

G P Homecare Limited

# Radis Community Care (Baird Lodge)

## Inspection report

Lumley Close  
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Cambridgeshire  
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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

### About the service

Radis Community Care (Baird Lodge) is a domiciliary care agency. It provides personal care and support to people living in their own flats in a specialist 'extra care' housing scheme in Ely. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 21 people were receiving the regulated activity personal care.

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

People were happy with the service and the staff that provided their care. People felt safe because staff knew what they were doing, and supported people in the way people wanted.

Staff assessed and reduced people's risks as much as possible. There were enough staff to support people with their care and support needs. The provider carried out key recruitment checks on potential new staff before they started work.

People received their medicines and staff knew how these should be given. Staff used protective equipment, such as gloves and aprons to prevent the spread of infection.

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.

Staff had not completed training courses which they felt would be beneficial to their job role. These courses are available by the provider for staff to attend, however there had been no oversight to ensure that staff had completed them. Not all staff felt they received good support from a manager.

People liked the staff that supported them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected.

Staff kept care records up to date and included national guidance if relevant. People's care plans were person centred and contained enough information for staff to know what was important to the person they were supporting.

The service had recently appointed a new manager. There had been at least four changes of manager in the last 12 months and this had been unsettling for both people using the service and the staff team. Health professionals also commented on the impact that this had caused to people and staff.

People were asked their views of the service and action was taken to change any areas that they were not happy with. Concerns were followed up to make sure action was taken to rectify the issues raised.

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 Good (published 22 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Radis Community Care (Baird Lodge)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by an inspector and an inspection manager.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager who was new in post and had applied to the CQC to become the registered manager of this service. 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people about their experience of the care provided. We spoke with six members of staff including the service manager, the housing manager, a team leader, two care staff and a service manager from the same provider offering management support. We also spoke with a social worker over the telephone. We reviewed a range of records. This included two people's care records, medication records and a variety of records relating to the management of the service.

# 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

- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm.
- People told us that they felt safe. One person told us, "I feel safe with them (staff). They have a mature head on young shoulders, they are incredibly good."

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.
- People had risk assessments to support them to stay safe in their own home and evacuate safely in an emergency.

Staffing and recruitment

- The provider had a recruitment process that ensured that staff were suitable to work at the service. Staff told us the process had involved a Disclosure and Barring Service (DBS) record check and previous employment checks.
- Staff told us there were enough staff on duty to meet the needs of the people requiring support. We didn't observe or receive any other information to suggest that there was not enough staff.

Using medicines safely

- Staff received training in the safe use and administration of medicines and senior staff checked their competency to administer people's medicines safely.
- People were satisfied with the way staff supported them to take their prescribed medicines. One person confirmed, "They get my meds (medicines) right."
- People who required medicine to be administered 'as required', had the correct procedures in place for staff to follow. This ensured that staff had the knowledge to understand when and how this medicine should be given.

Preventing and controlling infection

- Staff told us that they had completed training in how to reduce the risk of infection and followed good practice guidance.
- Staff used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.

### Learning lessons when things go wrong

- Incidents and accidents were recorded. Senior staff reviewed this information and sent the information to a compliance department to analyse for themes or patterns. Information was shared with staff at team meetings.



# 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 has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We received mixed opinions from staff regarding whether they felt they received enough training to do their job. We asked staff if they had completed training in some areas typical for this type of service and they informed us they hadn't. However, the manager told us that it was the responsibility of staff to complete training courses following their induction. As a result of our findings during the inspection, the manager contacted staff and asked them to prioritise some training courses identified as necessary by the provider.
- We asked for a copy of the staff training schedule to be sent to us following the inspection, however, we did not receive this to corroborate staff's experience of training.
- Staff told us that they received supervision from someone senior to themselves. Staff had mixed views regarding whether they felt supported by senior staff.

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

- Staff assessed people's needs prior to them using the service, and regularly reviewed them thereafter, to ensure they could meet people's needs.
- Staff worked with health professionals and consulted national guidance about health conditions. This information was easily available for staff to read. For example, we saw guidance and information in people's care plans on conditions such as diabetes.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.

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

- Staff supported people to have enough to eat and drink and were aware of people's dietary needs. One person we visited told us that staff had just been in to make them a cup of tea.

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

- A healthcare professional was not confident that guidance provided to staff had always been followed through, or that staff were supported to understand what and why they were being asked to record certain things.
- Staff told us that they liaised with health care professionals and supported people to access healthcare services when they needed support to do so. This included occupational therapists, GP's, the dentist and speech and language therapy.
- The manager told us, and we saw in care notes that they had requested a referral for specialist healthcare

intervention through discussions with a person's GP. This ensured that the person received the necessary assessment and support they required.

#### 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

- People told us that staff always obtained their consent before providing care.
- Staff knew how the MCA applied to their work.
- Where people lacked the mental capacity to make certain decisions, staff supported people in the least restrictive way, to be involved in decision making, and to express their choices.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with the support they received. One person told us, "I am amazed at how absolutely fantastic [the staff] are, they are just so efficient and so on the ball." Another person said, "Lovely carers, they couldn't be better or do more for me."
- Staff told us that they would be happy for a family member to be cared for by the service. A member of staff told us this was because, "I think the staff are amazing and I know that they (family member) would get the care they need."

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

- Staff told us they provided care to people in a way that each person preferred. Staff confirmed that they gathered this information both from people's care plans and from asking people and getting to know people.
- Staff told us that before people begin to receive a care package, they would ask that person to talk to them about their current routines, and where possible would try and match it.
- People we spoke with confirmed that they were involved in decisions about their care and support. One person told us that they had recently worked with the manager to change the times that staff supported them. Their support visits now reflected a routine they had been used to earlier in their life.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy, dignity and independence. Staff offered personal care discreetly and made sure that people's dignity was respected.
- People told us that staff encouraged them to be as independent and active as possible. One person said, "I shower all myself, and then I just need them (staff) to help me with my creams."
- People told us that the staff respected their privacy and dignity, one person said, "I can no longer shower safely, they (staff) are so incredible, very kind and respectful."

# 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 has 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 had care plans which contained enough information and were person-centred. There was enough information for staff to follow and know exactly what was important for the individual they were supporting.
- People told us staff supported them in a way that met their individual needs and preferences. They told us staff knew them very well and understood how they liked to receive their care and support. One person told us, "You'd think they had been doing it such a long time and they haven't. They pick up things so quickly."

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 manager told us they would be able to provide information in other formats where this supported people to understand it. This included providing information in easy-read format or other languages.
- Information in people's care records included how people liked to be addressed, and how they communicate at this time.

Improving care quality in response to complaints or concerns

- People knew how to complain and had confidence they would be listened to. Where people had raised a concern, they told us the new manager had listened and addressed their concerns satisfactorily.
- The provider had systems in place to deal with any concerns or complaints. Complaints had been investigated and responded to appropriately by senior staff or the manager.

End of life care and support

- Staff had given people the opportunity to discuss their end of life wishes and these had been recorded in people's care records. Staff were not supporting anyone with end of life care at the time of our inspection.
- Staff told us that they had not received training in end of life care and support. The manager confirmed that it was available for staff to access online and would become mandatory for all new staff to complete. The manager also emailed staff during our visit asking for all staff to prioritise that they complete this training course.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- The service requires a period of stability within its management structure, as there had been a high turnover of managers which has been unsettling for staff. Staff told us that the service had had four managers in place in the last nine months.
- People were not clear about the management arrangements, however, knew where they could find the manager if they needed them.
- We spoke with a health care professional who voiced their concerns relating to the number of recent changes in management, and the impact this had had on the service. They were however confident that if the newly appointed manager remained in post, that the service would improve.
- There has not been effective oversight of staff training. On the day of our inspection, staff had not received training in some areas, which they felt they would benefit from. The manager confirmed that they would prioritise staff completing these courses following the inspection.
- The service did not have an effective communication process for staff to be able to communicate important information to one another daily. Staff confirmed to us that there was no handover process between staff changes on shift. There was a communication book in place, however there was no process in place to follow up concerns or actions, or to show which staff had read the book. We found information in this book which needed immediate action, however there had been no evident follow up. The manager acknowledged that this was an oversight. They informed us during the inspection that they would introduce an effective handover procedure, including staff signing to inform one another that they have read the information.

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

- People were complimentary about the service they received. People also commented on how well staff worked together. One person said, "You couldn't get a better team. They all get on so well together."
- On the whole staff enjoyed their job and liked working at the service. The high turnover of management had evidently had an impact on staff morale, and the staff team will now all benefit from the opportunity to establish a consistent working relationship with the new manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had fulfilled their legal obligations in relation to notifying CQC of important events they are required to. The provider had displayed their CQC inspection rating clearly in the service.

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

- People had been given the opportunity to provide regular feedback. This included a quality monitoring assessment which people were invited to complete regarding different aspects of their care and support. For example, one assessment we saw gave the person the opportunity to rate the punctuality of staff and their attitude.
- The provider carried out an annual service satisfaction survey which gave people the opportunity to provide feedback anonymously.
- Staff meetings took place twice a year. The most recent team meeting took place just prior to the new manager starting so there has been no opportunity for the manager to attend a team meeting yet.

Continuous learning and improving care

- Incidents and accidents were recorded appropriately. Statistics from these incidents were compiled and sent to a separate quality assurance team to review. This enabled the provider to have an overview of incidents and accidents and analyse the data for any themes.
- The provider visited the service and carried out audits and quality assurance checks. The findings of these visits were shared with the staff team and improvements made where necessary.

Working in partnership with others

- Staff and the manager worked in partnership with other professionals and agencies, such as the GP, social workers, other health care professionals and the local authority to ensure that people received joined-up care.