

G P Homecare Limited

Radis Community Care (Fernhill Court ECH)

Inspection report

Oakmount Road
Chandlers Ford
Eastleigh
Hampshire
SO53 2ER

Tel: 02380275914
Website: www.radis.co.uk

Date of inspection visit:
06 February 2020

Date of publication:
21 May 2020

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

Fernhill court provides personal 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 services.

Not everyone using 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 our inspection the service was providing personal care for 20 older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

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

At this inspection we found the provider and registered manager had made improvements to the service. They were compliant with the fundamental standards set out by law although further actions were required to embed good working practices in the service.

People told us they had noticed positive changes in the service and told us they felt confident to raise any concerns with the registered manager. The new area manager was supporting the registered manager in promoting an open and inclusive culture within the service.

People were happy with the overall care and support being provided. We observed the registered manager and staff treated people with respect and this was confirmed by the feedback we received from people. People's comments included: "The staff are all good", "You can't fault the carers" and "The team leader and (registered manager) do a fantastic job."

People using the service told us they felt safe. Risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks. People were supported to maintain their health and staff contacted healthcare professionals when they had concerns about people's health and wellbeing.

Improvements had been made in the way people's medicines were managed and audits were carried out and recorded. A system was in place to track and record relevant checks for staff employed to work in the service. The registered manager was continuing to work on updating records for staff who had transferred from the provider's other services.

Improvements were continuing to be made to the system for monitoring the training that staff received and further specific training was being sought that included dementia awareness. Where people required

support in relation to preparing food and drink this was recorded within their care plans.

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.

The service was responsive to changes in people's needs. Staff we spoke with demonstrated understanding of people's needs. A record of complaints received, and actions taken in response, was available.

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 13 February 2019) and there were multiple breaches of regulation. We requested an action plan from the provider after the last inspection to show what they would do and by when to improve. We did not receive the action plan.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave a short period notice of the inspection because the service operates an extra care housing service to people in their own homes. We needed to be sure that a member of staff would be there to meet us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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 seven people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, area manager, team leader and two care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including staff supervision, policies and procedures were reviewed. We received feedback from a community care professional who had regular contact with the service.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection we found recruitment practices were not safe. The provider did not obtain a full employment history of staff before employment commenced. This was a breach of regulation 19 (Fit and proper persons employed) 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 19. These improvements will need further embedding.

- Records for a member of staff recruited since the last inspection contained all the required checks and information including a full employment history.
- The registered manager told us they were working on updating existing staff files, which included staff who transferred from other Radis services, and showed us records of audits related to this. The most recent audit was dated November 2019 and a number of actions from this were still to be completed.
- There were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs. Rotas were planned four weeks in advance.
- There was some mixed feedback indicating that while staffing levels could vary at times, staff were responsive to people's needs. One person said, "There are when they have a full complement but we rarely have that. They pinch them (staff) for the other places." The person had a call alarm and also told us, "If I ring it three times they come at the double. I've only done that once." Another person said, "It depends on how many flats are occupied. If some are empty there are too many staff." Another person told us, "If I need them in between (calls) I press my call bell, they are here in a couple of minutes. They know if I ring, I need them. They talk through the intercom and they come straight up."

Using medicines safely

At the last inspection we found there was not an effective system in place to ensure the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) 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.

- Medicines administration records (MAR) were completed by staff and checked regularly by the

management team. Where the service took delivery of people's medicines for them, this was individually recorded.

- Records showed staff medicines competency checks were now being completed.
- People's medicines records now contained guidance and information to support staff when giving "when required" (PRN) medicines.
- There were charts to show how prescribed topical medicines were applied.
- People who received support with their medicines, such as prompts and reminders to take them, generally felt the systems worked well. One person told us, "Some (staff) are more efficient than others. I take (medicine) for pain every four hours. If I have to wait five hours it takes longer for them to work." They said, "I spoke with the team leader yesterday and raised it with them." They added "All the (staff) are good."

Systems and processes to safeguard people from the risk of abuse

- Staff were required to read the safeguarding policy and complete safeguarding training as part of their induction.
- Staff understood the procedures for keeping people safe and knew how to recognise signs of potential harm or abuse. Staff confirmed they had received safeguarding training.

Assessing risk, safety monitoring and management

- People confirmed they felt safe with the support provided by the service. A person told us, "When I've been shopping they take the shopping off the back of the chair, put it away, go through the fridge and check the dates on things."
- Assessments were undertaken to assess any risks to people and to the care workers who supported them. Areas covered by these assessments included risks relating to the home environment and equipment, food preparation and moving and handling. Plans set out how risks were minimised or prevented.
- Staff demonstrated understanding of assessing risk and least restrictive practice.
- A business continuity plan was in place to support the running of the service in the event of an emergency.

Preventing and controlling infection

- Care plans contained relevant guidance for staff, for example when providing personal care or preparing food.
- Staff induction training included infection prevention and control and staff were provided with personal protective equipment (PPE) such as aprons and gloves.

Learning lessons when things go wrong

- The provider had a policy and procedure for recording and reporting accidents and incidents and appropriate records were held on file.
- Regular audits took place and any necessary actions were recorded and shared with staff. If errors occurred when staff were giving medicines, the individual members of staff received further training and competency checks.
- A team leader and staff communications book had been introduced to help ensure messages were not missed.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection in December 2018 we found staff did not all receive appropriate support and training to carry out their duties effectively. This was a breach of regulation 18 (Staffing) 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 18. These improvements will need further embedding.

- An action plan was implemented in July 2019 following an internal audit, which stated a lot of staff training was out of date, or had not been completed. The registered manager had acted on this and recorded that most of the staff training was completed and others were booked.
- At this inspection the available training records indicated most training was up to date and showed the dates when refresher training was due. Records of moving and handling and medicines awareness training were being updated. The last two staff who required training updates were booked onto training scheduled for later in the month.
- A care professional told us, "Training for staff was identified as needing improvement, which was acted upon. However, there appear to remain issues with the training tracking system provided by Radis for the manager to use and record the training attended by the staff and when refreshers are needed."
- Training included an induction, medicines awareness, moving and handling, safeguarding, reporting and recording, Mental Capacity Act, health and safety, and infection control.
- The registered manager told us they had added dementia training to the programme and basic life support theory training was being rolled out to staff. Additional office space was available for training and supervision and there were now monthly training sessions and a dedicated trainer for the provider's services in Hampshire.
- Staff supervision and spot checks to assess performance were being carried out and recorded by the registered manager and team leader. The team leader told us they were given four days training for their role and felt this was in-depth.
- People's comments included: "The (staff) all work well as a team" and "Very good, very efficient."

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.

- The service worked with partner agencies during the assessment process, including the local authorities who commissioned some of the care packages.
- People, and their relatives or other representatives if appropriate, were involved in the assessment of their needs and the planning of their care and support.

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. Care plans also contained information about any specific nutritional needs and food preferences people had. People confirmed they received the support they required and as agreed in their care plans.

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

- People's care records showed relevant health and social care professionals were involved with people's care when required. For example, the community mental health team.
- Staff supported people to access services in line with their needs. A person told us, "If they see I need a doctor, they phone the doctor for me."

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 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. 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.

- The registered manager confirmed there was no-one receiving care who was subject to any restrictions on their liberty.
- Care plans showed that people were able to make their own decisions independently or with support from relatives or other representatives.
- Staff told us online training was provided in relation to the MCA. The service had policies and procedures to help them meet the requirements of the MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us they were happy with the overall care and support being provided. One person said, "The vast majority of the carers that I come into contact with are absolutely fantastic, I can't speak highly enough of them. 98% of the staff here are here because they want to be, they want to help. I think caring is a vocation rather than a job. They care about the individual." Others told us, "Absolutely brilliant. I have no qualms at all. They all have their different ways but they all do the care to the same standard. They all pop in to see me, even when it's not my care time, to see I am alright" and "The carers are lovely. The one I had this morning I can guarantee comes in with a smile. In a few minutes she has me laughing."
- We observed the registered manager and staff treated people with kindness and empathy and knew them well.

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

- People confirmed they were involved in decisions about their care and support and this was reflected in a recent survey carried out by the provider. A person told us, "Since I have been here it's the best care I've had. They all treat me with respect. If I say I don't want to do something they accept that."
- Care plans were written in a way that respected people's choices, wishes and individuality.
- Staff demonstrated knowledge of people's individual needs and preferences regarding their support.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person said "When I first came I was asked if I would prefer male or female (staff) and I said female. They (male staff) don't do my personal care but they might bring me lunch." Another person told us, "They are always polite and nice."
- We observed the managers and staff were respectful toward people and promoted their privacy, dignity and independence. Staff knocked on people's doors and waited for their permission to enter.
- Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the last inspection we found the provider did not have an effective complaints system in place to ensure people's complaints were responded to appropriately. This was a breach of regulation 16 (Receiving and acting on complaints) 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 16. These improvements will need further embedding.

- People felt comfortable to raise any concerns with the registered manager and felt they were listened to. One person said, "I'd go to the top, no qualms about going to the top. I'd inform the person who I had the complaint about as a matter of courtesy."
- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.
- There had been one complaint since the last inspection. A complaint had been received in October 2019 and, while the registered manager had spoken with the complainant and staff involved, the complaint was not yet resolved. Following discussion with the registered manager they agreed to review their actions to resolve this complaint.

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

- People felt that their support plan met their needs. Their comments included: "I'm always quite happy and satisfied with what is done. They are scheduled to visit morning, evening and mealtimes but they pop in extra times as well. They pop in for a chat, 'do you want anything?' I certainly get extra help. They are always willing to do any shopping if I don't have any visitors" and "I have an excellent relationship with the carers. They will pop their heads round at extra intervals during the day. They go above and beyond what they are expected to do."
- Support plans contained details of people's agreed care schedules, their routines and preferences. This information included individual morning, lunch, afternoon and evening routines, as appropriate, and the support people required with tasks such as bathing, dressing, medicines and meal preparation. The plans would enable staff to provide personalised care in line with each individual's needs. Support plans were reviewed and updated.
- The service was providing more social activities on site, such as films and quizzes and the registered

manager was looking at expanding this further.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included sections about their personal histories and current communication needs and abilities, including whether they wore glasses or hearing aids. For one person staff used simple gestures to help the person understand the context of what was being said. Pictures showing expressions of emotions were also used.
- Staff demonstrated understanding of how individuals communicated their needs, likes and dislikes. For one person staff wrote down what they were saying because it helped the person to understand better.
- The service had access to a range of communication formats, if required, through the provider organisation.

End of life care and support

- At the time of the inspection, staff were supporting one person who was receiving palliative care, under the advice and support of the GP and community care professionals.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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. Regulations were now being met but improvements will need to be embedded in practice to ensure they are sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found there were systems in place to monitor the quality and safety of the service provided, however these were not always effective. This was a breach of regulation 17 (Good governance) 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 17. These improvements will need further embedding.

- Audits were carried out and action plans were drawn up in order to continually monitor and improve the service. The registered manager was working to complete some of the actions, such as reviewing and updating staff records, identified in a quality assurance action plan implemented in July 2019
- We did not receive the action plan we requested from the provider following the previous inspection in December 2018.
- Improvements in the service were reflected in people's feedback. For example, "A lot of it has to do with (registered manager). Some is down to the carers themselves taking ownership...The fact that they feel comfortable enough to go to the manager can only be a good thing" and "I have every confidence in (registered manager) and (team leader) and the majority of carers."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager and the new area manager promoted an open and inclusive culture. They maintained a presence within the service and acted to improve the service where needed.
- People's comments about the registered manager included: "She's the one who can order things for you. She's very pleasant and sometimes she just calls in to see you" and "She's okay, she's good. Everything is good" and "If I needed to, someone would get in touch with her." Another person told us, "From the residents' point of view the management are extremely approachable which I think is important."
- Staff were being supervised and felt supported by the management team. Information was shared with staff at team meetings.

- The provider had appropriate policies in place as well as a policy on duty of candour to help ensure staff acted in an open and transparent way in relation to care and treatment when incidents occurred.

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

- The provider had produced a service user satisfaction survey report dated December 2019. There were eight responses to 23 questionnaires sent out and the majority of those responses were positive. A service development plan was attached to the report and stated it was the manager's responsibility to review and address any individual issues raised in the report. The registered manager was in the process of reviewing the report.
- A person told us, "One thing I think personally might be something positive looking forward is maybe once a quarter or every 6 months it would be good to have a residents meeting with the management, which might help to look to see what further improvements could be made." They added, "It's important the managers' don't stop listening, and to make it easier for everybody could only be a good thing."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with the local authority and local district nursing team.
- A care professional told us, "Communication between ourselves and Radis has improved in the last year following the appointment of a new manager at Fernhill and a new area manager, although issues and concerns remain." For example, "It remains a concern for us that there does not seem to be sufficient management back up when the scheme manager is on leave." Their comments also included positive feedback: "Radis has worked proactively to increase the range of social activities on offer in all the schemes" and "There is no delay in accepting people back from hospital."
- The provider now had three quality assurance officers, where previously there had been one, who provided support in relation to policy updates and monitoring service provision.
- The registered manager told us they were being well supported by the area manager and the new team leader.