

G P Homecare Limited

Radis Community Care (Somers Court)

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

This service provides care 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 agreements; this inspection looked at their personal care arrangements.

At the last inspection on 30 November 2015, the service was rated good. However, we asked the provider to make improvements in relation to the implementation of the Mental Capacity Act 2005 (MCA). The provider sent us an action plan detailing how and when the required improvements would be made by.

At this inspection we found the service remained good. There were 27 people receiving the service. We found staff knowledge about the MCA had improved. 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.

However, we found that although quality assurance systems were in place to help drive improvements in the quality of care that people were provided with, these were not always effective. In addition, the provider and registered manager had not always notified the CQC about events that they were legally required to notify about. Further, although the registered manager had displayed the service's previous CQC rating, this was not in the specified format.

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.

People told us they felt safe receiving the service. Systems were in place to identify and reduce the risks to people using the service. Staff supported people to receive their prescribed medicines.

People told us there were enough competent staff to provide them with support when they needed it. Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff had received appropriate training, support and development to carry out their role effectively.

People received appropriate support to maintain healthy nutrition and hydration.

People told us and we observed that they were treated with kindness by staff who respected their privacy and upheld their dignity.

Staff supported people to maintain relationships. People received personalised care that met their individual needs. Staff promoted social inclusion and supported people to join in with events at the scheme.

People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

People were given the opportunity to feed back on the service and their views were acted on.

Further information is in the detailed findings in the full version of the report.

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 remains safe.

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 health and nutritional needs were effectively met and monitored.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The registered manager and provider had not always notified the CQC about events that they were legally required to notify us about.

Quality assurance systems were in place to help drive improvements in the quality of care that people were provided with. However, these were not always effective.

People were encouraged to provide feedback on the service in various ways. People's comments were listened to and acted on.

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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 visit took place on 23 February 2017. It was undertaken 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.

We told the provider two days before our visit that we would be coming. We did this to ensure that a manager would be present for our inspection.

Before our inspection we looked at all the information we held about the service. We also asked for feedback from the commissioners of people's care, the local safeguarding authority, local GP's and Healthwatch Cambridge.

This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service.

During our inspection we spoke with 12 people in a group discussion and nine people individually, some of whom also took part in the group discussion. We also spoke with the area director, the registered manager of another of the provider's services, the key carer, the cook, the kitchen assistant and three care workers.

We looked at three people's care records, staff recruitment and training records, and other records relating

to the management of the service. These included the provider's audits of the service.

Following our inspection visit the registered manager sent us further information on 28 February and the 1 and 23 of March 2017. This information was about how they monitored the quality of the service people received and how they liaised with the landlord to support people with property maintenance.

Is the service safe?

Our findings

People receiving the service said they felt safe. They told us this was because they were confident staff would answer promptly if they called them. Most people chose to wear a pendant alarm in order to call staff. One person told us, "I like the independence but I like the fact that there is someone at the end of the bell if you need them." People were supported by staff who understood how to keep people in their care safe. This included how to recognise and report potential abuse.

Systems were in place to identify and reduce the risks to people using the service. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. Staff focused on what the individual could do, and the support they needed so that care was carried out safely. Staff were aware of the provider's reporting procedures in relation to accidents and incidents. These were recorded and acted upon. For example, after a person had experienced an increase in falls, staff had referred a person to the falls clinic for further advice on how to minimise the potential for future recurrences.

Staff considered ways of planning for emergencies. Each person had an 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.

The staff we spoke with told us that the required checks were carried out before they started working with people. Records showed that there was a robust recruitment and selection process place. This meant that staff were only employed once the provider was satisfied they were suitable to work with people who used the service.

There were enough staff available to meet people's needs. One person told us, "[Staff] are always there when you need them." Another said, "[Staff] come at regular times, morning and evening and I see them at lunchtime." A third person told us that staff had visited them during the night when there had been a "crisis". Staff told us they were busy but that people's needs were met. This showed there were sufficient staff to meet people's needs.

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, "Staff know what they are doing [when administering medicines]." There were appropriate systems in place to ensure people received their medicines safely. Staff told us that they had been trained to administer medicines and that their competency was checked. Medicines were administered in line with the prescriber's instructions. Appropriate arrangements were in place for the recording of medicines administered. Where people required topical creams to be applied, there were body maps to show exactly where the individual creams should be applied.

There was guidance for staff of when medicines prescribed to be given 'when required' should be administered. This included, for example, medicines for pain relief. However, we saw that one person was prescribed a medicine with a variable dose. There was no guidance in place for staff, and they were not able to tell us the circumstances, when each dose should be administered.

The registered manager made checks of medicines and the associated records were made to help identify and resolve any discrepancies.

Is the service effective?

Our findings

At our last inspection on 30 November 2015 we found that processes were not in place to protect people who did not have the mental capacity to make decisions from unlawful restriction and unlawful decision making. This was a breach of the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the provider sent us an action plan that detailed the improvements they planned to make. They told us these improvements would be made by 30 June 2016.

Following this inspection on 23 February 2017 we found that improvements had been made to ensure people were supported with decision making in an appropriate way.

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 procedures for this for people living in their own homes is through the Court of Protection [CoP]. The registered manager and staff told us that no one receiving care was deprived of their liberty. Therefore, there had been no need to make any applications to the CoP. Staff told us they had questioned whether one person had the mental capacity to make a specific decision. The registered manager had made a referral to the person's care organiser who was carrying out an assessment in relation to this. We saw that appropriate assessments of people's mental capacity had been carried out in relation to the provision of care.

People's rights to make decisions were respected. People told us that staff checked that they were happy to receive the care staff offered. People confirmed their liberty was not restricted and that staff supported them to make decisions when they required this. One person told us, "I sometimes go out on my own. I can come and go as I please... If I need to make a decision staff will help me."

Staff confirmed that they had received additional training in the MCA since our last inspection. Staff knowledge of the MCA had increased. One staff member told us, "I think [the additional training has] made staff more aware of what to look out for and when to ask for reassessments [of people's mental capacity to make specific decisions]."

Staff told us that they had the training and support they needed to carry out their role effectively. Staff felt confident the training provided had given them the skills to support people appropriately. One staff member told us, "I've [had] all the training I need."

Staff members told us they felt well supported by the registered manager. They told us they had regular formal supervision and an annual work appraisal. One staff member told us that these supervision sessions "help me if I'm missing something out or I'm not confident about something."

The service provided people with three meals each day. We found people received sufficient to eat and drink. People told us they liked the food provided. One person said, "[The] food is good." Another person said, "You do your own breakfast. [Staff] supply you with cereal and bread. We meet up for lunch and have tea in our flats. The system works well." People said they were offered a choice of meal and "seconds". Staff told us that they were able to accommodate people's specific dietary needs when required such as high protein diets.

Records showed that staff had continued to monitor a person's weight after they had been discharged from a dietician. They had identified the person's weight had fluctuated and brought this to the attention of the person's GP who was keeping this under review.

Other people told us staff supported them to promptly access healthcare. One person said, "I had a fall a while ago and they called the paramedics straightaway. I went to hospital and am still having treatment. The staff really helped me when I got back from hospital. They didn't leave me to get on with it." People told us, and records confirmed, that staff were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

Is the service caring?

Our findings

People felt that staff understood and responded to people's differing needs. One person told us, "I think the care is very good here. The staff are so nice, they come and have a chat with you." Another said, "[The staff] treat you as an individual." A third person said, "The [staff] are really good. You can ask them to do anything."

Staff told us they would be happy with a family member being cared for by the service. One staff member told us this was because of the feedback they had received from people using the service. They said, "[People] all seem very happy here. They do tend to settle in quite quickly. They seem reassured by the staff."

People told us that staff had provided them with comfort when they were anxious. One person said, "[Staff members] come and hold my hand and sit and talk to me. It is good to know that someone is there."

People said they felt they were supported to live their lives as they wished. Most people told us they could not remember their care needs having been discussed with them. However, they told us the care they received met their needs and we saw that, where possible, [people had signed to show their agreement with their care plan.

Staff treated people with respect. For example, they called people by their preferred name and knocked on people's doors before entering. People told us staff did not wait for a response, but that they were happy with this. They said that staff supported them to maintain their dignity when receiving personal care. For example, making sure doors and curtains were closed and covering them with a towel when washing.

We saw that information on advocacy services was available if people required it. Advocates are people who are independent of the service and who support people to decide what they want and to communicate people's wishes.

Is the service responsive?

Our findings

People told us that staff understood and met their care needs. One person said, "I think care is very good here." Another person said, "Staff help me a lot. They help me get washed and dressed." A third person said, "I am happy with the care I get. I would recommend it."

Care plans included information about people's care needs and how the person preferred their care to be provided. Staff were knowledgeable about people's needs and preferences. Care records included guidance for staff to follow so they could provide care safely. For example, the support a person needed to maintain their personal hygiene. Care plans had been updated to reflect changes in people's needs.

Staff completed records of each visit to each person. These provided a brief overview of the care provided and any changes in their wellbeing. Staff described good communication within the service. They told us they attended handover meetings at the start of each shift where any changes in people's needs were discussed. They told us this helped them to ensure they were up to date with people's care needs.

Staff supported people to maintain relationships. People told us staff supported them to make their visitors welcome. For example, for a small charge staff provided visitors with a meal so they could eat with the person. There was also a guest room that people's friends and or family could use if they wished to visit a person for more than one day.

People's care plans included information about any hobbies or interests each person had. Some people told us they attended and enjoyed the social events and activities that took place within the scheme. These included for example, arts and craft classes, exercise classes and bingo. Staff supported people to access a visiting hairdresser and a small shop in the reception area of the scheme. This showed that staff promoted social inclusion.

People said they felt able to discuss any concerns they had with the staff or the registered manager. One person told us, "I am very happy. I have no problems at all." Another person said, "I have no issues. It is all good." People had a copy of the provider's complaints procedure within a folder in their flats. No complaints had been made about the service since our last inspection.

Is the service well-led?

Our findings

The service had a registered manager in place. 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 and provider had not fulfilled all of their legal obligations in relation to notifying the CQC of important events. Records we looked at showed the registered manager had taken appropriate action to address a potential safeguarding matter. However, the registered manager and provider had failed to notify the CQC of this. The lack of reporting limited the CQC's ability to respond accordingly where this may have been required. The registered manager told us they would address this for future events. In addition, although the registered manager had displayed the service's previous CQC rating, this was not in the specified format. The registered manager told us this would be addressed.

The provider had systems in place that assessed and monitored the quality of the service, including shortfalls and the action taken to address them. However, records did not always show that shortfalls had been identified or addressed. For example, we saw an audit of a person's medicines record that stated 'no issues found'. We saw there were three blank spaces where staff should have recorded that they had administered medicines or the reason for not doing so. However, there were no explanations for these blanks.

People made positive comments about the service and the registered manager. One person told us "I have seen the Manager. She always speaks to me. She came to my flat one day." Another person said, "It is lovely here. I am happy and I wouldn't want to be anywhere else. I hope I can stay here until I die."

The registered manager sought feedback from people in various ways. People told us the registered manager was approachable and took on board their comments. For example, one person suggested the service could have a monthly newsletter to keep people updated on events within the scheme. Staff had supported the person to regularly produce this.

The provider carried out surveys to obtain feedback from people using the service, their relatives and staff. One person told us "I think [the provider] asked for my opinion and I think I saw the results." We reviewed the results of these surveys. All contained positive feedback about the service provided, the staff and the registered manager. The provider had developed an action plan to address any areas for improvement.

The registered manager told us she kept up to date with current practice through updates from the provider and membership of professional organisations such as the United Kingdom Homecare Association (UKHCA).

The registered manager told us they maintained good links with the housing provider. People said, and records showed, the registered manager had successfully liaised with the housing provider regarding maintenance issues at the scheme.

