

G P Homecare Limited

Radis Community Care (Jubilee Court)

Inspection report

Jubilee Court
Edison Road
Stafford
Staffordshire
ST16 3NG

Tel: 01785216644
Website: www.radis.co.uk

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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

This inspection was announced and took place on 27 October 2016. This was our first inspection since the provider registered with us in August 2014. Radis Community Care (Jubilee Court) is registered to provide personal care support to people living in their own apartments within a housing complex in Stafford. There are 34 apartments within the scheme and at the time of our inspection, 22 people were receiving personal care support visits.

There was a registered manager in post. 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.

People were safe having support from the staff in their own homes. Staff had a good knowledge and understanding of how to protect people from harm and abuse. They knew how to report any concerns and were confident in how to do this. Risks to people's safety had been assessed, and staff knew how to support people to reduce any risk of harm. There were enough staff to meet people's needs and the provider had recruitment processes in place to ensure that staff were suitable to work with people. People were supported to have their medicines safely.

People were supported by staff who had the knowledge they needed to carry out their roles. Staff received training and support to develop their skills. People were able to make decisions about their support and staff gained their consent before care was provided. Staff knew how to support people to make choices and were aware of what to do if people could not make decisions for themselves. People were able to make choices about their meals and were supported to maintain their health and wellbeing.

People had developed positive relationships with staff, and they were supported in a kind and caring manner. They were listened to by staff who knew them well, and were encouraged to maintain their independence. People's privacy and dignity was respected and promoted, and relatives were able to continue to be a part of people's lives.

People were involved with the planning of their care and received support that was individual to them and responsive to their needs. People were able to participate in activities that they enjoyed. They knew how to raise any concerns or complaints and these were dealt with in an open and timely manner.

People were happy with the support they received from the service. Feedback was encouraged from people and their relatives. Staff were clear about their roles and responsibilities, and there were systems in place to monitor the quality of the service and drive continuous improvement.

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.

People were kept safe by staff who understood how to recognise any signs of abuse and knew how to report any concerns. Risks to people's safety were managed and staff took actions to minimise any risks. There were enough staff to meet people's needs and keep them safe. The provider had recruitment processes in place to ensure that staff were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

Staff had the skills needed to support people effectively and carry out their roles. They received training and were encouraged to develop their skills. People were supported to make decisions about their care. People were enabled to have a balanced diet and maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a caring manner and people were treated with kindness. People were listened to by staff who knew them well, and they were encouraged to maintain their independence. People's privacy and dignity was respected and promoted, and relatives were enabled to continue to be a part of people's lives.

Is the service responsive?

Good ●

The service was responsive.

People were involved with the planning of their care and received support that was individual to them and responsive to their needs. People were able to participate in activities that they enjoyed and knew how to raise any concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

A positive open culture was promoted and staff felt supported by the management team. People were encouraged to give feedback on the service and found the management to be approachable. There were effective systems in place to assess, monitor and improve the quality of care people received.

Radis Community Care (Jubilee Court)

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 inspection visit took place on 27 October 2016 and was announced. We gave the provider one days' notice because the location provides a domiciliary care service to people living in their own apartments and we wanted to make sure that people and staff were available to speak with us. The inspection team consisted of one inspector 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.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with twelve people who used the service, four relatives, three members of care staff, two team leaders and the registered manager. We also spoke with a visiting healthcare professional.

We looked at the care plans of two people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited and looked at records that related to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe having support from the staff who worked at the service. One person said, "The staff are trustworthy, and the way they are puts me at ease." Another person told us, "I feel safe with the staff around; they give me reassurance." We were told how the environment helped people feel safe in their own apartments. One person said, "It's very safe here; there is a security door and three other doors to get through which you need a fob for." Another person said, "I'm very safe here; I never need to lock my door." One relative told us, "It's a very safe environment; just look at the security." We saw that people were able to come and go as they pleased and each person had their own key fobs to gain access to all areas of the building.

People were supported by staff who had a good understanding and knowledge about safeguarding people and protecting them from harm. Staff were able to tell us about the different types of abuse that could happen, and knew how to recognise any potential signs of neglect or harm. One staff member told us, "You may think that something is just not quite right with someone; that something is troubling them. So we will speak to people. We have to be clear that we can't promise not to tell anyone, we have a duty to report any concerns." Another staff member said, "We only have to see the slightest scratch on someone and we have to do an incident form and report it to the team leader or manager. If no one can say how they got the mark, then questions are asked." Staff told us they were confident in reporting any concerns and said that these were always dealt with promptly by the management team. We saw that posters were displayed in the public areas that gave people information about safeguarding and how concerns could be reported. This demonstrated that the provider and staff were able to protect people from harm.

Risks to people's safety had been assessed, and staff knew how to support people to reduce any risk of harm. One person said, "The staff are always very careful when they help me and make sure I'm safe." One staff member told us, "There are some people who need to use a hoist to transfer. We always have two carers to do this and follow the guidance that is in place. The team leaders do the assessments about what has to happen and it's all included in the persons support plan. We are always shown how to do things safely beforehand" One staff member described the process they had to follow, and how they would always explain to the person what they were doing. We observed staff moving people in their wheelchairs and saw that they ensured people's feet were on the footplates and that the lap straps were used. The records we looked at confirmed what staff told us, and we saw that these assessments were reviewed and up to date. People had different risk assessments in their support plans that covered various situations that were applicable to each individual. This meant that staff had clear guidelines to follow to minimise any potential risks.

People told us they were able to call for assistance in an emergency by using the alarm system that was in place. One person said, "The carers make sure I have my pendant on so that if anything happens I can raise the alarm." Another person told us, "I did have to press the buzzer to get the carers to come; and they came quickly." One relative said, "My relation has a pendant alarm so they can call for help if they need it." We also saw that people had evacuation plans in place in case of an emergency in the building, such as fire. These were up to date and gave information to staff on how they should support people to safety. One member of

staff told us, "We do have regular fire alarms to make sure that all the equipment is working properly." This demonstrated that there were systems in place to keep people safe.

People told us there were enough staff available to meet their needs and keep them safe. One person said, "Oh yes, never had a problem with that; they always call in regularly to see me and after two o'clock when they change shift." Another person told us, "There are always plenty of staff around, and there is also one who stays at night in case we need them." People we spoke with had varying levels of support needs, and these varied from low, medium and high. The registered manager told us, "We have a good balance of people across the three support levels, and this works well as we know that people will get the help they need." People told us their support visits were usually at the agreed time and the staff were not rushed. One staff member said, "We use the phone system in the building to let people know if we have been delayed, which doesn't happen that often." People were able to choose which company provided them with support in their apartments, and everyone had chosen to receive their care from the provider.

We saw the provider had checked staff's suitability to support people with their personal care before they started their employment. One staff member told us, "I wasn't able to start working here until my police check had come back clear, and they took up three references; two from my previous employers and one as a personal reference." The staff files we looked at confirmed that pre-employment checks were completed which demonstrated the provider had safe recruitment processes in place.

Some people needed support to have their medicines administered. We checked to see this was done safely. One person told us, "The staff give me my tablets and I have [pain relief] patches that they do for me. They are always on time and very gentle." Another person said, "They will give me one of my medicines and make sure I'm okay. I also have other tablets that I do for myself, but they make sure I have taken them as I do forget." One relative told us, "I am fully confident in the handling of the medication for my relation." Staff told us they had to have training before they were able to support people with their medicines, and one team leader said, "We have introduced medicine checks, so that when each call is done the staff will check that the previous medicines have been given. We did have some problems with the recording, and we brought these checks in to reduce the risk of errors. Since everyone has been using the checklist, things have really improved and we know people are getting their medicines as they should." The records we looked at were accurate and up to date. This demonstrated the provider managed medicines safely for people who used the service.

Is the service effective?

Our findings

People received support from staff who had the knowledge and skills to meet their needs. One person told us, "They all just seem to know what they are doing; they don't need to be told. I think their training is very good as they all know what they are doing." One relative said, "The staff are excellent; they do everything that my relation needs. We certainly couldn't do all that."

Staff told us that when they started working at the service, they received an induction to prepare them for their roles. One staff member said, "When I started I had to complete the mandatory training which covered all the important areas. Then I spent two weeks shadowing the other carers. I was told that I could have longer doing this if I wasn't comfortable, but I was fine. I mainly did double up calls to start with which gave me the chance to get to know everyone." Staff spoke positively about the ongoing training they received. One staff member told us, "The manager is really good at sending us on training opportunities." Another staff member commented, "We're always on training here!" Staff described how the training equipped them to carry out their roles effectively. One staff member told us, "We recently did some training about nutrition and how to make people's meals more nutritious. It made me think about who could I do this with to help them. Now when I help one person with their meals, I can put my learning into practice, and their weight is balancing out." This demonstrated that staff received the training they needed to carry out their roles effectively.

The registered manager was in the process of implementing the new national Care Certificate which sets out common induction standards for social care staff and was introducing it for new employees. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager told us, "I'm pushing that the provider rolls this out for staff in the future as it is really beneficial."

Staff told us they felt supported in their roles and were encouraged to develop. One staff member said, "If we are ever unsure about anything, we know we can go to the team leaders, manager or any of the other carers. They are always available to offer advice if we need it." Another staff member told us, "We have supervision sessions where we can discuss anything we need to. We look at our development and I'm now doing my level three NVQ and shadowing at the head office. I probably wouldn't have done this without the suggestions and support from the manager." Staff we spoke with told us how they worked well as a team, and one commented, "We all work well together, and it's good that the manager trusts our judgements. I have more responsibility here than I used to when I was working in the community." One team leader said, "The role has changed dramatically over the last two years. We do a lot more now and complete the risk assessments and person centred plans."

We saw that staff communicated effectively with each other. We observed a handover meeting and the staff shared information about any issues that their colleagues needed to be aware of. One staff member told us, "These handovers are really helpful. Everyone is kept up to date and all the important information is noted on the board. That way we can be sure that nothing is missed." Another staff member said, "I can always

speak to someone if I need to. It's such a difference working here than in the community; we are all based in the same building and can easily find someone if needed. It's much less isolated for us as carers."

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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 application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. People we spoke with were able to make decisions about their care and support. One person told us, "I tell the carers what I want and if I need help with anything. They won't just do things for me." Another person commented, "The staff will always ask if it is alright for them to help me." One staff member said, "We have to consider each person and how it's best to enable them to make choices. Some people can get a bit confused if there is too much choice, so we may offer a couple of options, but make sure we always involve them in making any decisions." We observed staff asking for people's permission before they supported them and gaining consent before entering their apartments. We saw that people had signed their support plans to show their agreement to receive care from the provider. When people were not able to make certain specific decisions for themselves, we saw that their capacity had been considered within their support plans. We also saw that if another person had the authority to make specific decisions for someone, this was documented. Staff were aware of making decisions that were deemed to be in people's best interests if they were unable to make specific decisions for themselves. One staff member told us, "We were involved with a best interests decision for one person who lived here. It was regarding their medicines that had been prescribed 'as required' and there was a discussion with the family and doctor as to what was best for that person."

People were able to make choices about what they had to eat and when they wanted their meals. Each apartment was self-contained with its own kitchen. One person told us, "The staff get my breakfast in the morning and I have meals delivered. I also have my groceries delivered by a supermarket fortnightly. I choose what I want, but the staff will prepare it." Another person said, "I can get my own meals, but today they had a brunch in the main lounge/dining room, so I've had that. Very nice it was too." We observed staff make arrangements with people so they could access the computer in the hobby room to set up their own on line grocery deliveries. One person commented, "I come down every morning for a coffee in the lounge with my friends. The coffee machine we now have is wonderful. It's good to spend time with others." We saw staff offering additional support to people if they needed support to eat their food. This was done in a discreet and caring way, and gave one person the confidence to have their first meal in the communal dining area. Some people needed to have their food and drinks monitored to ensure they had a balanced diet, and we saw that this happened and the staff kept these records up to date. This meant that people were supported to have enough to eat and drink.

People were supported to maintain their health and have access to healthcare services. One person told us, "The staff check on me four times a day, and my condition worsened the other day. They sat with me until the ambulance arrived. I was okay, but they did keep an eye on me throughout the night. I moved here for that type of care." Another person said, "The staff are very good, always keeping an eye out if we need to see someone. I can make my own appointments, but I know that they will do this for people if they need the help." One visiting healthcare professional told us, "Referrals to our service are made promptly when needed. I have no concerns." We saw that people's healthcare needs were recorded in their support plans, and any changes were documented so staff had up to date information available.

Is the service caring?

Our findings

People told us that the staff treated them in a kind and caring manner. One person said, "They are all really lovely. We all can have a laugh and a joke together; I get on really well with all the staff." Another person commented, "I went on holiday for the first time in 14 years recently. The carers rang me every night to see if I was okay. The manager also rang me several times. They were all very good to me and it gave me reassurance." People told us the staff listened to them and would spend time with them. One person said, "They always find the time to come and ask me if I'm okay and have a natter. They are so caring and friendly, all of them." Another person told us, "They will make time to have a chat and won't leave until they are sure I'm happy."

We were told that staff knew people well and one person said, "They know all about me; what I like and dislike, and know all my family as well." People spoke positively about their care and support. One person said, "I could not get any better anywhere else." Another person commented, "It's wonderful. I feel like a family here." One person told us how the provider had planted a tree outside their window so the ashes of their partner could be laid there, and they said, "What can I say, how good is that. They are wonderful here." One relative also commented, "It's brilliant; and so are the staff." This demonstrated that positive, caring relationships had been developed between the people who used the service and the staff.

People were involved in making decisions about their care and support. People told us they were listened to and their views acted on. One person said, "It's up to me how I want things done, and the staff will respect my choices." The registered manager told us, "There are two people who like to have their personal care needs met early in the morning, and so the staff member who does the night shift will support them." People told us they were encouraged to be as independent as possible. One person said, "They all call me 'fiercely independent'; I'm never forced into anything, but the staff will ask me if I want any help with things. Being here has given me a lot of confidence back." Another person told us, "I can manage to do a lot of things myself, but they will ask me if I want them to do anything." One staff member said, "Everyone is encouraged to be as independent as possible, and they can come and go as they please." Another staff member told us, "One person needed a lot more help when they first arrived, but now we may just need to give them a verbal prompt to do things. Their independence has really increased." This meant that people were able to have choice and control about their care and support.

People told us the staff were respectful to them, and one person said, "All the staff do this, I'm treated in a respectful way at all times." We observed staff interacting with people in a positive manner and addressing them in the way they preferred. When people were asked questions about their support, this was done in a dignified way so that their conversations were not overheard by others. Staff told us how they would ensure people's privacy was respected. One staff member said, "Even though we will be in their own apartments, we always make sure that we cover people up with towels when helping them with the personal care." Another staff member commented, "I will support people with their personal care in the one room, so that they have all their clothes to hand, rather than have to go from one room to another undressed." This demonstrated that people's privacy and dignity was respected and promoted.

We saw that people's families and friends were encouraged to be a part of their lives. One person said, "My relative visits at least once a week." We observed families coming and going at different times during the day, and one person added, "There are no restrictions, and we are always made to feel really welcome." We were told that families were invited to attend different social events and celebrations. We saw there was a list of upcoming activities that everyone was able to attend if they wanted.

Is the service responsive?

Our findings

People contributed to the planning of the care they received. One person told us, "I was asked about the amount and type of help I needed, and that's what I get. I know that if things change, we can look at it again." Another person said, "They will leave it to us to choose what we want." One relative commented, "They did an assessment before my relation moved in and we were all part of that." The registered manager told us, "We get referrals through and then there is a panel meeting which involves me, the housing manager and the lead practitioner for the county. We look at the care plans and then I will visit potential customers with the housing manager. We discuss the support that people need and work closely together to make sure it is the right move for people."

The care that people received was responsive to their needs. One person said, "My partners needs increased, and the care was changed. Their response was excellent as I couldn't have done the things they did." The registered manager told us, "It can be difficult to know exactly what someone needs until they have moved in. But we can change things quickly if they need more or less help." We saw that one person's support had been increased whilst they were settling in and the registered manager told us, "We increased their support as soon as we realised that they needed more time. Their relation had been doing a lot for them before, and they do need a lot of reassurance at the moment. I'm sure that over time we will be able to reduce this."

We saw that people's care needs had been reviewed so that they received the support they required. One staff member told us, "People's needs can change really quickly, but the team leaders are constantly reviewing the support plans and note any little changes." Another staff member commented, "The handovers we do at every shift are very informative; we introduced a sheet so that no information is missed. We discuss everything and make sure everyone knows if there are any changes regarding people's care." Staff told us that the support plans in place helped them to meet people's needs. One staff member said, "They give us all the information we need; what people's needs are; how best to support them. Everyone is different, and some have their routines they like to stick to." The records we looked at were individual to people and contained information that helped staff to provide the care that was needed. This included information about their backgrounds and histories. This meant that people received support that was individual to them.

People were able to pursue activities and hobbies that were important to them. One person said, "I like to come down to the main lounge in the morning to see people, then have a quiet afternoon in my apartment. It's up to us to choose what we want to do." Another person told us, "They have lots of activities. We can go if we want. They do ask and then try to accommodate any requests." We were told about the different events that were arranged for people who lived there. One person said, "We're having a party on Monday. They are always doing different things." We saw photos of different celebrations and events that had taken place were displayed on the walls of the communal areas. Another person told us how they enjoyed watching sport on the television, and commented, "They helped me get the system in so I could watch the sport when I wanted." This demonstrated that people were supported to engage in activities of their choosing.

People knew how to raise any concerns or complaints with the provider. One person said, "I did have to raise

something a while ago; and it was dealt with, no problem." People told us they would have no hesitation in raising any concerns with the registered manager, team leaders or care staff. One person said, "I've not had a bad word to say about being here, but know they would listen if there was anything. They are always checking to see if we are happy with things." We saw there was a copy of the complaints process to follow if people had any issues to raise. This was displayed visibly in the communal area. Although there had been no recent complaints, we saw that when issues had been raised in the past, they had been dealt with in a timely manner and according to the policy.

Is the service well-led?

Our findings

People we spoke with were positive about their experience of receiving support from Radis Community Care (Jubilee Court.) One person told us, "I've never lived in a happier place." Another person said, "Moving here was the best things for me, I wouldn't change it for the world." Relatives also gave us positive feedback and one said, "It's excellent." Staff told us they enjoyed working at the service, and one commented, "I love it here. We are able to really get to know people well. We're a small stable team, so can give continuity of care to people." Another staff member said, "I'm putting my name down to live here when I'm older; it's such a good place."

We were told that a positive, open culture had been developed. One person said, "The manager listens to anything you've got to say; they are definitely approachable." One staff member said, "We all work really well together; it's a lovely place to work. Everything is open and honest, and if any of us make a mistake, we learn from it and move on." Staff were aware of the whistle blowing policy that was in place. This is a policy that protects staff if they raise concerns, and enables them to do this anonymously if they chose to. One staff member said, "There is an actual whistle blowing service we can contact. The team leader has told us we can ring them if we ever saw anything that isn't right. They encourage us to use it."

We saw that anonymous customer satisfaction surveys were carried out annually, and that people's comments were acted upon. For example, one person had said that the name badges of the management team were too small and difficult to read. We were told that this had been followed up with the provider and they would be changed. Some of the comments from this survey included, 'As a family member, it is peace of mind and very reassuring to know my relation is well looked after.' Another person had written, 'Jubilee Court carers are to be commended on the excellent friendly, yet professional care they give. They are an asset to your company.'

People we spoke with told us they thought the service was well managed. One person said, "The manager and team leaders are always asking how we are and if they can help." Another person commented, "It all works well and runs smoothly. Everyone knows what they are doing." One staff member told us, "We know that we have a good manager here, we have a good team, and are equipped to keep things running properly if they are absent." Another staff member commented, "I've never known such an interested manager. When they are not here it's fine; I do miss them, but the team leaders are great." We saw a compliment card which read, 'A lot is down to the fantastic team of managers and carers.' Staff told us how they were supported by the management team and one said, "We have our team meetings, annual appraisals, and we know the manager or team leaders are there if we need anything. You can ask them anything at any time. If they don't know the answer straight away, then they will find out."

The registered manager had systems in place to assess, monitor and improve the quality of care people received. We saw that spot checks were carried out by the management team to ensure the care staff were working to a high standard. Staff had implemented daily medicines audits which had resulted in the number of errors being reduced to nil. We saw that people's support plans were audited to ensure they were up to date and included the necessary information. Accidents and incidents were recorded and analysed, and the

information was used to identify actions that were needed. For example, we saw that training for staff had been put into place. This demonstrated the systems were effective at driving continuous improvement.

People who used the service and their relatives knew who the registered manager and team leaders were. We were told that they were available when needed and were approachable. We saw there was a visible management presence, and that everyone knew who each other was. The registered manager demonstrated a clear understanding about their responsibilities as a registered person. They maintained detailed and accurate records that were kept securely, and had informed us about any significant events that needed to be reported.