GP Homecare Limited

Radis Community Care (Baird Lodge)

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 (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 time of our inspection 21 people were receiving care.

The service had a registered manager in place since 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.

Our last inspection took place on 6 June 2014. As a result of our findings we asked the provider to make improvements to care and welfare, the management of medicines, staff training and supervision, and quality assurance. We received an action plan detailing how and

Summary of findings

when the required improvements would be made by. During this inspection we found that the necessary improvements had been made and that people's assessed needs were safely met.

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. 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.

People's health and care needs were effectively met and staff were aware of people's dietary needs. People received their prescribed medicines appropriately and medicines were stored in a safe way.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found people's rights to make decisions about their care were respected.

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

People, and their relatives, were involved in their care assessments and reviews. Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person that met their needs. Changes to people's care was kept under review to ensure that 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, relatives and staff told us the service was well run. People and their relatives told us that care workers and senior staff were approachable. People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. There had been improvements to the service since our last inspection.

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.

People were kept safe from harm because staff were aware of the actions to take to report their concerns.

There were systems in place to ensure people's safety was managed effectively. People were supported to manage their prescribed medicines safely.

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

Good

Is the service effective?
The service was effective.

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 rights to make decisions about their care were respected.

People's healthcare needs were effectively met.

Good

Is the service caring?
The service was caring.

People received care and support from staff who were kind, 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, and their relatives, 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 well led.

People, their relatives and staff told us they were asked for their views about the service.

Improvements had been made to the service, and systems were in place for the registered manager to monitor the quality of the service provided.

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 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 June 2015 and was undertaken by two inspectors. 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 asked for feedback about the service from the Cambridge County Council, Healthwatch Cambridgeshire, two local GPs and the housing manager at Baird Lodge.

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

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

Good

Is the service safe?

Our findings

The people and their relatives said that they, or their family members, felt safe with staff and did not have any concerns about the way staff treated them. One person told us, "I feel safe."

We saw that people were provided with information about protecting people from potential harm which included who to contact if they had any concerns.

Staff told us they had received safeguarding training. The registered manager told us refresher training was booked for staff later in the month. Staff showed a good understanding and knowledge of how to recognise the signs, and how to report and escalate any concerns to protect people from harm. One member of staff told us, "I have not had any concerns about safeguarding." They went on to tell us they were aware of the whistleblowing policy and how to escalate concerns within the provider's organisation. Senior staff were clear about referring to outside agencies, for example, the local authority or the police, and how to access their contact information. Where concerns had been raised, the registered manager had made appropriate referrals to outside agencies for further investigation.

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 risks such as health and safety, food preparation and supporting people to move using equipment. We saw that these had all been reviewed within the last 12 months or as people's needs changed.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The registered manager and team leader audited incident and accident reports and identified where action was required to reduce the risk of recurrences. For example, we saw that where a person had had an increased number of falls, the staff had called the person's GP.

We found that regular checks were carried out on equipment to ensure it was safe to use. This included, for example, safety checks on equipment used to help people move and electrical equipment used by the staff, such as kettles.

The provider had a generic risk assessment for staff working alone. However, this did not address issues particular to staff working in extra care schemes, such as Baird Lodge. The provider had recognised this and the Quality Assurance Officer told us this would be in place by early July 2015. The registered manager said they would then further tailor the risk assessment to reflect risks posed to the staff working alone who provided care within Baird Lodge.

Records verified that the provider had carried out appropriate checks prior to staff working with people. The checks included evidence of prospective staff member's experience, good character and qualifications. 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.

People told us they felt there were sufficient staff to meet their needs. One person told us, "I think there are enough staff. I can always find someone to talk with." Another person said, "There are enough staff, yes, I would say so." They went on to tell us, "Staff come regularly. I think they are on time." However, another person told us, "It can be short staffed. Sometimes staff come from the [staffing] agency. They need extra staff in the morning."

Two staff told us there were sufficient staff to meet people's needs. They said, "The staffing is mostly pretty good" and, "On most shifts there are enough staff." Both staff members told us they had time to read people's care plans. However, the third member of staff told us, "Staffing can be pretty tight." They told us that a member of staff had been booked from an external staffing agency to work on the morning of the inspection but had not arrived. They said the team leader had come into work early to cover this.

Records showed that staff arrived at each person's flat within the timeframe arranged and stayed for the agreed length of time.

The registered manager told us that they had been recruiting new staff and in the interim had used an external staffing agency to cover staff vacancies. They told us, and staff confirmed, that they used the same agency staff so they got to know people's needs. In addition, the team leader was allocated 16 hours per week management time

Good

Is the service safe?

which could be used flexibly. This meant the team leader could also provide direct care at short notice if required. This ensured there were sufficient staff on duty to meet people's needs.

People were safely supported with their medicines. People told us they always received their medicines on time. One person told us, "Staff help me with my medication, they are on time." Another person said, "I get my medication on time. Staff remind me." Another person's relative told us, "The system we [they and the staff] have in place for medication works well."

Staff told us that their competency for administering medicines was checked. One member of staff said, "I have had medication training. There is a competency check. I think it was 18 months ago." The carer workers described appropriately how they followed the provider's policy and person's care plan if people a person refused their medicine or the medicine was to be administered "when required".

We noted that one person's medicines were kept in a safe in their flat. The care worker told us, "If we are dubious about people taking their medication it is kept in a safe." However, the person's care plan did make any reference that showed why this decision was made. We discussed this with the team leader who said they would address this.

We saw that when administering medicines, staff were respectful of people's dignity and sought the person's consent before administering their medicines. They also reminded each person what each medicine was prescribed for. Appropriate arrangements were in place for the recording of medicines administered. 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 and their relatives commented positively about the staff and said that people's needs were met by staff who were well trained. One person said, "The staff are absolutely brilliant." Another person said, "The staff are marvellous. They are trained, they know their job."

Staff members were knowledgeable about people's individual needs and preferences and how to meet these. They told us that they had received sufficient training suitable for their roles. One member of staff told us, "The training is good." Another staff member said, "I have the training I need. There is a lot of optional training too." They told us the training they had received included moving and handling, medicines management, dementia awareness, and safeguarding. Records verified this. In addition to formal training, new staff shadowed more experienced staff until they were deemed competent to provide care alone. This meant that staff were trained to meet the needs of the people they provided care to.

Staff members told us they well supported by the team leader and registered manager. They said they attended regular staff meetings and formal supervision meetings. Records verified this to be the case. One member of staff told us, "[Senior staff member] supervises us every three months, plus there is an annual appraisal. We have staff meetings about every three months. The [registered] manager is approachable." Other staff made similar comments.

People told us their rights to make decisions were respected. Care records showed that people's consent had been sought in relation to the care plan and the sharing of this information. The registered manager demonstrated a clear understanding of their responsibility to protect the rights of people who were not able to make their own decisions. She told us that no-one had best interest decisions in place, but she gave clear examples of when these would be applied. Although staff told us they had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), two of the four care workers who we spoke with about this did not demonstrate knowledge or understanding in this area. The other two care workers demonstrated some knowledge. This meant that there was a risk that the rights of people who were not able to make their own decisions might not always be protected.

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 told us, and their care records showed, that they saw a range of healthcare professionals when it was required. These included attending GP's and hospital appointments. One person told us, "I see a doctor when I need to. The doctor comes here." People's health conditions were monitored and healthcare support was accessed when required. This meant that people were supported with their healthcare needs.

Good

Is the service caring?

Our findings

People and their relatives commented positively about the staff. They told us they were kind, caring and respectful. One person told us, “The staff are very kind.” Another person said, “[The staff] can’t do enough for you.” A third person told us, “I called a carer at 1.30 this morning. I know she could not do anything for me but I wanted a bit of comfort.” They went on to tell us that staff had provided this. We saw some thank you letters that the relatives had sent to the service. These all complimented the care shown by staff. For example, “Thank you all for the care and kindness shown to our [family member]” and, “Thank you all so much for the wonderful care you gave to [person], especially towards the end of [their] life… you really did go more than the extra mile to give her so much love and care.”

We observed polite, friendly and caring interactions between staff and the people receiving care.

We saw that people’s dignity was respected. For example, we observed that staff were polite and addressed people using their name. They spoke calmly to people and did not rush them. Care records were also written in a respectful manner.

The staff we asked told us that they would be happy for their family member to be cared for by the service .Staff told us about the importance of involving people in every day decisions. The people we spoke with verified this. We saw that staff supported people to choose where they spent their time and take their meals. Several people chose to spend time in their flats, while others preferred the communal areas of the scheme.

People’s relatives said they were kept informed of any changes in their family member’s condition. One relative said, “We are informed and involved [with our family member’s care].” The team leader told us an advocacy service was available if people required it and we saw a poster about this in the communal area of at the scheme. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Staff knew people well and told us about people’s health and personal care needs and preferences. They were also aware of people’s religious and cultural values and beliefs. This information had been incorporated into people’s care plans and was taken into consideration when care was delivered. One care worker told us, “Everyone is treated individually.”

Good

Is the service responsive?

Our findings

People, and or their family members made positive comments about the care provided and that staff met their, or their family member's, care needs. One person told us, "They look after me very well. I have no fault to find." Another person said, "The staff are very, very good. They get me up in the morning." They went on to tell us that staff regularly called in to check on them throughout the day. A relative told us, "I am very happy with the care."

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 needs, religious beliefs, what was important to the person and how the person preferred their care needs to be met. Care records provided sufficient detail and guidance 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, medicines and personal hygiene. Staff involved people and, where appropriate, their relatives in writing care plans.

We found that staff were knowledgeable about people's needs and preferences. Staff were responsive to people's changing needs and preferences. For example, during our inspection one person's condition changed and staff called their GP. Staff told us, and records showed, that people's care plans were accurate and updated promptly. One staff member told us, "Care plans get reviewed when anything changes, or every six months."

Staff completed records of each visit to each person. These were tailored to the needs of each person. For example, we saw that two people's records were brief and task orientated. However, we found this reflected the type of care provided to those people. Where more complex care was provided the notes reflected this.

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.

People and their relatives said that they knew who to speak to if they had any concerns. One person told us, "I don't have any complaints but I could raise these with staff." A relative said, "I know how to make a complaint but I haven't had to." The complaints procedure was available in the folders in people's flats. Staff had a good working understanding of how to refer complaints to senior managers for them to address. The registered manager told us there had not been any complaints since our last inspection.

Good

Is the service well-led?

Our findings

We received positive comments about the service from the people and relatives spoken with. One person told us, "It is first class. I couldn't find fault with it if I tried." Everyone we spoke with told us they felt able to provide feedback on the service. One person said, "I could raise concerns with anyone."

There was a new manager who registered with the CQC in March 2015. 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 understood 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. Staff all said they felt able to question practice, both formally through staff meetings and supervisions, or more informally. They told us they felt well supported by senior staff within the organisation. One member of staff commented, "The [registered] manager is approachable… It all ticks over well here." Senior staff told us that the provider organisation provided them with good information that helped them keep updated with best practice and developments in relation to the service provided. For example, this included changes in legislation.

We found that people's views about the service were sought. For example, the team leader was carrying out 'monitoring visits' where they asked people for feedback about the service they received. Topics included were the time and length of the calls, whether staff listened to them, treated them with respect, used protective clothing, and wore a uniform and identification. In addition they regularly monitored that people's records of each visit and medicines administered had been appropriately completed.

We found the provider was not consistently following their own quality assurance policy at this service. For example, the provider's policy stated that they aimed to "conduct a full survey of service user satisfaction of the service every six months." However, we found the last survey had been completed in July 2014, eleven months before this inspection. Much of the feedback receivedat that time was positive. We noted there were some areas for improvement and the provider had put in place a development plan to address these issues.

The provider had also carried out an annual audit of the service provided in the week prior to our inspection. The registered manager was waiting for the report of this recent audit to be issued. We saw the report of the audit carried out in July 2014. The audit was comprehensive and included audits of care records, people's involvement in their care and personnel files. We noted there were 27 points for improvement in the action plan following this audit.

However, the registered manager was unable to provide us with evidence of the provider's monitoring of these action plans in line with their policy. This meant that, although we had seen improvements in the service since our last inspection, we could not be confident that the provider followed their own policy or that their quality assurance system was effective.

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.