

G P Homecare Limited

# Radis Community Care (Laburnum House ECH)

## Inspection report

Laburnum Road  
Hedge End  
Southampton  
Hampshire  
SO30 0QG

Tel: 01489785852  
Website: [www.radis.co.uk](http://www.radis.co.uk)

Date of inspection visit:  
08 March 2023

Date of publication:  
06 June 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Laburnum House 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 37 flats, or in one of 14 bungalows. The main building also houses the offices used by the registered manager and staff. Not everyone living at Laburnum House 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 17 people received personal care from Radis staff.

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

People and their relatives commented positively about the management and staff and told us they received care and support in line with their preferences and needs. We received some mixed feedback about the service from one external professional. We asked senior management for a response to the feedback and received assurances.

Systems were in place to protect people from abuse and for the prevention and control of infection. People and their relatives confirmed there were sufficient staff on duty to meet their needs and preferences. Staffing levels were determined by the number of people who were in receipt of personal care and their needs. There was a system in place to ensure the safe management of people's medicines and people confirmed they received their medicines in the way they preferred.

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.

There was an ongoing system of audits to monitor the quality and safety of the service and a plan for continuous improvement. The service had been working in partnership with the local authority and with the housing association on improving the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 27 May 2020)

### Why we inspected

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

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 is now good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Radis Community Care (Laburnum House ECH) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Radis Community Care (Laburnum House 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post since July 2022 and had submitted an application to register, however they withdrew their application a week before this inspection. The provider was in the process of selecting a new manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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 2 people living at Laburnum House, the manager, a senior manager, a team leader and 2 members of care staff. We reviewed a range of records, including care plans and medicines records for 4 people, recruitment records for 2 staff, training records, and quality assurance records. Following the inspection visit we spoke with 6 people living at Laburnum House and 3 family members. We received feedback from two external professionals.

# 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. The rating for this key question has now changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we found staff training records for safeguarding were incomplete. At this inspection we saw improvements had been made.
- There were policies and procedures for safeguarding people and staff had access to these. Staff told us, and records confirmed, they received safeguarding training and updates.
- Staff were aware of their responsibilities in relation to safeguarding and felt confident about raising any concerns with the leadership team.
- Everyone we spoke with told us they or their relatives felt safe at Laburnum House. People knew who to speak with if they had any concerns. People also told us staff treated them with respect and maintained their dignity and privacy when providing support.
- An external professional told us they had concerns about the timeliness of the service raising concerns and safeguarding issues. We saw the service development plan had identified improvements were needed in relation to the documentation of 2 safeguarding referrals and the manager was following this up.

Assessing risk, safety monitoring and management

- Risk assessments were undertaken to identify any risks to people and to the staff providing support. 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 were aware of the policy and procedure for recording and reporting accidents and incidents. Incident records included if and when further action was needed. For example, staff were to support a person to follow advice from an occupational therapist.
- Audits were undertaken of health, safety and security within the service. The service had a business continuity plan in the event of an emergency and this was communicated to staff.

Staffing and recruitment

- 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.
- Staff told us there were enough staff to meet people's current needs. They said 3 new people were due to move in and staffing would be reviewed in light of this.
- The majority of people we spoke with told us there were enough staff. One person felt there should be more than one member of staff on duty at night. Another person said, "It would be helpful if there were more staff as they seem always so so busy." People confirmed staff stayed the agreed length of time during care visits and supported them at their own pace.
- Records for recently recruited staff contained all the required checks for safe recruitment. The manager

told us they chased up any missing staff information to ensure records were held in line with the provider's policies. An improved IT system had made tracking recruitment applications more efficient.

#### Using medicines safely

- At the last inspection we found staff training records for the safe management of medicines were incomplete. At this inspection we saw improvements had been made.
- Staff received training in administering medicines and their competency was checked and recorded. Staff demonstrated knowledge and understanding of the procedures for managing medicines.
- Systems and processes were in place to effectively manage people's medicines. 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.
- Senior staff completed regular audits to ensure medicines were being managed in line with policies and procedures.
- People confirmed they received support with their medicines if they needed it and in the way they preferred. A relative told us their family member needed to take medicines at specific times and the staff were good at supporting them to do so.

#### Preventing and controlling infection

- There were appropriate policies and procedures in place to control the spread of infection.
- Guidance and training was provided for staff in preventing and controlling infection. Staff demonstrated understanding of infection control procedures and had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.
- People and relatives confirmed staff wore appropriate PPE when providing personal care.

#### Learning lessons when things go wrong

- Audits were carried out and learning shared with staff. This included sharing examples of good practice with other services within the organisation.



# 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 changed 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, while some improvements had been made, training records were still incomplete. At this inspection, further improvements had been made. Provider audits showed the service was regularly checked for compliance with training requirements.
- The staff training record included both face to face 'classroom' based and online training. Training included, for example, manual handling, risk assessment in the home, equality, diversity and inclusion, and dementia awareness.
- The majority of people told us they felt staff had the right knowledge, skills and qualities to provide care and support. One relative indicated staff would benefit from further training in providing support to people living with dementia. They told us the situation had improved since the new manager had taken up post.
- Records showed staff received spot checks, supervision and appraisal and this was confirmed by staff we spoke with.
- Staff demonstrated knowledge and understanding of the needs of the people they supported and of providing respectful, person centred care.

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. Staff maintained records of the personal care each person received.
- Records of care plan review meetings, including the person's views about their care, were held on the people's files we viewed.
- People confirmed they had a care plan, which staff discussed with them, and told us staff followed the care plans. A relative told us, "The care plan was discussed with me and him and was just reviewed...The care plan is always in the flat so I can read it. I find that really useful. They are very understanding. They prompt him. They don't tell him, they encourage him."
- An external professional told us, "The care team provide the care as per the care plans but also encourage people to be independent and mobile where possible."

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

- People confirmed that, where appropriate, staff supported them at mealtimes and checked to make sure they had enough to eat and drink. Most people were independent in this respect.
- 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 received training in nutrition and hydration and three yearly refresher training in safe food handling.

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

- People confirmed staff supported them to maintain their health and contacted a GP or other health service if they needed it. This was confirmed in people's health records. A relative told us, "They (staff) are very vigilant. for example, mum had a mark on her leg and (staff member) was on the phone to the nurse straight away and also rang me."
- 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.
- An external professional told us, "As a team working at Laburnum House, we have a great rapport and support each other in making it feel a safe and secure place to live. The team support each other in emergency situations and appear to deal with issues with little input from higher management."
- Another external professional told us the service, "Have taken on a new challenge agreeing to accept health training for a client (who) requires specific nutritional support...The staff to my knowledge have all now had the training and the move is going ahead."

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 Mental Capacity Act (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 found the service was working within the principles of the MCA. The manager confirmed there were no Court of Protection cases currently at Laburnum House.
- Staff received training in MCA and knew how to raise any concerns about people lacking capacity to understand or consent to care and support.
- People told us staff asked for their consent before providing care or support. For example, a person said, "They always ask my consent or permission for everything." People confirmed staff asked how they preferred to be supported and respected their wishes. Feedback included, "They help my independence as I can wash and dress myself" and "I'm quite independent and they do what I ask."

# 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 has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found the improvements made to the systems in place to monitor the quality and safety of the service needed further embedding. At this inspection we found further improvements had been made.
- Records showed a range of checks and audits were carried out regularly to monitor and ensure the quality and safety of the service people received. The provider's annual audit had been carried out in December 2022. This audit picked up some recruitment information that was still needed, improvements to some care plans and some general areas for improvement. The manager was working to a service development plan to improve the service.
- Other audits included a health, safety and security audit. The most recent of these found the service to be compliant with relevant policies and procedures and had identified no issues.
- Staff were clear about their roles and responsibilities and were supported through regular supervision and team meetings. The manager used staff team meetings to discuss areas of responsibilities and clarify expectations. Safeguarding, data protection and confidentiality, were part of the set agenda during meetings.
- The service had been without a registered manager since 27 May 2022. The current manager had been in post since July 2022 and had applied for registration, however they withdrew their application a week before this inspection. The provider was in the process of selecting a new manager.
- People and their relatives said the manager was approachable and they could talk to them and were listened to. They said they were able to contact the office whenever they needed to and received a response.
- An external professional told us they had received feedback from relatives of people moving in which concerned how accessible staff were on site. They had fed back their concerns to senior Radis management. We followed this up with Radis and received assurances as to how the service ensures contact details are available and the parameters of the service delivered are explained.

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

- People and their relatives said they would recommend the service to others. People's comments included, "I would recommend it 'cos I like it here" and, "I would recommend it because of the carers really, they are really good carers. So helpful and nice. They watch me but know I'm independent as well." A relative said, "It's such a lovely place and it's a safe environment. Independent living in a safe environment."

- An external professional told us, "If you asked me the question whether I would be happy for my relative to live there, then the answer would be yes. (Team leader) has a great team and great teams come from great leadership."
- People told us staff knew them well and understood their needs. Staff respected their daily routines and were flexible to meet their needs.
- We observed staff interacting with people in a friendly, respectful and supportive manner.

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

- People confirmed they had recently completed the provider's quality survey questionnaire but had not yet had feedback on the results.
- A quality monitoring visit was carried out by the manager or team leader to ask for and record people's individual feedback. We saw a record of visits undertaken in January and February 2023. Any actions identified through these visits were discussed with staff at team meetings.
- An external professional told us, "There is something very special about Laburnum House. It presents a warm and friendly atmosphere as soon as you walk through the door. The residents engage well and participate in activities provided by the care team but also meet for morning coffee or just a daily chat, there is lots of laughter and genuine buzz about the place when all of the residents get together."

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; Continuous learning and improving care

- The provider and manager were aware of the duty of candour and when to notify CQC of specific incidents affecting the health, safety and welfare of people using the service.
- Staff understood the requirements to record incidents and accidents. These were monitored by senior management for any patterns.
- The manager told us networking had increased between the managers of the provider's local services, including managers meetings so learning could be shared.
- People told us they felt able to raise any concerns or complaints; and these were listened to and dealt with appropriately.

Working in partnership with others

- An external professional told us, "There has been improvement in terms of social activities at the scheme." They also commented, "The scheme at Laburnum has a lot to offer and I feel that some positive changes have been made to support residents." However, they said they felt contact between their agency and the service was very one sided. We asked senior management for a response to these concerns and received assurances.
- Another external professional felt the service worked well in partnership with their agency.
- The manager told us there was joint working with the local authority commissioners and with the housing provider to ensure the service continued to meet people's needs.