G P Homecare Limited

Radis Community Care (Cullum Road)

Inspection report

11 Cullum Road
Bury St. Edmunds
IP33 3PB

Tel: 03456002535
Website: www.radis.co.uk

Date of inspection visit:
07 March 2019

Date of publication:
18 April 2019

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 (Cullum Road) 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 and support service. In August 2018 Radis Community Care (Cullum Road) took ownership of the service, which was previously owned by another care provider. At the time of visit there were 31 people using the service, living in 31 flats. One flat was vacant at the time of our visit.

What life is like for people using this service:

•□People receiving support from Radis Community Care (Cullum Road) have their needs met by sufficient numbers of suitably trained staff. People told us staff were kind and caring towards them and knew them as individuals.

•□The service provided meaningful activities for people and they were supported to access activity in the community. This helped to reduce the risk of social isolation

•□People were provided with support, where required, to maintain good nutrition and hydration.

•□The service had sought people's preferences in coming to the end of their life and there were end of life care plans in place.

•□The service worked well with other organisations to ensure people had joined up care. External healthcare professionals made positive comments about the service provided to people.

•□People were supported to make and attend appointments with external healthcare professionals where required.

•□People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

See more information in Detailed Findings below.

Rating at last inspection: This service registered with the Commission on 19 September 2018 and this is their first inspection.

Why we inspected: This was a planned inspection following the service's registration with the Commission.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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?

Good

The service was Effective.

Details can be found in our Effective findings below.

Is the service caring?

Good

The service was Caring.

Details can be found in our Caring findings below.

Is the service responsive?

Good

The service was Responsive.

Details can be found in our Responsive findings below.

Is the service well-led?

Good

The service was Well-led.

Details can be found in our Well-led findings below.

Radis Community Care (Cullum Road)

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. This inspection was planned 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:
This inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to older people living in supported living flats.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations. The registered manager was signed off due to long term sickness at the time of inspection. However, another staff member was acting up into the managers role.

Notice of inspection: This inspection was unannounced.

What we did:
We reviewed information we had received about the service since it registered with the Commission. This included details about incidents the provider must notify us about. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service and two healthcare professionals to ask about their experience of the care provided.

We spoke with the area manager and three support workers. We looked at four records in relation to people who used the service. We also looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

•□Staff were aware of the service's policies and procedures in relation to safeguarding and had received training in this area. Safeguarding referrals had been made where appropriate. People told us they felt safe, one said, "Oh, I definitely feel safe." Another person commented, "Where I was living before I didn't like it or feel safe. Here I do feel really safe."

Assessing risk, safety monitoring and management

•□The service carried out comprehensive assessments of the risks to people and put in place measures to reduce these risks. Staff were aware of the risks to people and the measures in place to reduce them.
•□The service and its staff were aware of ensuring that they did not reduce or restrict people's independence when attempting to manage the risks to people.
•□Care planning clearly documented how people should be assisted to move safely and how the risk of falls could be minimised without compromising people's ability to mobilise independently.

Staffing and recruitment

•□There were enough staff to meet people's needs. The service had worked hard to recruit permanent staff and had reduced the usage of agency staff significantly since taking ownership of the service.
•□People told us there were enough staff and that if they were running late they would let them know. One said, "I've had no problems. Sometimes they run a little late but they let me know." Another commented, "They always come as per my schedule. If I pull my bell outside of those times someone comes to help really quickly."
•□Staff told us they had enough time to meet people's needs and did not feel rushed when they supported people. One person using the service told us, "They don't rush me. They take their time."
•□The service practiced safe recruitment procedures.

Using medicines safely

•□The service supported people to manage and take their medicines safely where this was required. Staff received training in administering medicines and their competency was assessed at regular unannounced spot checks.
•□Shortfalls had been identified in medicines administration when the provider took over ownership of the service. It was clear what action had been taken and this was evident at our visit.

•□At the end of each month the medicine administration records (MARs) were returned to the office. These were reviewed by senior staff and we saw that issues in recording, such as gaps, were identified and actions taken.

Preventing and controlling infection

•□The service assessed the risk of the spread of infection and put measures in place to reduce this.
•□Staff told us they had access to appropriate protective clothing such as gloves and aprons (PPE) when carrying out personal care. There were adequate stocks of these in people's flats. The service checked whether staff were wearing appropriate PPE at regular unannounced spot checks.

Learning lessons when things go wrong

•□Incidents and accidents were recorded and thorough investigations carried out. Records made clear what actions had been taken following incidents such as falls, to reduce the risk of these recurring.

Good

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

People's outcomes were consistently good and people's feedback confirmed this.

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

- The service carried out comprehensive assessments of people's needs before the service started supporting them. One person said, "Before I moved in we talked about what I wanted. There was a schedule drawn up about when I needed help and what with."
- People's care records were written in a way that reflected best practice guidance.

Staff support: induction, training, skills and experience

- The service provided staff with suitable training for the role. The service was planning to introduce more training for staff specific to people's needs, such as training in catheter care.
- People told us they felt the staff were skilled enough to support them. One said, "They know what they're doing. I have trust in that."
- The service carried out unannounced spot checks to assess the skills of staff and to ensure that training had been effective.
- There was a comprehensive induction program in place for new staff. One newly employed member of staff was complimentary about the induction they received in the role.
- Staff told us they felt supported by the management of the service and had regular one to one sessions with senior staff. Staff told us they were supported to gain further qualifications and develop in their role.

Eating, drinking and a balanced diet

- The support people required with preparing meals and eating was clearly set out in their care records. This included information about reducing the risk of people becoming dehydrated or malnourished.
- People told us staff helped them with their meals. One said, "I can do some things but the staff do some of the cooking or make me a sandwich." Another person told us, "My [relative] buys all my food but the staff ask what I want and bring me it."

Supporting people to live healthier lives, access healthcare services and support

- The service supported people to access support from external health professionals such as GP's, dieticians and chiropodists. The support people required with making and attending appointments was set out in their care plans. Records were kept of the contact people had with other health professionals.
- People told us staff helped them to access support from the GP if they needed it. One said, "If I need to

see someone the staff will call them out for me."

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.
•□We checked whether the service was working within the principles of the Mental Capacity Act (MCA).
•□People told us that staff asked for their consent and gave them choices. One said, "They ask me what I want, they only do those things. They knock before they come in." Another told us, "They give me choices, like what food I want."
•□People's capacity to make specific decisions had been assessed. This included their capacity to consent to photography, care planning and receiving support from the service. Staff were aware of their responsibilities in supporting people in the least restrictive way possible.
•□When the provider took ownership of the service, senior staff identified that people's medicines were locked in cabinets in their flats which they did not have access to. They told us that people now held keys to these cabinets as they recognised that the medicines within them were the persons personal property which they should have access to.

Good

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.

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

Ensuring people are well treated and supported; equality and diversity

- All the people we spoke with told us that staff were kind and caring towards them. One said, "The staff are so friendly. We have a good banter." Another told us, "[Staff are] really kind people."
- Healthcare professionals told us people were treated with kindness. One said, "My observations are that people are always treated kindly and respectfully by staff who show concern for their wellbeing."
- It was clear from discussions with staff, including senior staff, that they knew people well. People confirmed this. One said, "[Staff] know me really well. I have the same staff and we built up a really good relationship." Another told us, "Everyone knows me here. [Staff] ask me about my family, what I've been up to."
- The service promoted meaningful relationships between people and staff. They ensured that people received support from a consistent staff group who knew them well.

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

- People and their representatives were involved in the planning of their care. People's views were reflected and people signed their care plans. One person said, "I remember talking about what I wanted and signing some papers." Another person told us, "Yes, I was there when the plans were drawn up. I had input."
- Copies of people's care records were kept in their individual flats so they had ownership of these and could access the records held about them.
- The service understood their role in supporting people to make decisions about their healthcare options. People and their representatives were involved in these decisions as far as possible.

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

- Care records were detailed and contained information about people's life histories. This included information about their childhood, families, schools they had attended, events important to them and past achievements.
- Staff supported people to be as independent as possible. Care records were clear about the parts of people's daily routines they could carry out independently. This reduced the risk of people being over supported.
- We observed that staff, including the area manager and senior staff, treated people with dignity and respect. Staff we spoke with were clear about their responsibilities in ensuring people's right to privacy. Care records set out how people should be supported with having private time.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•□People's care plans were personalised. They included information about people's hobbies, interests and life history.
•□Discussions with staff demonstrated they knew people well on a personal level. This was confirmed by speaking with people.
•□The support people required from staff to engage and interact with them to reduce the risk of social isolation was set out in their care records. People told us staff had time to chat with them.
•□People were supported to attend and engage in activities where this was part of their agreed care plan. The service provided daily activities in communal areas and had two activities staff to facilitate these.
•□People told us they liked the activities on offer. One said, "I do like to sew, I want to learn to crochet so I'm going to the sewing group today."

End of life care and support

•□People had been asked about their preferences and the support they wished to receive in coming to the end of their life. Personalised end of life care plans were in place which reflected best practice guidance.
•□The service worked well with other professionals to ensure that people could end their lives peacefully and comfortably in their own homes.

Improving care quality in response to complaints or concerns

•□There was a suitable complaints procedure in place which people told us they were aware of.
•□We reviewed the records of two complaints which had been made. Records demonstrated that these were investigated thoroughly and written responses were provided to people.
•□Where the investigation of complaints indicated areas for improvement, we saw that records demonstrated actions had been taken.

Good

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•□At the time of our visit the registered manager was signed off on long term sickness leave. There was an acting manager in place who was supported by an area manager.
•□The staff we spoke with were positive about working for the service and about the management team. One said, "When we changed companies it was very difficult but it is so much better now with this manager." Another told us, "This manager is much more hands on. We were really short once due to sickness and the manager helped by covering some of the support visits."
•□A healthcare professional said, "The communication is good from the service. They contact us promptly where needed."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

•□Senior staff at the service understood the requirements of their roles. They identified areas for improvement through robust quality assurance procedures and ensured actions taken were recorded.
•□Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

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

•□The service regularly gave people opportunities to feedback on their care. People were asked for their comments at unannounced spot checks carried out to check staff practice. People were also invited to meetings to give their feedback.
•□People had been kept informed when the provider took over ownership of the service and meetings had been held with people to ensure their voices were heard.
•□Annual surveys of people's views were planned but had not yet been carried out.
•□People told us they felt the service listened to them. One said, "It was hard when Radis took over but I was kept informed and it was fine in the end."

Continuous learning and improving care

•□The manager and provider had a robust quality assurance system in place. A representative of the provider organisation carried out regular thorough and questioning audits of the service.
•□An audit carried out in November 2018 identified issues such as poor care records and staff files. Action was taken to resolve these shortfalls and these improvements were evident at our visit.
•□The manager carried out a range of monthly audits, such as audits of medicines records, care planning, staff training and recruitment. They also carried out regular unannounced spot checks when staff were supporting people. During these they asked people for feedback on the service, checked staff competency and records kept in the person's home.
•□Shortfalls in the administration of medicines had been identified by the service's quality assurance system and actions had been taken to improve practice. This was evident at our visit.
•□The management team continued to identify areas for improvement through their quality assurance system and added these to a continuous improvement plan.

Working in partnership with others

•□The management team had built positive relationships with other health professionals. A healthcare professional was positive about the management of the service. They said, "The manager works well with our team and is quick to get in touch if someone requires a visit from us."