

G P Homecare Limited

Radis Community Care (Rowan Court ECH)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rowan Court provides care and support to people living in 'extra care' housing. People using the service live in their own flats within a shared building containing 21 flats. The building also houses the offices used by the registered manager and staff. Not everyone living at Rowan Court received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection 12 people received personal care from Radis staff.

People's experience of using this service and what we found

Staff recruitment records did not always demonstrate that thorough processes were followed when checking staff for suitability before being employed by the service. Staff training continued to be an issue with gaps in the training records for most staff and staff overdue for training.

Systems for monitoring and improving the quality and safety of the service were not always effective. A system of audits was in operation but there was a lack of evidence to demonstrate how this was used to monitor and improve the service.

There was mixed feedback from relatives about the effectiveness of raising concerns and getting feedback. This included about being able to contact the office when they needed to.

Improvements had been made to the systems for managing people's medicines. However, annual refresher training was overdue for most staff.

Staffing levels were determined by the number of people receiving care and support and their needs. People and their relatives confirmed staff turned up on time, stayed the correct length of time, and did not rush people.

Systems were in place to protect people from abuse. Appropriate procedures were in place for the prevention and control of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care needs were delivered in line with their individual assessment and regularly reviewed. People were supported to access health care services. People and their relatives confirmed staff knew people well, respected people's daily routines and were flexible to meet people's needs.

A new manager had recently started and were working alongside management to ensure improvements were in place.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 July 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations and the service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 and 14 March 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing, good governance, fit and proper persons employed, and notification of other incidents.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Radis Community Care (Rowan Court ECH) on our website at www.cqc.org.uk.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Radis Community Care (Rowan Court ECH)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 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.

Service and service type

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and six relatives about their experience of the care provided. We spoke with a health and social care professional who has contact with the service. We spoke with five members of staff including the manager, area manager, area support manager, and two care staff. We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection we found records in relation to satisfactory evidence of staff conduct in previous employment were not maintained. This was a breach of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- The information on one care workers job application form did not match that on their work experience record. There was one reference on file, written by another member of staff, relating to when the care worker had worked at the service previously, until 2017. There was no reference from the last employer. For another care worker, there was also only one reference on file. The previous employer named on the care worker's disclosure and barring service (DBS) check was not included in their previous employment history and there was no reference from them. An employee file audit form was mostly blank.
- The provider's policy on staff recruitment stated at least three written references must be obtained.

Recruitment procedures had not been established and operated effectively to ensure appropriate checks for employees. This was a continued breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives gave mixed feedback about the number of care workers deployed. Some felt there was a shortage of care workers in the evenings and at weekends. Comments included, "At the moment yes, as it is half full, but not when it was busier" and, "I think they could do with having more staff."
- Staffing levels were determined by the number of people receiving care and support and their needs. Records showed the service was delivering on the number of care hours it was commissioned to provide, and this was reviewed regularly.
- The staff rota showed two care workers on duty during the mornings and evenings and one care worker at night. Staff told us staffing levels were manageable given the current level of occupancy. The provider also delivered care at an adjoining service and this gave some flexibility with staffing.
- People and their relatives confirmed staff turned up on time, stayed the correct length of time, and did not rush people.

Using medicines safely

At our last inspection we found the provider did not have an effective system in place to ensure the safe management of medicines. This was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's care plans and medicine records detailed what people's medicines were for and the level of support each person required. Staff signed medicine administration records (MAR) to confirm they had administered medicines as prescribed.
- Where people required support, the provider had a policy and guidance to help ensure that medicines were ordered, stored, administered, and disposed of safely.
- Staff were confident about supporting people appropriately with medicines, according to their assessed needs, and told us about the checks and procedures that were in place.
- A weekly medicines audit was carried out by senior staff.
- The staff training record showed staff had received medicines awareness training and most had received medicines competency checks following the training. Annual refresher training was overdue for most staff.

Systems and processes to safeguard people from the risk of abuse

- The manager understood their responsibilities to safeguard people from abuse. Safeguarding and whistleblowing policies were in place to support staff.
- Staff understood the procedures for keeping people safe and knew how to recognise signs of potential harm or abuse. Staff were confident appropriate action would be taken if they raised any concerns.
- People and relatives told us they felt safe when care workers visited them in their homes and that they knew how to raise any concerns. Their comments included, "I believe mum is safe when the carers are in and I would know who to speak if I was worried" and, "If I didn't feel okay I would tell the staff."
- The staff training record showed that annual safeguarding refresher training was overdue for most staff.

Assessing risk, safety monitoring and management

- Assessments were undertaken to assess any risks to people and to the care workers who supported them. Areas covered by these assessments included risks in relation to the environment, food preparation, personal care, and mobility. Plans set out how risks were minimised or prevented.
- Staff demonstrated an understanding of assessing risk and were aware of individual risks associated with providing care to people.
- A business continuity plan was in place to support the running of the service in the event of an emergency.

Preventing and controlling infection

- There were appropriate policies and procedures in place to control the spread of infection.
- Staff demonstrated understanding of infection control procedures and had ready access to personal protective equipment (PPE), such as disposable gloves and aprons. We observed staff wearing PPE in communal areas and when we entered the building.

Learning lessons when things go wrong

- A health and social care professional told us the service could improve at reporting incidents and this had been discussed with the new manager. We saw training for staff in reporting and recording was scheduled for August 2022 and was a topic of discussion in a recent staff team meeting. We observed accident and

incident forms were completed by staff. There was a system in place for monitoring accidents and incidents for patterns or trends.

- Similar themes involving governance and staff recruitment have come up at other service locations where care is delivered by the provider. Therefore, people's safety could not be assured because lessons were not always learnt following inspections at other services run by the provider.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we found staff did not all receive appropriate support and training to carry out their duties effectively. This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The staff training record included both face to face 'classroom' based training and online training. There were large numbers of gaps and overdue training. This was further confirmed through talking with staff.
- Provider audits had identified non-compliance with training requirements. However, action had not been taken to effectively address the issues.

The failure to ensure staff received appropriate training meant people were at risk of receiving poor quality care from staff who did not have the right skills and competencies to meet their needs. This was a continued breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our initial inspection visit, the manager told us urgent action was being taken by communicating to staff, through supervision and via email, the importance of completing on-line training, giving staff a three-week deadline to complete all on-line updates. Face to face moving and handling training dates had been booked for August and September 2022.
- Records showed the manager had recently re-commenced supervisions for staff and this was confirmed by staff we spoke with.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service had policies and procedures to help them meet the requirements of the MCA.
- Care plans showed that people were able to make their own decisions independently or with support from relatives or other representatives. Where appropriate, documentation was on file to confirm where people's relatives or representatives had been given powers of attorney with authority to take decisions about people's care and support.
- People's records contained documents of their consent to care and evidence of capacity assessments, where appropriate, for example regarding medicines.
- The manager liaised with other health and social care professionals about matters relating to capacity and consent.
- The staff training matrix indicated two staff had completed the providers mandatory two-yearly refresher in the MCA in 2018. Staff we spoke with said they had not, or did not remember having, received training on the MCA.

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

- Each person had an assessment of their needs containing detailed information about their morning, lunch, afternoon and evening routines, as appropriate, and the support they required with tasks such as bathing, dressing, medicines and meal preparation.
- Records of care plan review meetings, including the person's views about their care, were held on the people's files we viewed.
- Staff maintained records of the personal care each person received. The manager told us further training for staff on reporting and recording was planned.

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

- Where people required support in relation to food and drink this was recorded within their care plans. Staff could support people to go to the communal dining area, or assist in preparing a meal, heating up a meal or making a light snack. Care plans also contained information about any specific nutritional needs and food preferences people had.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed people were supported to access healthcare services.
- The manager liaised with other health and social care professionals to help ensure people's needs were monitored effectively. For example, applying for increases in people's care packages when a need was identified.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection we found systems and processes were not robustly operated to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems for monitoring and improving the safety & quality of service were not always effective. Supervisions had not been taking place regularly and training had not been monitored and updated in a timely way. A system of audits was in operation but there was a lack of evidence to demonstrate how this was used to monitor and improve the service.
- The provider's annual quality assurance report for October 2021 indicated a high percentage of compliance following a review of regulatory, contractual and company standards and requirements. The audit included service user and staff records, policies and procedures, systems, and quality of service. The audit did identify shortfalls in relation to staff training records, supervisions and spot checks. A service improvement meeting took place in December 2021.
- Further internal audit records followed in 2022 that also identified the same continuing shortfalls as well as noting a lack of up to date quality assurance monitoring within the service.

A lack of robust quality assurance processes meant people were at risk of receiving poor quality care. This is a continued breach of Regulation 17(1)(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had been without a registered manager since 27 May 2022. At the time of our inspection a new manager had recently been appointed, who confirmed they would be applying to become the registered manager.
- The manager had re-commenced staff supervisions and had an action plan in relation to service user and

staff files and records.

- Any patterns of accidents or incidents were monitored and reported to senior management by the manager and staff at the service.

At our last inspection we found the provider had not always notified CQC when required of specific incidents affecting the health, safety and welfare of people using the service. This was a breach of Regulation 18(2) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The manager understood the requirements of duty of candour; and the regulations about when to notify us about specific incidents. A record was kept of notifications sent to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People and their relatives confirmed staff knew people well, respected people's daily routines and were flexible to meet people's needs. A relative commented, "Yes, it has been better under the new management." All said they would recommend the service to someone else.
- We received mixed feedback about raising concerns or complaints and whether these were acted on appropriately. One relative said, "Yes, I do feel able to raise them, but I am not confident with the process after I raise things – I don't get any feedback." Other relatives told us, "Yes, since the new management" and, "Yes, the manager, they respond when we have issues and keep me well informed." A health and social care professional told us, "Yes I feel able to raise concerns. I need to give the new management a chance to prove they will act."
- A relative told us, "The manager has stepped down and someone else has taken over and I have yet to meet her. On the whole it's good, not outstanding, but they are approachable, although at times they make you feel like you are being a bit of a pest."
- Staff told us, "(Manager) is making a lot of changes. For example, making sure staff report and record any complaints." Staff also commented that the manager was, "Checking the staff are alright."

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

- During November and December 2021, a stakeholder satisfaction survey was sent to people who use the service and their families. 16 people responded to the survey with answers indicating a high level of overall satisfaction with the service.
- Staff confirmed team meetings were being held, where they could raise any issues. They told us the manager was approachable and fair. They told us they felt well supported in their roles and described staff morale positively. "We have got quite a good team here. Everybody helps each other."
- People's relatives gave mixed feedback about whether they were able to contact the office whenever they needed to and how staff responded to them. One relative told us, "Sometimes a bit hit and miss getting someone to pick up, there have been times when I have gone in and there are no staff around. In the evening 5pm onwards, they are doing their rounds and there is no one in the office and you can't find anyone." Other relatives told us, "I have never tried to. Always seems to be somebody in the office or around" and, "No issues there is always someone there and if I leave a message, they get back to me quickly."

Working in partnership with others

- Feedback from some relatives and a health and social care professional indicated there was a lack of

consistency in relation to communications, sometimes very good and sometimes absent, specifically around medical interventions. The daily records of care visits were not always well maintained so family members could see who had been in and when and what assistance was given. One relative told us, "If you raise an issue, I don't know how it gets logged or acted upon."

- The health and social care professional also commented that the service had been, "Supportive and flexible" and that the new manager had acknowledged the service could be doing more from a social aspect and was looking to improve on this.
- The manager told us they were working with the housing provider and local authority commissioners to help ensure services met people's needs. They said they had set up a communication log for people's family and friends, which was kept in tenant's rooms.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>A lack of robust quality assurance processes meant people were at risk of receiving poor quality care. This is a continued breach of Regulation 17(1)(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures had not been established and operated effectively to ensure appropriate checks for employees. This was a continued breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The failure to ensure staff received appropriate training meant people were at risk of receiving poor quality care from staff who did not have the right skills and competencies to meet their needs. This was a continued breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

