G P Homecare Limited

Radis Community Care (Millbrook House)

Inspection report

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Date of inspection visit:
14 November 2016

Date of publication:
30 December 2016

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?	Good

Summary of findings

Overall summary

Radis Community Care (Millbrook House) is registered to provide personal care to people living in their own homes. During the inspection personal care was provided to 22 people, all of whom lived within Millbrook House.

Our last inspection took place on 21 and 24 September 2015 and as a result of our findings we asked the provider to make improvements to medicines management, the application of the Mental Capacity Act 2005, and monitoring the quality of the service provision. We received an action plan detailing how and when the required improvements would be made by.

This unannounced inspection took place on 14 November 2016. There were 17 people receiving care at that time. We found that sufficient improvements had been made in regard to all areas.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to ensure the ongoing suitability of staff to work with people who used the service. Staff were trained to meet the needs of the people they provided a service to. They were well supported by their managers. There were sufficient staff to meet people's assessed needs.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm. People were supported to manage their prescribed medicines safely. People's health, care and support needs were effectively met and monitored.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People received care and support from staff who were kind, caring, pleasant and respectful to the people they were caring for. Staff treated people with dignity and respect. People were involved in the writing and reviewing of their care plans.

Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person. Changes to people's care was kept under review to ensure the change was effective.

The registered manager was supported by a staff team that included team leaders and care workers. The service was well run and staff, including the registered manager, were approachable. People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. There

were systems in place to monitor the quality of the service. When areas for improvement were identified action was taken to address the shortfalls.

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.

People were supported to manage their prescribed medicines safely.

There were systems in place to ensure people's safety was managed effectively.

There were sufficient staff to ensure people's needs were met safely.

Is the service effective?

Good

The service was effective.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People received care from staff who were trained and well supported.

People's healthcare needs were effectively met and monitored.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, caring, pleasant and respectful.

People were involved in every day decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care records were detailed and provided staff with

sufficient guidance to ensure consistent care to each person.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

Is the service well-led?

Good

The service was well led.

The service had an effective quality assurance system that was used to drive and sustain improvement.

The registered manager was experienced and staff were managed to provide people with safe and appropriate care.

People were encouraged to provide feedback on the service in various ways.

Radis Community Care (Millbrook House)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 14 November 2016. It was undertaken by one inspector. We told the registered manager two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office at other services that they manage, and we needed to be sure they would be present for our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.We used this information to assist with planning the inspection.

We asked for feedback from the commissioners of people's care and Healthwatch Cambridge.

During our inspection we spoke with four people and one relative. We also spoke with the registered manager, one team leader and one care worker. We observed how the staff interacted with people who received the service.

We looked at five people's care records, staff training records and other records relating to the management of the service. These included audits and survey results.

Good

Is the service safe?

Our findings

At our inspection on 21 and 24 September 2015 we found that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage them. This was a beach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 14 November 2016 we found there were improvements in the way medicines were managed.

People were satisfied with the way staff supported them to take their prescribed medicines and said they received these in a timely manner. One person said, "[The staff] bring [my medicines] to me four times a day. They give them to me. I should forget I'm sure." Another person commented, "[The staff] give me my medicines."

We saw that people were safely supported with the administration of their medicines. Staff reminded people what their medicines were for and that they needed to take them to keep well. There were appropriate systems in place to ensure people received their medicines safely. Where appropriate, staff had ensured medicines were stored securely. Medicines were administered in line with the prescriber's instructions. Appropriate arrangements were in place for the recording of medicines administered. Checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly. Staff told us that their competency for administering medicines was checked regularly. We saw that refresher training was provided regularly with additional training sessions provided when staff required this.

People who received the service said they felt safe. One person told us they felt safe "because of the people around me." They went on to praise the staff. They said, "[The staff are] perfectly good. They're always pleasant."

Staff told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm.

Records showed that risk assessments were carried out to reduce the risk of harm occurring to people, whilst still promoting their independence. These included risks such as slips, trips and falls, the environment and the use of equipment to help people maintain independence with their personal care. For example, we saw that staff had completed risk assessments in relation to the use of a shower chair. This included information about the person's ability to follow instructions. The risk assessment and care plan included clear guidance for staff to reduce the risk of harm occurring during use.
Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and incidents were recorded and acted upon. For example, we saw that people were monitored following a fall and consideration was given as to whether a referral should be made to the specialist falls team. We saw these actions helped to minimise further risk.

Staff had considered ways of planning for emergencies. Each person had a recently reviewed individual evacuation plan within their care plans. This helped to ensure that appropriate support would be given in the event of an emergency, such as a fire at the service.

There were systems in place to ensure the ongoing suitability of staff to work with people who used the service. In addition to checks, such as two written references and a criminal records check, being carried out when a staff member was first recruited, further checks of criminal records were carried out every three years.

People told us that staff arrived at the expected time and carried out all the tasks they expected. One person told us they had had cause to use their call alarm on one occasion. They told us, "[The staff member] did come quickly." Another person said, "[The staff] come quickly. They're very good." On the day of our inspection one member of staff was absent at short notice. The two remaining staff members covered all planned calls and people told us they had been kept informed and they reported no negative impact on their care. Staff told us that staff absence was usually covered from within the existing permanent staff team. The registered manager told us that additional staffing could also be provided by another of the provider's nearby services.

Good

Is the service effective?

Our findings

At our inspection on 21 and 24 September 2015 we found that where people did not have the mental capacity to make decisions, processes had not been followed to protect people from unlawful restriction and unlawful decision making. This was a beach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 14 November 2016 we found improvements had been made.

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. The application procedure for this for people living in their own homes is through the Court of Protection. The registered manager and staff told us that no-one was deprived of their liberty at the time of our inspection. However, the registered manager confirmed they were aware of the requirement for such applications to be made should the need arise.

We found the service was working within the principles of the MCA. People were supported by staff who had knowledge and understanding of the MCA. Staff understood the importance of, and how to, support people with decision making. Where people had been assessed as not having the mental capacity to make specific decisions, we saw that decisions were made in their best interest. Records showed that the views of appropriate people had been taken into consideration. This included people who knew the person well. This showed that consideration had been taken to ensure the service was provided in people's best interest and in the least restrictive manner. We noted that one person's relative held power of attorney and had signed the person's care plan on their behalf. However, it was not clear from the records whether the power of attorney included decisions about health and welfare. The registered manager told us they would follow this up.

Where people had the mental capacity to do so, they were invited to sign to show their involvement in and agreement to the care planning process.

People told us they liked the staff who worked at the service and that their care needs were met. One person said, "[The staff] treat me well." They said they thought staff were well trained because "they know what to do."

Staff told us, and records showed, they were trained in the subjects deemed mandatory by the provider such as moving and handling, safeguarding people from harm and food hygiene. Staff told us that training was a mixture of classroom based and e-learning. For example, senior staff received classroom based first aid

training while other staff received this via e learning. Staff told us that they would have preferred to have received first aid training face to face rather than online.

Staff had also had the opportunity to receive training in other areas relevant to the needs of the people they were supporting. For example, records showed that 11 of the 15 staff had received training in dementia care.

Staff had appropriate qualifications for their roles. Of the 15 staff employed, 12 had completed level two or three national vocational qualifications (NVQs) in health and social care. These are all nationally recognised qualifications.

Staff members told us they felt well supported by the senior staff team. One member of staff told us, "[The senior team] are really good, we couldn't wish for better than [team leaders names]." Staff said, and records showed, they received regular formal supervision, spot checks of their work and annual appraisal.

People told us that their healthcare needs were met. Records confirmed that people were supported to access the services of a range of healthcare professionals, such as their GP and occupational therapists. This meant that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the staff. One person said, "[The staff are] very good. They're very kind. They're always pleasant." A relative told us the staff were all "very good."

The service had received three written compliments since our last inspection in September 2015. Two of these were from relatives who praised staff members. One read, "We cannot thank you enough for all your hard work and care towards our [family member]. Especially at the end when we take great comfort in knowing that [our family member] was with two special [care workers] who worked their hardest in such a terrible situation. May you know that I will always hold a special place in my heart knowing what you did for my [family member] on that sad evening." Another read, "Thank you for all you've done for my [family member] over the years. It truly means a lot to us all."

The third compliment was from a person who received the service. They wrote,
"You have been enormously helpful in helping me to see my situation/ life as it is now (which was difficult after my recent setbacks in my health). I can now look forward to a more active life, however long it takes, while accepting and being happier as I am, each day of the journey."

Both the staff we spoke with said they would be happy with a family member receiving care from this service. One staff member said, "We've a nice bunch [of staff] and there's a nice community here. I'd love mum and dad to [receive this service]."

Throughout our inspection the staff member who introduced us to people in their flats maintained a caring attitude towards people. This included knocking and, where appropriate, waiting for a response before entering the person's flat. They also introduced us and explained the reason for our visit. During our visits the staff member also provided additional assistance to a person who required help outside of their normal call times. People clearly had good relationships with staff. One person told us, "I get on with them all. We have a laugh. We're well looked after."

Care plans incorporated information to help reduce people's anxieties. For example, one person's care plan stated, "Care worker to check [person] is dressed each day and reassure [the person they] can cope on [their] own." Staff were aware of this and talked about the need to regularly reassure the person.

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans.

We saw that where possible people were involved in the writing and reviewing of their care plans.

People who required advocacy were supported in a way which best met their needs. For example, relatives and people who knew the person well were consulted about people's care and involved in best interest decisions. Information was available in the reception areas of the housing complex for accessing formal advocacy. Advocates are people who are independent of the service and who support people to decide

what they want and communicate their wishes.

Care records were written in a way that promoted people's independence and dignity. For example, care plans instructed care workers to "obtain consent" and "ensure privacy" while supporting people with personal care.

People told us that staff respected their privacy and dignity when supporting them. One told us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. Another person's care plan instructed staff to let themselves in and call out, "Hello" as they entered. We saw staff followed this instruction. This meant that staff respected and promoted people's privacy.

Good

Is the service responsive?

Our findings

People and relatives felt that staff understood and responded to people's needs. One relative told us, "Whatever I ask for I get. [Staff] come at night when it's time to go to bed. Otherwise I'd be up all night." A relative told us they felt their family member was "looked after very well." All three people who responded to the provider's survey said that their care plan met their needs.

People's care needs were assessed prior to them receiving the service. This helped to ensure staff could meet people's needs. This included people's life history, preferences, allergies, friends and their hobbies and interests. This assessment formed the basis of people's care plans and helped ensure that the care that was provided would effectively and consistently meet people's needs. For example, there were clear instructions as to the support people required during bathing and showering.

Staff completed records of each visit to each person. These showed an overview of the care provided on each occasion and any changes in the person's well-being since the previous visit. Staff told us that communication was good across the team and that senior staff drew their attention to any changes in people's care or support needs.

People's care plans reflected their hobbies and interests. People told us that staff encouraged and supported them to attend social events that were organised within the scheme. These were included in people's care plans so that staff were aware of when they were taking place. For example, one person's care plan stated, "[Person] can choose if [they] want to attend a social event but may need reminding more than once that something is happening."

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager or another member of staff would listen to them and address any issues they raised. One person commented, "I'd ring my [relative]. They'd sort it out for me."

Information about how people could complain, make suggestions or raise concerns was available in the service's folder in people's homes. Staff had a good working understanding of how to refer complaints to senior managers for them to address if they were not able to immediately resolve people's concerns. The registered manager told us of the importance of talking with people and addressing issues raised promptly and before people felt the need to formally complain. There had been no complaints since our last inspection.

Good

Is the service well-led?

Our findings

At our inspection on 21 and 24 September 2015 we found the provider's quality assurance system did not effectively assess and monitor the quality of the service. This was a beach of Regulation 17 (1) (2) (b) (e) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 14 November 2016 we found improvements had been made.

The provider and registered manager sought people's views about the service. For example, people had been interviewed by senior staff and asked for feedback on the service. Their responses showed the feedback received was positive, with people saying the care workers showed respect and listened to them.

Surveys had recently been sent to people. The registered manger had received three responses at the time of our inspection. These too contained positive feedback with all three people saying the service met their needs. One person said, "I don't receive much care from [the service] but it's 'service with a smile' and the carers are encouraging whilst staff give excellent support." Another respondent said they received, "[A] good service from a supportive and hardworking team."

The registered manager showed us records that demonstrated that she monitored the service weekly. These included checking people's care plans had been reviewed, that medicines had been appropriately administered, and that staff had received supervision and training.

The provider had carried out an annual quality audit of the service in September 2016. This covered all aspects of the service including checks of care and staff records. Following the inspection the provider produced an eight point improvement plan for the registered manager. The registered manager told us they had completed this and that all areas had been addressed.

The current registered manager had been appointed since our last inspection. They registered with us on 21 July 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted to the CQC in a timely manner.

In addition to this service, the registered manager was also registered to manage three of the provider's other services. She therefore spent only part of her time at this service. Each service had its own staff team, although some staff did work across the services to cover leave.

The registered manager was supported at this service by a staff team that included care workers and team

leaders. Staff were clear about the reporting structure in the service. From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the care needs and preferences of the people receiving this service.

We received positive comments about the management of the service. One staff member told us they felt the registered manager was "firm but fair." They told us that the registered manager addressed issues and ensured company policies were followed. For example, meeting with staff when they returned to work after sick leave. Staff told us the manager was always available and returned their calls promptly.

All the staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They all told us that they felt confident about reporting any concerns or poor practice to more senior staff including the registered manager. Staff said that the manager was approachable and was available by telephone is they were not at the service. They said they could speak freely at team meetings and during formal supervision sessions.

We saw the registered manager liaised with the providers of other services to ensure the service ran smoothly and in the best interests of the people receiving it. For example, staff told us there had been a problem with the call alarm system in the building. They said that calls did not always register on it, leaving people at risk of calling for assistance and not receiving it promptly. We saw the registered person had raised and followed this up with the landlord to ensure that matter was addressed.