

G P Homecare Limited

Radis Community Care (Poppyfields)

Inspection report

Poppyfields
Chapman Way, Eynesbury
St Neots
Cambridgeshire
PE19 2PF

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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

About the service:

Radis Community Care (Poppyfields) is a domiciliary care agency. It provides personal care to people living in their own flats within an extra care housing scheme. It provides a service to older people. There were 15 people receiving a personal care service at the time of our inspection.

People's experience of using this service:

People told us they continued to feel safe. Risks in relation to people's health, safety and welfare had been identified and action taken where appropriate. Enough staff were employed to meet the needs of the people they provided a service to. Medicines were safely managed. There were systems in place to monitor incidents and accidents and learn from these.

Staff were skilled and competent and knew the people they supported well. People's care, health and cultural needs were identified so staff could meet these. People were supported to maintain good health. Staff made referrals to health professionals when required. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.

People continued to receive care from staff who were kind and caring. People's privacy and dignity was protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People received person centred care that met their needs. Care plans gave details of how people would like their needs met. People said they knew how to make a complaint if needed.

People and staff told us the service was well managed and had an open and friendly culture. Managers and staff worked in partnership with other agencies to ensure people got the care and support they needed.

Rating at last inspection:

Requires Improvement. (Previous report published April 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

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

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

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 effective

Details are in our Effective findings below.

Good ●

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 well-led

Details are in our Well-Led findings below.

Good ●

Radis Community Care (Poppyfields)

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 planned this inspection 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:

One inspector carried out the inspection.

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 service.

Not everyone using Radis Community Care (Poppyfields) received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 the service 24 hours' notice of the visit to the office because we needed to be sure that staff would be available. This inspection took place on 15 April 2019.

What we did:

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider must let us know about. In February 2019 the provider had sent us a completed provider information return (PIR). The PIR 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 took this into account when we inspected the agency and made the judgements in this report. During our inspection, we spoke with four people using the service and one visitor. We also spoke with three members of care staff and the registered manager. We checked two people's care records and two people's medicines administration records (MARs). We checked records relating to how the agency is run and monitored, such as audits, accidents and incidents forms, staff recruitment, training and health and safety records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.

At the last inspection improvements were required in the management of medicines. At this inspection improvements had been made which meant that medicines were being administered safely.

- Staff were able to describe the process for administering medicines to people who required support.
- People told us they were happy with the support they received to take their medicines. One person told us, "The [staff] always help me with my tablets every morning. I know what I am taking and what they are for."
- Staff received training in medicine management and had a yearly competency assessment.

Safeguarding systems and processes.

- Effective safeguarding systems were in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People who lived at the service told us they felt safe. One person said, "Oh yes, I feel safe here. I have my pendant if I need to call staff in an emergency."

Assessing risk, safety monitoring and management.

- Staff assessed risks to people's health and welfare such as moving and handling and falls.
- Risk assessments in relation to people's environment, in and around their homes had also been completed. These included those for fire safety and infection control, which made sure that risks had been identified and managed.

Staffing levels.

- People told us they received care in a timely way. One person told us, "The staff are usually here on time. They always let me know if they are going to be late, which is not very often. The time keeping is very good."
- The registered manager assessed people's needs on a regular basis and ensured that there were sufficient staff on duty. Permanent staff covered shifts if there were unplanned staff absences. One person said, "If I need help, (staff) come quickly. I just use my emergency pendant."

Preventing and controlling infection.

- Staff continued to follow good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and team leaders took action following accidents or incidents to reduce the risk of these reoccurring.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and feedback confirmed this.

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

- Assessments of people's needs continued to be undertaken for those who used the service.
- Care plans contained information about people's needs and was regularly reviewed. It was evident that staff knew people extremely well.

Staff skills, knowledge and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. One person told us, "Staff know what they're doing and they're very good at their job."
- Staff continue to complete a comprehensive induction and training programme. The registered manager had a system to understand when each member of staff required refresher training and who required supervision. Staff told us they felt supported. One member of staff said, "[Name of registered manager] is very supportive and we always get our supervision."

Supporting people to eat and drink enough with choice in a balanced diet.

- All the people we spoke with come down to the restaurant in the service to eat their main meal. They told us that staff support them with a snack in the evening.
- Records of food intake were kept if people were at risk of not eating or drinking enough.

Staff providing consistent, effective, timely care within and across organisations.

- Staff had access to information from health care professionals, where people were happy to share this information.
- Staff followed this advice, which was included in their care records.

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 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 with appropriate legal authority. For people living in their own homes, applications to do this must be made to the Court of Protection. No applications had been made for people who received care from this service.

- People were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and the procedures to follow if the person was unable to do so.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People were treated with kindness and were positive about the staff's caring approach. One person told us, "The staff are excellent; I am treated well." Another person said, "The care I receive is superb."
- People's life history had been recorded. This information helped staff build positive relationships with people.
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked.
- All staff we spoke with enjoyed working at the service. One member of staff said, "I love my job and enjoy coming into work." Another member of staff told us "I like to ensure people receive a good service. One day it might be me that needs to be cared for."

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

- Decisions were recorded in the care plans for when people required their care call. One person told, "I like my call at 7 o'clock in the morning. Sometimes staff are late but they let me know."
- The provider gave staff enough time to support people properly and in the way they wanted, which also allowed them to spend time talking with people.
- The registered manager said that no-one who received care was using an advocate, but they would refer people to advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence.

- People and their relative told us that staff respected their privacy. They ensured people were not put into undignified situations, they closed doors and curtains and covered people up as much as possible. One person told us, "Staff always knock on my door and ask to come in. If I am busy they will come back later."
- Staff encouraged people to do what they could for themselves. Everyone we spoke with told us that they try and be as independent as they can be.
- People's confidentiality was maintained; records were kept securely in the office of the service.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good - People's needs were met through good organisation and delivery.

Personalised care.

- People were empowered to make choices and have as much control and independence as possible, which included developing care and support plans.
- People had care plans in place that were personalised and written in detail. They provided staff with guidance on how to respond to people's needs effectively and safely.
- People were provided with an emergency pendant which they use in case of emergency. One person told, "I had to use it once and the staff were quick to respond."

Improving care quality in response to complaints or concerns.

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. One person said, "I can always go and talk to any member of staff if I am concerned or speak with [name of registered manager]."
- People knew how to make complaints should they need to. They all told us they believed they would be listened to and acted upon in an open and transparent way by the management, who would use any complaints received as an opportunity to improve the service.
- There had been no formal complaints received since our last inspection.

End of life care and support.

- Guidance was available in people's care records about their end of life wishes.
- Staff received training in end of life care and further training was available should this be needed.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

At the last inspection we found that improvements were needed because people were not clear who the manager was and there was a lack of leadership. At this inspection improvements had been made.

- Staff told us that having a supportive registered manager enabled them to provide good quality care and support to people. They said they could raise issues with the registered manager and were confident their concerns would be listened to. One staff member told us, "You can ask [name of registered manager] anything. She's professional and very supportive." Another member of staff told us things had changed since the registered manager had been in post. "We are supported really well and know what we are doing to provide a good service."
- The registered manager was supported by senior staff. This made sure that the service ran well at those times when the registered manager was not available.
- The registered manager complied with legal requirements for duty of candour; they displayed their rating and sent notifications to us when required to do so.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- Staff told us that they felt listened to and that they could approach the registered manager at any time. Staff understood the provider's vision and were working as a team in the continued development of the service.
- The registered manager and staff demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders to look at ways to make improvements.
- The registered manager positively encouraged feedback and acted on it to continuously improve the service, for example by undertaking regular surveys into people's views on the service provided.

Engaging and involving people using the service, the public and staff.

- The service involved people and their relatives where appropriate in day to day discussions about their care. Positive comments about the care provided at the service were received in the 2018 survey.
- Staff attended staff meetings in person where possible and minutes were available if they were unable to attend. The meetings ensured that staff were kept up to date with any changes in the service.

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people who received care.

Continuous learning and improving care.

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement. The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.
- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits and quality monitoring visits. These showed they identified areas of the service that required improvement and made those improvements in a timely way.

Working in partnership with others.

The service worked well with other professionals such as district nurses, occupational therapists, physiotherapists and social workers.