

G P Homecare Limited

Radis Community Care (Broadleas Court ECH)

Inspection report

Broadleas
St Ives
Cambridgeshire
PE27 5XG

Tel: 01480493170

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15 March 2016

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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

Radis Community Care (Broadleas ECH) is registered to provide personal care to people living in their own homes. During this inspection personal care was provided to eight people, all of whom lived within Broadleas 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. A new manager had taken up post and was in the process of receiving a handover from the registered manager.

This announced comprehensive inspection was undertaken on 15 March 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.

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 caring, kind, gentle and patient. Staff respected people's privacy and dignity. People were encouraged and supported to attend social events and they were supported to maintain and develop hobbies and interests.

People were encouraged express their views on the service provided and to provide feedback on the service in various ways both formally and informally. People were involved in their care assessments and reviews. Care records provided staff with sufficient guidance to enable staff 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. The registered manager and staff were approachable. People's views were listened to and acted on.

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.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

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.

Is the service effective?

Good ●

The service was effective.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported.

People's rights to make decisions about their care were respected. Staff were aware of the key requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to access healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

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

People had opportunities to comment on the service provided. People were involved in every day decisions about their care.

Is the service responsive?

Good ●

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 were encouraged and supported to maintain and develop hobbies and interests.

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.

Is the service well-led?

The service was well led.

The registered manager was experienced 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 (Broadleas 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 15 March 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. This inspection was undertaken by one inspector.

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

During our inspection we spoke with four people who received a service and one person's relative. We also spoke with the registered manager, the new manager, the team leader, two care workers, the business manager and a professional who has regular contact with the service.

During 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, staff training records and records relating to compliments.

Is the service safe?

Our findings

The people we spoke with said that they felt safe receiving the service. All the staff confirmed that they had received training in safeguarding people from harm. We found they 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 individual risk assessments which had been reviewed and updated. Risks identified included hazards such as falls, assisting people to move and those associated with the environment and 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 that had occurred. 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 was experiencing an increase in falls, their environment had been assessed, advice sought 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. We saw that some people wore a pendant which they could use to call staff. This was detailed in their care records.

Records showed that the required checks were carried out before they started working with people. The checks included the prospective staff member's experience, good character, health and whether they had a criminal record. 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, "[The staff] arrive at the right time nine times out of 10. You've got to respect that someone else could be ill. But it doesn't happen often." Records showed that staff visited people within the timeframe stipulated in their care plans. Staff told us there were always sufficient staff on duty to meet people's needs. One person said, "I mostly get the same carers. They are both very nice. I can't find fault with them." A small team of staff provided the care this service. This helped provide the opportunity for staff members to get to know people they assisted well.

People were safely supported with their medicines. People told us they always received their medicines on time. One person told us, "[The staff] give me [medicines] in the morning. They seem to know what they're doing." Another person said, "The carers help me with my tablets. I was sick to death of doing my pills, pills, pills." A third person said, "Staff know down to a tee when to apply [my prescribed creams]."

Staff told us that they had received training in administering medicines and that their competency was checked regularly. Records verified this. 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.

Is the service effective?

Our findings

All four people we spoke with said that staff understood and met their needs. The provider's survey showed that all four people who responded said that they felt staff had been trained and had the relevant skills to support them effectively.

Records showed that staff received training prior to being introduced to people at the service. This included training in topics such as safeguarding, administering medicines, and assisting people to move safely and opportunities to shadow more experienced staff.

Care staff told us they were provided with refresher training and additional training in topics relevant to people's needs and conditions, such as dementia and Parkinson's disease awareness. One staff member said, "I understand dementia better now. It can be so hard for people and their families." Talking about Parkinson's disease, they said, "I know about the symptoms now and how it affects people." They went on to talk about the importance of people being supported to take their medicines at the prescribed times to help them control their symptoms.

Staff told us that they had achieved 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 felt well supported by their managers. One staff member told us about the support their team leader provided when they attended courses. The staff member said they had found attending training courses very stressful. They described attending the training session with the team leader which helped them feel more confident. They said, "[The trainer] is very good. There's a relaxed atmosphere. I felt I learnt things on that. I wasn't under pressure."

Staff said they received regular supervision with senior staff. One member of staff member said they can, "thrash out issues" during these meetings. They said the senior staff carry out spot checks to make sure things are "done properly."

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. Since the new manager had taken up post a week before our inspection they had met people and assessed their capacity to make decisions. The new manager, 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, new 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.

People's rights to make decisions were respected. 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 entering the person's flat or accessing their records.

People told us that staff supported them with their health care needs. One person told us, they had recently been prescribed a short course of medicines which the staff members were supporting them with.

Records further confirmed that people were supported to access the services of a range of healthcare professionals including the person's GP, the occupational therapist and speech and language therapist. This meant that people were supported to maintain good health and well-being.

Is the service caring?

Our findings

People made complimentary comments about the staff. They used words such as, "Caring", "Kind", "Gentle" and "Patient" to describe the staff members who provided their care. One person told us, "[The staff] respect you as a person. They think about your quality of life." Another person said, "[The staff] treat you with respect. They're very polite. They're all lovely."

All the staff told us they would be happy with a family member being cared for by the service. One staff member said, "I like to think I'll end up here. The care is excellent." They went on to tell us how proud they were to say they worked for the service.

Staff actively looked for ways to enable people to be independent. For example, staff referred a person to the occupational therapist for to be assessed for aids that would promote their independence and reduce their risk of falling.

The provider's survey showed that all four people who responded said they felt their privacy, dignity and property were respected. People echoed this view when we spoke with them. People told us staff respected their privacy, dignity and homes. They said staff knocked before entering their homes and made sure the curtains were pulled before providing personal care.

People told us they felt involved in decisions about their care and their everyday lives and that staff listened to them. One person commented, "If you want [something done differently] you just tell [the staff]." Another person told us, "I can't bear a male [staff member] showering me. [The staff] know and respect that." This showed that people's preferences were respected.

Notice boards in the reception area of the housing complex contained information about other local services. This included information about services that were available to people such as advocacy. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

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, "[The staff] look after me very well, all of them."

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 sufficient information for staff to follow so they could provide care safely, consistently, and in the way the person preferred. Examples included guidance on assisting people to move. For example, one person confirmed that staff say "ready, steady, go" when they are assisting them to move. This helped the person be prepared for the manoeuvre.

Staff involved people and, where appropriate, their relatives in writing care plans. We saw that where possible, people had signed to show their agreement. Staff were knowledgeable about people's needs and preferences. People and staff told us 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. This helped staff to ensure they 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 that they had been prescribed a new medicine. We saw that staff had arranged for collection of the prescription and had added this to the person's medicines administration record.

People's care plans provided information to staff about people's hobbies or interests. People told us that staff encouraged and supported them to attend social events that were taking place within the scheme. The provider's survey showed that all four people who responded said they were supported with hobbies and interests. They all said they felt their cultural and spiritual needs were met and understood.

People told us they had never felt the need to formally complain about the service, but they said they knew who to speak to if they had any concerns or complaints. One person told us, "I don't have any worries or complaints." Another person said, "I'd tell a carer and get in touch with [the team leader]. I had one issue a while ago. We had it out. Things have improved and are perfect now. It was sorted out straight away."

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.

Is the service well-led?

Our findings

The service had a new manager who 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. A new manager had taken up post the week before our inspection and was receiving a handover from the registered manager. The new manager was an experienced manager and expressed their intention to register with the Care Quality Commission (CQC).

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.

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

All the people and the visitor we spoke with made positive comments about the service provided and the way it was run. Staff said they felt well supported by the 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. The provider had sent surveys to people receiving a service in September 2015. Four people responded and their responses were very positive. For example, everyone 'agreed' or 'strongly agreed' that that they were treated as a person and were at the centre of their care. They all said their care was discussed with them and their views were listened to. Overall, two people rated the service as 'good, and the other two as 'very good'. An action plan had been devised to address any shortfalls identified. For example, one person said they felt they were not fully involved in all decisions about their care.

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 provider had a quality assurance system in place to monitor the service people received. Their process consisted of an annual audit of the service. The last audit took place in June 2015. The audit was comprehensive and included audits of care records, people's involvement in their care and personnel files. The report contained actions for the registered manager which they told us they had completed.

Records we held about the service, and looked at during our inspection showed that no notifications had been sent to the Care Quality Commission (CQC). A notification is information about important events that

the provider is required by law to notify us about. The registered manager confirmed that no such events had occurred.