G P Homecare Limited

Radis Community Care (Surrey Court ECH)

Inspection report

Surrey Court
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Surrey Court provides care and support to people living in 'extra care' housing. People using the service live in their own flats within a shared building containing 70 flats. The building also houses the offices used by the registered manager and staff.

Not everyone living at Surrey Court 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 31 people received personal care from Radis staff.

People's experience of using this service and what we found
Relevant recruitment checks were not always safe. For three staff members application forms were not fully completed which meant the service could not check the staff members employment history to make sure they were of good character and had the necessary skills.

Systems were in place to protect people from abuse. However, we received concerns that these were not always taken seriously. Staff we spoke to were not always aware of how to identify, prevent and report abuse. Sufficient staff were deployed to meet people's needs. However, the service was using a high amount of agency staff and people felt they didn't always meet their needs.

Medicines were not always managed safely. We found the lack of record keeping meant medicines were not always managed safely.

Governance systems were not always effective in promoting a person-centred culture. People and staff had felt unsupported due to the lack of management at the service and didn't always feel listened to. A new manager had recently started and were working alongside management to ensure improvements were in place.

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.

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

Rating at last inspection and update
The last rating for this service was good (published 06 August 2021).

Why we inspected
The inspection was prompted in part due to concerns received about safeguarding concerns. As a result, we

undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Radis Community Care (Surrey Court ECH on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risks to medicines, staff recruitment practices and good governance at this inspection.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe 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 (Surrey Court ECH)

Detailed findings

Background to this inspection

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

Inspection team
The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with 11 members of staff including the area manager, support manager, team leader, human resources, and seven care staff.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- We carried out this inspection due to concerns raised to us about safeguarding allegations not being taken seriously and procedures not being followed. There was some confusion as to when the information should have been reported to us. We found the service investigated the incident and appropriate action had now been taken.
- We spoke to staff about our concerns relating to safeguarding and received mixed feedback from staff. Not all staff were confident in recognising safeguarding concerns, and for those who were, they were not always confident the concerns would be investigated appropriately by the provider. Following the investigation staff have now received additional training on safeguarding and on reporting concerns.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

Staffing and recruitment

- People and their relatives we spoke with didn't feel there were enough permanent staff and as a result the service used a high amount of agency staff. One person told us, "Most definitely not. The carers come in very late, today this morning the carer came almost an hour late and stated they had forgotten me." Another person said, "There used to be but now not so much." A relative told us, "Morning calls are around 7am – 8am and often carers are about half an hour to 1 hour late. Lunch time and teatime they are always very late and often don't even bother to come as they say mum is not on the carers list. If I wasn't here mum would not get seen from one day to another. They say they haven't any staff."
- People we spoke with told us they were not informed which staff were visiting them and at what times. One person told us, "I have to phone down to the office many times to check if carers were coming at all. Carers are very late in the evening, which tend to be agency staff." Another person said, "These are agency staff and we never know who is coming and we have different carers each day. It really would be useful for them to wear name badges." Other comments included, "Never, we are told nothing", "Twice in seven years."
- We could not be assured the service were following safe recruitment practices. We looked at four staff files and in two of the staff files there were no application forms. This meant we could not be assured a full employment history had always been obtained. For another staff file there were missing reference and gaps in their employment history, as required by schedule 3 of the Health and Social Care Act 2008.

The failure to have safe recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had obtained checks with the Disclosure and Barring Service (DBS). DBS checks provide

information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Using medicines safely

● Most people we spoke with told us they administer their own medicines. Relatives we spoke with did not feel medicines were always safe. One relative told us, "One agency staff gave mum her medicines this morning and then proceeded to take out a second (medicine name) from medicines box. The agency staff took the box from a locked cupboard in the kitchen and added it to three other tablets in her daily medicines box." The person was aware of what medicines to take so did not take the extra tablet or come to harm. We reported this to management straight away to investigate.

● Staff had received training in the safe handling of medicines and received an assessment of their competency to administer medicines in line with best practice guidance. However, since the incident above all agency staff were also now assessed for their competencies to administer people's medicines safely.

● There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs,). However, we found gaps in people's medicines administration records (MAR) which had not been identified and followed up. This meant it was not clear if people had not received their prescribed medicines or had them administered but not recorded on the MAR chart.

● During the inspection we received concerns from a relative about some medicine errors which included pain relief not always being administered and other pain management medicines being given within a short timeframe resulting in having too much medication. We followed this up and reviewed records and found this to be factual and raised our concerns to management who were going to follow up on the concerns raised.

● Staff we spoke with also had concerns about the safety of medicines. One staff member told us, "I feel confident enough to do medicine due to my years of experience. But have a few issue's with MAR charts as we have four weekly ones in our resident's care plans, and I don't think the MAR will get updated when medication changes or stopped." Another staff member said, "I feel competent with medication most of the time. We are not always told if medication has changed, or times given, MAR charts are not always up to date, e.g., medication not written on, medication on MAR not used any more, medication cupboards are in a mess with medication that's not being used."

● Medicine care plans and risk assessments were in place with instructions for staff. However, some of these were in need of updating, and sometimes it was not clear. Management were aware and were updating plans as part of their actions.

● There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

● Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. These included assessments on the risks of poor nutrition, mobility and personal care.

● Assessments were undertaken to assess any risks to people and to the care staff who supported them. For example, risks to the environment, these detailed where staff could locate and turn off gas and electric in an emergency as well as where to locate the water stop cock in case of a flood in people's homes.

● The service had a business continuity plan in place to describe how people would continue to receive a service despite unfortunate events and emergencies.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

● We found the service was working within the principles of the MCA. At the time of the inspection, no one at the service required an application to be made to the court of protection.

Preventing and controlling infection

● We received a mixed reaction when we spoke to people about staff wearing personal protective equipment (PPE) such as gloves and masks to keep people safe. One person told us, "Some staff do wear them, those Radis carers do. Agency staff, I have never seen them wear aprons and gloves or even masks. I am scared to ask them to wear them because I won't get any carers." Another person told us, "Masks, gloves and aprons sometimes, not always. Especially agency staff are not so good at wearing them."

● We spoke to management about our concerns who told us they had plenty of PPE and staff wear new PPE before entering someone's home. During the inspection we saw staff wearing PPE.

● Staff demonstrated a good understanding of infection control procedures and had received training in infection control.

Learning lessons when things go wrong

● When we last inspected, we were assured the service was learning lessons when accidents and incidents occurred. However, due to a lack of a manager at the service in the last few months there were a lack of records. This meant we could not be assured at the time of inspection that lessons had always be learnt when things had gone wrong.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

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

● There was a lack of positive leadership and guidance in the service which had led to care that was not person-centred and did not achieve good outcomes for people using the service. One person told us, "Recently, I had an agency carer just walk into my flat without knocking. I asked who she was, but she didn't answer me, stating she was here to give me a shower. I was quite shaken by her appearing suddenly in my flat and told her I didn't want a shower today. I would speak to whoever is in charge, which at the moment is no one." Another person said, "I have never ever been introduced to new staff. Today I was downstairs complaining that my bed had not been made. While I was at the office, unknown to me a carer walked into my flat and made the bed without me being there or even being told this was happening. I am livid. What right do they have to just walk into my flat. Often agency staff just walk into my flat and state that they have the door key and can come into my flat. The lack of respect to residents from all levels of staff here is disgraceful."

● The lack of oversight had caused most of the people we spoke with to be unhappy living at the service. Care plans had not been reviewed or updated recently. However, the provider was aware that some records need to be updated and this was in progress during the inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● At the time of inspection there was a registered manager in place. However, they had left the service in November 2021 and had not deregistered from the service. Other managers had been in place but had not stayed at the service and as a result no manger had been managing the service for a few months. A team lead from another service had transferred over and another manager had stepped in to provide support. A new manager who was going to apply to be the registered manager started towards the end of our inspection.

● People we spoke with did not know about the current management arrangements and did not know who to contact should they need to speak to management. One person told us, "I don't even know who she is. The company has had three managers since January, but no they don't listen to us." Another person said, "There are no managers to speak to, and when there were, they didn't stay or even listen to you." Other comments included, "Would if I knew them...that is unknown...I don't know," "Well I know where the office is, but I don't know who the manager is."

● The governance arrangements needed to be strengthened and developed. There had been no regular checks or audits completed in the last few months due to the lack of management. During the inspection

new management were staring to review records. However, we found some concerns where some medicine records checks stated no concerns and, in some cases, we found gaps in records with no explanations. We spoke to management who could explain some of the areas but agreed others should have had more robust checks and were going to investigate the concerns found.

● Staff we spoke with felt it had been difficult without continuous management support. One staff member told us, "I do enjoy my job but due to the stress and strain being understaffed and lack of leadership I don't enjoy it anymore. My mental health is suffering to. I keep working for the welfare of my residents." Another staff member said, "It would be a great place to work if it was managed properly and fully staffed and proper trained agency staff." Most of the staff we spoke with were positive about the new management support in place and were looking forward to the new manager starting.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure the quality and safety of the service was assessed and monitored effectively. The above evidence is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014; Good governance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● At the time of inspection people didn't feel involved in the service and felt communication was poor. One person told us, "I don't know who to speak to as there isn't anyone in the office."

● People we spoke with did not feel that their complaints were acted upon and gave us many examples. One person told us, "If I am unhappy about anything it's pointless in saying anything. The other night they sent me a male agency carer and refused to have him undress me for bed. I actually slept in my clothes. I did go and complain but they still send the same carer, which I refuse to have in my flat." Another person said, "It's no good to complain here because they only respond by stating they are short staffed and can't do anything about anything. We are all frightened to say what really goes on." Other comments included, "I do raise concerns, but the management do not act appropriately. I was promised things would improve after I have raised concerns, but nothing ever does. I used to put it all in a diary and record it." "I have raised many concerns but rarely are they listened to or acted upon effectively." We did view records of some complaints that had been responded to in writing.

● The provider sought feedback from people and their families through the use of a quality assurance survey. However, we saw results for all services across the area and not individual to Surrey Court. Only one person we spoke with could recall being asked questions about their care. Another person said, "We had a questionnaire to respond to. We then received a letter from the company to say how happy they were to know we were very happy with the service. Which we most certainly did not communicate. It is a joke."

● Staff did not all feel supported in their role. One staff member told us, "Not had a supervision for more than two years as we had no manager to do this and COVID hit as well." Another staff member said, "We have not had one to one for ages. We have just started having staff meetings and have been told that one to one's will start." Staff meetings had now started taking place and we observed a staff meeting during our inspection.

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

● We could not be assured the provider notified CQC of all significant events and that they were aware of their responsibilities in line with the requirements of the provider's registration. For example, one person had recently fallen and been taken to hospital with injuries, no notification had been sent to us. We saw evidence of some notifications which had been sent in to the commission.

● The previous inspection report and rating was displayed prominently in the reception area.

● The provider had appropriate polices in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to ensure medicines were safe and monitored effectively. This is a breach of Regulation 12 (2) (b) (f) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured the effectiveness of the governance arrangements to operate effective systems and processes to assess and monitor the quality of the service and to identify and mitigate risks. This is a breach of Regulation 17 (2) (a) (b) (c) (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The failure to have safe recruitment procedures. This is a breach of Regulation 19 (1) (a) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.