanding of people’s needs and preferences and provided reassurance when people were anxious. One person told us, “[Names of care workers] are nice girls and I cannot find any fault. I am a bit nervous when I have a bath but one of them said, ‘we have not dropped anyone yet!’ and we all laughed. I cannot find fault with any of them.”

Staff actively looked for ways to enable people to be independent. For example, one person told us, “The carer saw me struggling with my kettle so she brought me a special hot water thing you just press. It was her idea and she has lent it to me.”

We saw that people’s dignity was respected. For example, staff knocked on people’s front doors and waited for an answer before entering. We saw that staff addressed people using their preferred name. They spoke calmly to people and explained why they were in their home. People told us staff always did this.

People told us they felt involved in decisions about their care and their everyday lives. One person said, “[The staff] don’t rush me and they get my clothes out and ask me ‘is this ok for you?’” People told us they were aware of their care plans and involved in reviewing these. One person said about their care plan, “Yes we did talk about if, my [relative], me and the staff.”

People told us everyday decisions that staff consulted them about included where to take their meals and how they spent their time.

Notice boards in the reception area of the housing complex contained information about other local services. This included information about a visiting library, charities that provided additional support and advocacy. 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, and met, their care needs. One person told us, "My needs are fully met here…[The staff] are getting it right here. [The staff] are good."

People's care needs were assessed prior to them receiving care. This helped to ensure that staff could effectively 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 sufficiently detailed 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 with their personal hygiene, for example bathing and dressing.

Staff involved people and, where appropriate, their relatives in writing care plans and where possible people had signed to show their agreement. 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 told us they read people's care plans and the records of the last few visits if they had not carried these out. This ensured that staff were up to date with any changes in people's care.

Staff were responsive to people's changing needs. For example, one person told us, "Last night I did not feel great so I buzzed and a [member of staff] came and helped me to change into my nightie and get into bed – usually I do this myself but she was smashing."

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 and take up or continue with hobbies and interests. For example, one person told us they had "restarted" painting. Another person told us how staff supported them to run a shop within the housing scheme. People also told us about the trips out that staff supported them to organise. For example a day trip to Hunstanton.

People told us they had never felt the need to complain about the service, but they said knew who to speak to if they had any concerns or complaints. One person told us, "I would tell them, the carers, or the boss or [the housing manager]in the office but I have never made a complaint." Another person said, "I have no complaints but if I did I would complain to Social Services." An external professional who visits people regularly told us they felt staff were approachable and they felt staff would address any issues they raised.

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 any issues raised. The registered manager told us they had not received any complaints about the service.

Good

Is the service well-led?

Our findings

The service had a new registered manager in place. They had registered with the CQC in March 2015. 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 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 a team leader 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 visitors we spoke with made positive comments about the service they received and the way it was run. Several people complimented the service they received and said that staff met their needs satisfactorily. One person told us, "I would recommend [the service] to others. You know that you are safe and there is always someone here."

Staff said they felt well supported by the manager both informally and through formal meetings and supervision sessions. They told us they were always able to contact the registered manager or a senior member of staff. They said they felt the registered manager was approachable and that they felt confident the registered manager would address any issues they raised.

The provider and registered manager sought people's views about the service. For example, a team leader had carried out care reviews with people and asked for feedback on the service as part of this process. 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 that staff respected their privacy and dignity and rated the service as 'satisfactory, 'good' or 'very good'. However, there were some areas for improvement. For example, four of the 14 people said they had not received the provider's service user guide and six people said they had not been informed how to complain about the service. We found the registered manager had taken action to address these issues.

The registered manager used various tools to audit the service. For example, they carried out spot checks to ensure that care workers were providing care to the provider's standard. They also carried out audits of care and medicines records.

The registered manager was committed to driving improvement in the service. For example, since the registered manager had taken up post, staff had received updated training and all people's care had been reviewed to ensure their needs were being effectively met.

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.