G P Homecare Limited

Radis Community Care (Somers Court)

Inspection report

Somers Court
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Radis Community Care (Somers Court) is a domiciliary care agency. It provides personal care to adults living in their flats within Somers Court. 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 this inspection, 21 people received the regulated activity, personal care.

People's experience of using this service and what we found
The provider had systems in place to check the quality of the service provided. However, these were not sufficiently robust and had not identified the shortfalls we found during this inspection in relation to care records and failure to notify CQC of important events.

Staff knew the people they cared for well and understood, and met, their needs. People were protected from avoidable harm by a staff team trained to recognise and report any concerns. Staff assessed and minimised any potential risks to people. However, staff were supporting one person to smoke cigarettes, but this had not been risk assessed and staff did not have any guidance to follow to ensure they provided the support safely. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination.

The provider had systems in place to make sure they only employed staff once they had checked they were suitable to work with people who used the service. There were enough staff to meet people's needs safely. People received care from staff who were trained and well supported to meet people's assessed needs.

Staff supported people to have enough to eat and drink. They worked with external professionals, following their guidance, to support people to keep well.

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. People were involved in making decisions about their care and support. However, staff had not always obtained evidence that other people had the legal authority to make decisions on behalf of a person.

Staff treated people with dignity and respect. However, staff did not always record information and store it in a person-centred way. They supported people to develop their independence. Support was person-centred and met each person's specific needs. People and their relatives were involved in their, or their family member's, care reviews. The registered manager sought feedback from people about the quality of the service provided.

People's care plans provided staff with guidance on how to meet each person's needs. The service did not provide specialist end of life care but had continued to care for people at the end of their life with support from external health professionals. The area manager told us they were looking to further develop end of life

and future wishes care plans to ensure people's wishes were known to staff. Staff worked in partnership with other professionals to ensure that people received care that met their needs.

Systems were in place to deal with any concerns or complaints. The team leader told us they tried to address any concerns at an early stage, thereby resolving issues before they became complaints.

We identified three breaches of regulations. This included two breaches of the Care Quality Commission (Registration) Regulations 2009, relating to the provider's failure to notify the CQC of important events, and one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to good governance. Please see the 'action we have told the provider to take' section towards the end of the report.

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

Rating at last inspection
The last rating for this service was good (published on 19 April 2017). At this inspection the rating went down to requires improvement.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service. We will return to re-inspect in line with our inspection timescales for services rated requires improvement.

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
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 (Somers 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out 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.

The registered manager had recently left the service. CQC were processing their application to cancel their registration with us. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. It is a condition of the providers registration that a registered manager runs the service

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a manager would be in the office to support the inspection.

What we did before the inspection

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We used information the provider sent to us, including that in the Provider Information Return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make.

We also asked for feedback from the commissioners of people's care, Healthwatch Cambridge and from healthcare professionals who have regular contact with the service. We used all this information to plan our inspection.

During the inspection
Inspection activity started on 17 September 2019, when we visited the service's office, and ended on 25 September 2019.

During our visit to the service's office and extra care housing scheme, we spoke with four people, one person's relative, and five staff. The staff included two support workers, the team leader (who was managing the service), the area manager, and a registered manager from another of the provider's services.

We reviewed a range of records. These included sampling three people's care records and one staff file in relation to recruitment. We also looked at a variety of records relating to the management of the service, including audits and quality assurance reports, complaints and compliments.

On 20 September 2019 we spoke with a compliance manager about the provider's failure to notify us that the registered manager had left. We spoke on the telephone with two people's relatives on 23 September 2019.

During the inspection period we received feedback from two external care professionals and additional information from the area manager regarding notifications.

Good

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they, and their family members, felt safe with the staff supporting them. A relative told us, "There's always someone on call if there is a problem. I pulled the [alarm] cord accidentally and [staff] came within a minute." An external professional told us, 'All care provided appears to be of a safe standard.'
- People and staff had information about how to keep people safe and how to contact the local authority if concerned.
- Staff had received training and understood how to safeguard people from harm or poor care. They knew how to recognise, report and escalate any concerns to protect people from harm.

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe. For example, to help people to move safely and to reduce the risk of falls. However, one person had recently restarted smoking cigarettes and staff were supporting the person to do this. However, senior staff were unaware of this and there was no documented risk assessment or care plan to guide staff in how to do this safely.
- Staff were aware of how to report accidents and incidents. Senior staff reviewed these and took action to reduce the risk of recurrence.
- Staff stored people's personal information securely within the office.

Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work at the service.
- There were enough staff employed to meet people's care and support needs. People told us staff were reliable. A staff member told us, "We had a little time when morale was quite low because we were short staffed. [Manager's] upped our staff and it runs like clockwork now."

Using medicines safely

- People were satisfied with the way staff supported them to take their prescribed medicines.
- Staff received training and senior staff checked their competency, to administer people's medicines.
- Staff administered medicines to some people and reminded others to take them. People's care plans guided staff in the level of help each person needed to take their medicines safely. Staff had clear guidance to follower where people were prescribed medicines to be taken 'when required'.
- Senior staff audited medicines records to check medicines were given in line with the prescriber's instructions. Where they had identified any concerns, they had investigated and taken appropriate action.

For example, providing staff with additional support or training.

Preventing and controlling infection

● Staff had received training in the prevention of cross contamination and infection control and used single use protective equipment, such as disposable aprons and gloves, when providing personal care.

Learning lessons when things go wrong

● Senior staff reviewed accidents and incidents and took action to reduce the risk of recurrence. For example, referring people to external care professionals, such as the falls team after people had experienced falls.

Requires Improvement

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 good. At this inspection this key question deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- One person's record showed a relative had told staff they had legal authorisation to make decisions regarding their family member's health, welfare and finances. However, staff had not requested evidence of this and could not therefore be certain the relative had this authority.
- Staff told us one person got confused when they left their home and they were concerned they would not find their way back. In order to keep the person safe, staff told us they encouraged the person not to leave the scheme. There was no guidance in place to guide staff in how they should support the person with this.
- The team leader told us the previous registered manager had carried out a mental capacity assessment in relation to a person's ability to consent to care and support with their medicines. However, they could not find this during the inspection.
- People told us that staff always obtained their consent before providing care.
- Staff had an adequate understanding of the MCA and told us they encouraged people to make decisions for themselves and sought consent before providing care.

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

- People's care was planned and managed in line with good practice guidance. People told us staff understood and met their care needs. One person said, "The staff are smashing. They look after me well." A relative told us, "The actual care is top notch. [Staff] are so good."
- People's care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet.
- Staff delivered up to date care in line with good practice and current guidance. Senior staff provided support workers with information about people's specific health conditions, for example, guidance on reducing falls.

Staff support: induction, training, skills and experience

● People told us that they thought staff were well trained. People praised staff, one relative said, "[Staff] seem to know what they are doing."

● Care workers were competent, knowledgeable and skilled to carry out their roles effectively.

● The provider's staff induction process for care workers reflected the Care Certificate. This training included a set of standards that social care and health workers must apply in their daily working life. It is the minimum standards that should be covered as part of their induction training as a new care worker.

● In addition to training, care workers also 'shadowed' more experienced care workers until a senior staff member assessed them as, and they felt competent to, provide care alone.

● Staff had received training and refresher training in subjects such as moving and handling, safeguarding people from harm, and first aid.

● Staff told us they felt well supported by the team leader and each other. One staff member said, "The support from [senior staff member] is absolutely amazing. She is always there, we are there for [her]. That's what's kept us going." Another staff member said, "I just want to praise the people I work with. It makes my job nicer."

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

● Staff supported people to eat and drink enough. Staff provided a cooked main meal at lunch time which most people took in communal dining rooms and made it a social occasion. They also provided food for breakfast, and a prepared light tea, for people to take in their flats. People told us the food was very nice and that they had a choice. A relative told us staff identified when their family member wasn't eating very well and encouraged them to eat more.

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

● People told us that staff supported them to access external care professionals, such as their GP, when needed. One person had written to the manager, complimenting staff on the support they had received. They wrote, 'I would like to tell you how good [care worker] was when I was ill last week. She was very kind and rang the doctor for me.' A relative also wrote thanking staff for their 'prompt action' which led to hospital treatment, although their family member did not recognise the seriousness of their symptom.

● A healthcare professional told us staff made referrals "appropriately" and "in an adequate time frame."

Good

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 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; equality and diversity

- People received care from a small team of mostly well-established staff who got to know them well. This helped ensure each person receive continuity of care. People and relatives made positive comments about the staff and the service they, or their family member, received. One person described the service and staff as, "Lovely." A relative told us the staff were "so good to" their family member.
- Staff were compassionate and reassuring when providing care. One relative told us, "[Staff] were very compassionate. [My family member] would say, 'I'm nuisance', [staff] always said 'no you're not'. They were fantastic."
- People and staff had developed good relationships. People told us that they liked the way staff joked with them. We heard one person affectionately call a staff member by a nick name. They told us, "She's so good." Staff had also fostered good relationships with relatives, enabling them to feel comfortable telephoning, or speaking to staff when they visited.
- An external care professional told us the things they thought were good about the service. They said, "Continuity of care. Familiar, friendly, kind faces [of staff]. Long standing members of staff who know [people] well. Caring and thoughtful."
- Staff told us they would be happy for a family member to be cared for by this service. One staff member said, "Given the staff who are currently here, I'd feel happy with the care they provide."

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

- People had choice about how they wanted things done and the staff respected their choice. People told us they felt staff listened to them and respected their choices. Everyone who responded to the provider's survey felt they were involved in decisions about their care.
- Where appropriate, staff involved relatives in decisions about people's care. One relative told us, "They speak to me when I visit about whatever's going on. They leave me notes, like [whether my family member is] eating, or had a fall."
- The team leader told us that if people were unable, or required support, to make decisions independently, they would arrange for them to use the local advocacy service to support this. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us, and the provider's survey showed, that staff treated them with respect and promoted their privacy and dignity when supporting them with personal care. Relatives and an external professional agreed

with this view.

● People told us that staff helped them to maintain their independence. An external professional said some staff member's caring nature led them to do things for people rather than empower them and promote people's independence. They said this had improved under the previous registered manager's leadership and it was clear the team leader was continuing this.

● People's records were stored in their flats, and securely in the service's office. However, staff used a 'communication book' to share important information with each other, such as changes in people's needs or events that had occurred. We found staff had recorded personal information about people in this book but had not always recorded it in people's records. This was not person-centred and meant that if a person or professional reviewed a person's records, they may not have access to all the relevant information. The team leader and area manager told us they would review this practice immediately.

Good

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 good. At this inspection this key question remained the same. 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 and relatives told us staff supported people in a way that met their individual needs and preferences. Everyone who responded to the provider's survey said they understood their care plan and felt it met their needs.
- An external professional told us, "The [team leader] and care team had a firm knowledge on every [person] and could always be relied on with the knowledge on individuals.
- People's care plans provided guidance to staff on the support people needed. A staff member told us, "We go by the care plans to see what care [people] need. We do the extra bits as well, as sometimes we are the only people they see." For example, light housework.
- Staff reviewed people's care plans and consulted people about them.

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.

- The team leader told us they could provide information in other formats where this was required to support people to understand it. However, people did not have access to menus to advise them of what meals were planned and available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans contained detailed information about their social history and what was important to them. People told us that staff knew them, their care needs, and their interests well. One person told us, "[The staff] know I love books. The staff are fantastic."
- The provider's contract with the local authority did not include arranging events or activities. However, staff helped people with poor mobility to attend events arranged or co-ordinated by the housing manager.

Improving care quality in response to complaints or concerns

- Systems were in place to deal with any concerns or complaints. The team leader told us they addressed any concerns at an early stage, thereby resolving issues before they became complaints.
- People knew how to complain, and people told us they were very satisfied with the care they received and no reason to complain.
- There had been three complaints against the service in the last 12 months. Records showed these had

been taken seriously, investigated, and feedback on the outcome given to the complainants.

End of life care and support

● Staff had not received training in end of life care and the service did not provide specialist end of life care. No one was receiving end of life care at the time of this inspection, but staff had supported people in end of life care in the past. They told did this with the support of external care professionals, such as the community nurse, following any guidance they put in place. This helped to ensure staff understood people's wishes, the care they needed and how to provide this.

● The family of a person who had received end of life care complimented the staff of the level of personalised care their family member received. They wrote about how 'happy and safe' their family member had felt, and how being able to stay in their home gave them and the person 'great comfort'. They wrote, 'We were there the day [the person] passed away and the care was so touching, even down to spraying her with perfume as she did love to smell nice.'

● People's care plans contained very limited information about their end of life wishes. The area manager told us they were looking to further develop end of life and future wishes care plans to ensure people's wishes were known to staff.

Requires Improvement

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 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.

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; Continuous learning and improving care

- At the last inspection we found the registered manager and provider had not fulfilled all their legal obligations in relation to notifying the CQC of important events. The registered manager told us they would address this for future events.
- At this inspection we found the provider had again not fulfilled their legal obligations and failed to inform us of important events that had affected people living at the service. These included: the last registered manager had made two referrals safeguarding; and that a person had developed a grade four pressure ulcer. Records showed staff had taken appropriate action to address the risks. However, the lack of reporting limited the CQC's ability to respond accordingly where this may have been required.

We found no evidence that people had been harmed. However, systems were either not in place or not robust enough to ensure CQC was appropriately notified of important events affecting people. This placed people at risk of harm. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager left the service on 31 March 2018. However, the provider had not notified CQC of this, and the new management arrangements, until almost two months later.
- A new manager registered with the CQC in October 2018. When we contacted them to arrange this inspection, staff told us they had left the service. Again, the provider had failed to notify us of this, although the registered manager had given them three months' notice prior to leaving.

We found no evidence that people had been harmed. However, systems were either not in place or not robust enough to ensure CQC was appropriately notified when registered managers proposed to stop managing, or when someone other than the registered manager, managed, the regulated activity at the service. This placed people at risk of harm. This was a breach of regulation 15 (Notice of changes) of the Care Quality Commission (Registration) Regulations 2009.

- Following our inspection, we explained the requirements of regulation 15 to the providers compliance manager. They then sent us a notification, telling us of the temporary management arrangements for the service.

● Until a new manager took up post, the team leader was managing the service with support from the area manager. People and relatives knew the team leader. They and staff had confidence in her. One relative told us, "[Team leader] is currently managing the place. She's always been very helpful. I can't speak highly enough of [the staff]." Staff confirmed they could also speak with the area manager if they had any concerns. An external professional also praised the team leader. They said, "[Team leader] is a credit at the scheme and always positive to work with. She knows the [people] so well and is a credit to her work."

● Our last inspection we found the provider had systems in place that assessed and monitored the quality of the service, including shortfalls and the action taken to address them. However, records did not always show that shortfalls had been identified or addressed.
● This continued to be the case at this inspection. For example, the provider had not identified the failure to notify CQC of important events. In addition, although senior staff audited care records they had not identified shortfalls we found during this inspection. These included that staff were not asking to see evidence of legal authorisations, such as power of attorney documentation, and staff were not always recording information about people in a person-centred way, that complied with good practice.
● The provider's policy was that a quality assurance officer carries out a quality assurance visit and issues a report of their findings annually. The area manager showed us the last report which was dated 3 July 2018. This meant they had not followed their own policy and the next visit was two months overdue.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate quality assurance was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the last quality assurance visit the quality assurance officer issued a report of their findings and an action plan. The area manager told us that all these areas had been addressed.
● Senior staff carried out effective audits of people's medicines and related records.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People and relatives were complimentary about the service they received.
● Staff liked working at the service. They said they got on well and worked as a team. Some of the staff had worked at the service for many years. They had built positive relationships with the people using the service and had a strong sense of loyalty towards them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives knew how to contact senior staff.
● The provider asked people to comment on the service provided. This was through face to face reviews and surveys. The survey responses were overall positive. Where there were shortfalls the provider had put an action plan in place for the registered manager to follow. The area manager told us they were following this through with the team leader.
● The management team supported the staff team, as well as the people they provided a service to.
● Team meetings provided staff with an opportunity to feedback suggestions for improvements and to discuss a variety of issues, including any concerns about providing care effectively.

Working in partnership with others
● Staff worked in partnership with other professionals to ensure that people received joined-up care. These

professionals included GPs, community nurses, care organisers, and others involved in a person's care.

● An external professional told us, "It's been a challenging year for both [the housing provider] and the care provider to unite under one roof together (with some ups and downs to understand what's housing and what's care) but I must comment it has been a pleasure to do so and now the results speak for themselves." A compliment from an external care professional read, 'Thank you so much to you and team for all your help and support. You are brilliant and a pleasure to work with.'

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	Regulation 15 Registration Regulations 2009 Notifications – notices of change Systems were either not in place or not robust enough to ensure CQC was appropriately notified of when registered managers proposed to stop managing, or when someone other than the registered manager, managed, the regulated activity at the service. Regulation 15 (1) (a) and (b)

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Systems were either not in place or not robust enough to ensure CQC was appropriately notified of important events affecting people. Regulation 18 (1), (2) (a) and (e)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate quality assurance was effectively managed. This was a breach of regulation 17 (1) (2) (a) (b) (c)