

G P Homecare Limited

Radis Community Care (Nichols Court)

Inspection report

Nichols Court
Flaxfields, Linton
Cambridge
CB21 4AF

Website: www.radis.co.uk

Date of inspection visit:
26 July 2022

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06 September 2022

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Radis Community Care (Nichols Court) is a domiciliary care service. It is registered to provide personal care to people living in an extra care housing service. Extra Care Housing is specialised accommodation on a shared site. People using the service lived in their own flats. "Not everyone who used the service 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 the inspection 17 people received personal care.

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

Quality assurance systems had not always identified shortfalls found during our inspection. For example, in relation to recruitment processes and notifications not being submitted. We have made a recommendation about the provider's quality assurance system is reviewed so any shortfalls are identified, and an action plan is implemented.

Staff understood the different types of abuse and who they should raise any concerns with. People were supported by staff to access health care professionals when required. People were supported by enough staff who had received training to ensure they had the skills required to care and support people who use the service.

People told us they were happy with the support they received, and had no complaints. Each person had a person-centred care plan which reflected their needs and choices. Care plans were regularly reviewed and updated when people's needs changed. Policies and procedures were in place to manage complaints. Complaints were investigated and responded to appropriately.

Staff supported people to remain as independent as they could be, and people were involved in decisions about the care they received.

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.

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

Rating at last inspection

This service was registered with us on 11 August 2021 and this is the first inspection.

The last rating for the service under the previous provider was good published on 14 February 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Radis Community Care (Nichols Court)

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

This inspection was undertaken by one inspector.

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 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

We gave the service 48 hours' notice of the inspection. This was because we wanted to gather information about the service before visiting. We also needed to be sure that the manager would be in the office to

support the inspection.

The inspection activity started on 21 July 2022 and ended on 4 August 2022. We visited the location's office on 26 July 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration and used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to the start of this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative. We also spoke with the area manager, manager and three care staff who worked at the service. We reviewed a range of records. This included two people's care records, medication records and a variety of records relating to the management of the service, including policies and procedures. We also reviewed three staff files in relation to recruitment, staff supervision and training.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were recruited although the provider had not fully followed their own policy which required three references to be obtained. The area manager told us this would be put in place retrospectively and going forward as they recruit further staff. Staff had undergone a Disclosure and Barring Service (DBS) check prior to starting at the service. This check helped ensure applicants were suitable for the role working with adults.
- There were sufficient staff who had enough time to provide care and support to people. One person told us, "Staff are usually on time and they don't leave until everything is done. They are wonderful."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse.
- Staff were aware of signs and systems of abuse and the procedures to follow should they have concerns abuse may occur or has occurred. The manager ensured that incidents were reported to the local authority when appropriate.
- People told us they felt safe. One person told us, "I feel safe here, the building is well protected and there is always somebody here."

Assessing risk, safety monitoring and management

- Risk assessments were completed and regularly reviewed to protect people from avoidable harm and provided staff with guidance about measures needed to mitigate those risks.
- Accidents and incidents were recorded and reviewed by the manager to identify emerging themes. This enabled action to be taken to prevent reoccurrence or reduce the level of risk. Although review was taking place and appropriate actions taken, we discussed with the manager that recording of their review and outcome could be more clearly documented.

Using medicines safely

- Staff had received training to administer medicines safely and had their competency checked. Medication records were well maintained. People told us they received the medicines they needed
- There was a clear guidance in place to advise staff when and how to safely administer people's 'as and when' required medicines such as painkillers or prescribed creams.

Preventing and controlling infection

- Systems were in place to safely manage and control the risk of infection being spread.
- All staff had received infection control training and had access to personal protective equipment (PPE).

Learning lessons when things go wrong

- There had been no notifiable accidents since the provider took over the service. However, the manager was able to explain how they would look for trends through an analysis of the incidents and accidents. They told us they would ensure that staff are made aware of any learning during handovers and team meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and took into account their physical, mental health and social needs.
- Care plans evidenced people's needs and choices were well reflected and were in line with current standards.

Staff support: induction, training, skills and experience

- People we spoke with felt staff had the skills and experience to support them.
- Staff received an induction and training to do their job. The manager told us that if staff required additional training to meet a person's needs this would be arranged.
- Staff we spoke with said they felt well trained and supported to do their job role. Records showed staff received regular supervision and had an appraisal of their skills and abilities.
- Regular spot checks on staff practice were to be undertaken by the manager. This would help ensure staff had the right skills and knowledge to provide effective care.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of and supported people with their nutritional needs.
- Staff worked well with external agencies to ensure professional guidance was available when required in order for people to maintain their health and wellbeing. One person told us, "Staff keep an interest in our welfare, and they would call a doctor if we required one or even a district nurse."

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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in the MCA to ensure they understood people's legal right to consent to their care.
- People were involved and consulted on all decisions about their care and support. Consent was recorded within people's care plan files. One person said, "Staff are always ask me what I need before they help me."
- The manager told us if they had concerns about people's capacity to make decisions, advice and support had been sought from social workers involved in their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- Staff supported people in a friendly and caring manner. One person said, "Everyone is very kind and considerate. [Staff] chat to me while helping me." Another person told us, "[Staff] are kind and very good and I am happy with all of them."
- People's individual needs, including any related to equality and diversity, were assessed and their support was tailored to meet these needs. Equality and diversity training was provided to staff.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful in supporting people to remain as independent as they could be. Staff told us of the importance of ensuring people remained independent so they weren't reliant on them for everything and could remain in their own home.
- People were treated with dignity and respect. One person said, "Staff treat me well, and always show respect and protect my dignity. They are always nice to me."
- Records and personal information were stored securely in line with requirements.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about the care they received and were able to make choices. Their views and preferences about how they would like their care to be delivered were captured and recorded in care plans. Relatives were consulted and involved when appropriate.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person-centred and reflected their needs. Personal choices about how they wanted their care to be delivered and what was important to the person was also recorded.
- Review meetings were being undertaken with the manager to ensure care plans continued to reflect people's needs.
- Staff were proactive in highlighting when people may require additional support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded within their care plans. The manager and area manager told us that they could get information into alternative formats, to support people when needed. For example, in audio.
- Details of advocacy support were available within the building.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to handle complaints.
- Complaints were investigated and responded to appropriately. Records evidenced that follow up checks were made to ensure the person was satisfied with the response they had received, and that learning had been captured.

End of life care and support

- No-one using the service was in receipt of end of life care and support at the time of the inspection.
- People's care files contained details of people's decisions in respect of their end of life care. For example, 'Do not Resuscitate' forms.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Improvements were required to the governance systems in place. As not all shortfalls had been identified prior to our inspection. For example, the receiving of references prior to commencing employment. Whilst we noted in some audits areas that required improvement had been identified, there was no system in place to demonstrate that there was any follow up, a date for action to be completed by or the person responsible for ensuring the action was taken.
- The previous registered manager cancelled their registration in June 2022, and we had not received a statutory notification about the management arrangements in place as required.
- A manager had been appointed and was in the process of applying to register with CQC
- The manager and area manager were open and honest about the improvements which were needed. They told us, that changes were being introduced gradually. This was to ensure improvements were more likely to be maintained in the long term.
- Following our inspection, the manager and the area manager developed an improvement plan to address the concerns raised during the inspection. We saw several of the actions had been completed. We recommend the providers quality assurance system is reviewed so shortfalls are identified through robust auditing and an action plan is implemented.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were positive and told us they enjoyed working at the home. One staff member said, "We have a good team and all work together."
- Staff told us the manager was approachable and their door was always open. One staff member said, "I am comfortable reporting concerns."
- Meetings and surveys for people and staff were due to be carried out.

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

- The manager was aware of their responsibilities around duty of candour. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.

Continuous learning and improving care

- The manager told us that any lessons learned would be discussed during handovers, supervision sessions and staff meetings to reduce the risk of any reoccurrence.

Working in partnership with others

- The manager told us they had a good working relationship with social workers and professionals.