

G P Homecare Limited

Radis Community Care (School Gardens)

Inspection report

Vernon Road
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Tel: 01299669942

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 (School Gardens) is an extra care housing scheme consisting of 60 individual apartments.

Not everyone who used the service 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. Staff provided personal care to 14 people aged 65 and over at the time of the inspection.

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

People told us they felt safe with staff and had their needs met. The registered manager and staff members were aware of their responsibility to safeguarding people.

Risks to people's care and support were not always identified so they could be assessed and where necessary mitigated or control measures put in place to keep people safe. Assessments of needs were not always undertaken prior to people receiving personal care and support. Audits had not always identified shortfalls in the care planning and risk assessing of people's identified needs.

Management arrangements were not always sufficiently robust to ensure the registered manager was informed of changes within the service. Medicine management was not always safe as records were not always in place and checked regarding people's current prescribed medicines.

People found the staff to be knowledgeable and staff stated they received the training they required. The registered manager was aware of an area needing staff training and assured us they were addressing this need.

People told us they felt safe with staff and had their needs met. The registered manager and staff members were aware of their responsibility to safeguarding people.

People and their relatives were complimentary about the staff who provided care and support. People's privacy and dignity was respected and independence encouraged. People did not feel rushed by staff while they were receiving personal care.

Sufficient staff were available to meet people's needs. Although people were not aware who would be attending their call most were happy with this arrangement. Recruitments checks were in place before new members of staff commenced work with people and staff received induction training. In addition, staff undertook shadowing shifts with experienced members of staff to introduce them to people.

People were happy with the infection control practices carried out by staff and confirmed staff worn gloves

and aprons as needed while providing care and support.

The registered manager had recently changed how they reviewed accidents and incidents to improve how they were recorded to identify any trends.

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. People's consent was sought prior to them receiving personal care. People felt able to make a complaint about the service and felt involved in their care. In the event of people having concerns they believed they would be listened to.

People received assistance and support in the preparation of meals where this was needed. In addition, people received support to access healthcare professionals to ensure their health needs were met.

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

Rating at last inspection

This service was registered with us on 21 April 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report. The registered manager took action at the time of the inspection to mitigate the areas needing improvement.

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

Enforcement

We have identified two breaches in relation to ensuring risks were identified and acted upon as well as ensuring medicine management was in place to keep people safe.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Radis Community Care (School Gardens)

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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in specialist housing

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 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 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 used the information the provider sent us in the provider information return (PIR). 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 contacted and sought information the local authority as well as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the area manager, registered manager and care workers.

We reviewed a range of records. These included five people's care records including their medication records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at 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. This service was registered with us on 21 April 2018 and this is the first inspection.

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.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support needs were not always in place for guidance to staff to ensure they had the information needed to manage people's risks.
- There was no risk assessment in place for one person living with diabetes and a revised care plan contained incorrect details. This meant there was a lack of information available for staff to assist them understand the symptoms to look out for and when medical assistance would be required. Although staff had some knowledge about diabetes no training had taken place.
- Risks had not been assessed for two people new to the service. The registered manager agreed to complete these straight away so staff could support people safely.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people were protected. This placed people at risk of preventable harm. This was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took immediate action during the inspection. One risk assessment was completed, and they undertook to complete others as necessary.

- People told us they felt safe while receiving personal care for example having staff available and at hand while they had a shower.
- Risk assessments regarding people's individual apartments were in place to ensure any hazards were identified and measures put in place to reduce the risk of injury to people using the service and staff members.

Using medicines safely

- Medicines were not always administered safely. For example one person was administered a medicine on one occasion upon commencing a personal care service despite a record from a previous provider showing it was discontinued. Another person did not have a record of their medicines completed until five days after they started receiving care and support. Daily records stated 'Assisted with medication' but these were not recorded.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people were protected from the risks associated with medicine management. This placed people at risk of preventable harm. This was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took immediate action during the inspection by assuring us improvement would be made.

- People who received their medicine, with the assistance of staff members, told us they were confident they received these as prescribed and on time.
- Where people were prescribed medicines on an as and when required basis we were assured people could say whether they needed these items or not.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe while in receipt of care and support. One person told us, "I feel very safe with them [staff]." Another person told us, "I feel safe and happy. They [staff] are thoughtful and I am confident I am well looked after."
- The registered manager was aware of their responsibility to report actual and suspected abuse to the local authority as well as to the Care Quality Commission.
- Staff members told us they would report any concerns they had about people's safety to a team leader or the registered manager. Staff were aware of the provider's whistle blowing procedure.

Staffing and recruitment

- People felt they could rely on staff members to keep them safe and provide the care and support they needed. People told us they could use a pendant to call staff if they needed assistance outside of their scheduled visits.
- People told us they did not know who would be attending their call until the member of staff arrived at their apartment. One person told us they did not mind this and "I am quite happy whoever comes as they are all very efficient." Another person however told us they would prefer more regular staff so they would have a better routine. This comment was brought to the attention of the registered manager for their consideration.
- People confirmed staff usually arrived at their apartment on time and stayed for the length of their call. One person described the timekeeping as, "Excellent." Another person told us if staff were late they would always receive an apology.
- The registered manager told us they had plenty of staff available to cover the calls needed. Staff confirmed there were enough staff available.
- Checks were carried out on potential new employees including one to the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and therefore helps prevent unsuitable staff from working with people who used the service. In addition, references were obtained prior to staff working with people. Gaps in employment history were explored and accounted for.

Preventing and controlling infection

- People were complimentary about staff members practices regarding infection control. One person told us, "Every time they [staff] wear gloves and aprons and these get discarded" and, "They are very knowledgeable on cleanliness; this is important."
- Staff confirmed personal protective equipment such as gloves and aprons were available for them to use. Staff also confirmed the use of this equipment was checked as part of the spot checks carried out by team leaders.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to reduce the risk of reoccurrences. The registered manager had recently introduced improvements in the documentation and had provided training for staff members.

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.

This service was registered with us on 21 April 2018 and this is the first inspection.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We found no assessment of needs was carried out in relation to two people who had recently commenced a service from the registered provider. As a result, no care plans and risk assessments were completed to inform the staff undertaking the calls of people's their individual care needs and risks associated with the care. The registered manager was unaware of these people receiving personal care and was unable to find any evidence of an assessment taking place.

Staff support: induction, training, skills and experience

- The registered manager was aware of the need to introduce training regarding diabetes awareness to the training provided for staff members. This was to ensure staff would in the future have full knowledge about diabetes and signs and symptoms when medical advice may be required.
- People told us they found the staff to be aware of their care and support needs. One person told us, "They [staff] are knowledgeable and they know exactly what I need."
- Staff told us they received regular training to enable them to carry out their work and provide the support people required. One member of staff described the training as, "Very good" and added, "I have received more training here than previous jobs. We are well supported with training."
- Newly appointed members of staff undertook shadowing shifts during which they worked alongside experienced members of staff. Following a period with experienced staff employees were assessed for their ability to undertake their job role.
- Staff received induction training and undertook the care certificate. The care certificate is an identified set of standards which social care staff work through based on their competency.

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

- Some people required support with the preparation and or obtaining of meals and drinks of their choice. These were either prepared within people's apartments or by using the restaurant on site or local take away facilities. People told us staff ensured they had a drink at hand prior to leaving the call.
- Staff told us nobody who was receiving care and support required their drinks to be thickened to prevent the risk of choking.

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

- People told us staff would take appropriate action in the event of them feeling unwell. One person told us,

"If not feeling well they [staff] will call the doctor or I may go to bed for a couple of hours."

- People and staff told us about healthcare professionals who were involved in people's care and support such as doctors, community nurses and occupational therapists. Records we saw confirmed these people were involved and consulted with as needed.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection the registered manager told us no one who was receiving care and support was subject to a Court of Protection order.
- People were supported to make their own decisions and told us staff respected their decisions.
- People told us staff sought their consent prior to providing any care and support.
- Staff were aware of the MCA and confirmed they had received training in this area.

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.

This service was registered with us on 21 April 2018 and this is the first inspection.

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 complimentary about the care and support they received. One person told us, "I don't think you could get better care." The same person told us they felt as if they mattered to the staff team from the support they received such as the assistance they received when they needed to go to hospital. Another person described the care as, "Very good". A further person described the care they had received as, "Terrific."
- Relatives told us they were pleased with the care their family member received. One relative described the care provided as, "Exceptional" and described the staff as, "Really good." A further relative told us, "They [staff] are truly what they say they are, carers, they do care."
- Staff members told us they would be happy for a member of their family to receive a service from the provider. One member of staff told us, "I think it is pretty good [level of care provided]. A friendly team and caring which is what it is all about. We go the extra mile and give people a little more help."

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

- People told us they were kept informed of events taking place at the extra care facility and were able to make decisions about what they wanted to be involved in.
- One person told us they would be consulted prior to a new member of staff shadowing a call to ensure they were happy with the new employee attending the call.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person told us, "They [staff] are polite, they knock at the door" and, "I don't feel embarrassed at all they make me feel quite comfortable." Another person told us, "Staff make sure blinds are closed and towels are used" to ensure their privacy and dignity was upheld.
- One person as well as their relative described to us how staff ensured they remained as independent as possible and were able to participate in their own care.
- Staff were able to describe how they maintained people's privacy, dignity and confidentiality.
- Spot checks undertaken by senior members of staff included checking whether staff promoted people's privacy and dignity. One record stated, 'Very respectful' and, 'Polite and friendly.'

Is the service responsive?

Our findings

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

This service was registered with us on 21 April 2018 and this is the first inspection.

This meant people's needs were met through good delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff told us they read communication sheets which brought to their attention any changes in people's care and support needs. One member of staff told us, "If anything different [from the care plan in place] we tell the team leader and they rectify it each time it [people's care needs] change."
- People told us they did not feel rushed by staff attending their calls and believed their personal care needs were met by staff they got on with. One person told us, "I have never been so happy in my life as I am now" due to the staff providing their care and the quality of life they were experiencing.
- People told us the care and support provided was flexible. For example, calls times could be amended in the event of them having appointments such as at hospital.
- People told us staff engaged in discussion with them and were able to exchange stories about each other's families. People told us this made them feel involved as staff showed an interest in what was important to them. They told us, "Part of the care is having a chat and verbal input."
- Where care plans were in place these were detailed and personalised. They detailed the care and support people needed as well as people's likes and dislikes, what was important to them and family history. People know about their care plans and confirmed their involvement in devising and reviewing them.

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 registered manager was aware of AIS. They were confident everyone using the service was able to understand information in written format. They assured us they would ensure information was made accessible in different ways if needed.

Improving care quality in response to complaints or concerns

- People were confident they could make a complaint about the service should they need to do so. One person told us, "I know it would be corrected" in the event of them needing to raise a complaint. Another person told us, "I am quite satisfied with everything. If it wasn't right I would say so." A further person told us, "I would report to whoever in charge. I think they would listen. I have never needed to do this."
- The registered manager told us they had not received any complaints about the service provided from people who had received personal care.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- We spoke with a person who had a relative receive end of life care. They told us the care received was, "Perfect" and added, "We got all the care we wanted in conjunction with healthcare professionals. The staff knew what they were doing. Attitude here is brilliant, you couldn't ask for better."
- A written complement seen described a person's end of life care as, 'Peaceful' and, 'With dignity.'

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. This service was registered with us on 21 April 2018 and this is the first inspection.

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 registered manager was not aware of three people who were receiving the regulated activity 'Personal care' because this information had not been brought to their attention. These people did not always have care plans and risk assessments in place to provide guidance and support to staff to ensure their needs were met.
- Systems and processes within the service had not identified for a period of 15 months a risk indicated upon information from the local authority when the person commenced a service regarding a risk to their swallowing. The need for a referral to assess this risk and not been identified by staff and not identified as part of the provider's quality checks. Audits and spot checks had not identified the lack of risk assessments and shortfalls within medicine management.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate quality assurance and checks were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

- The registered manager worked across three sites. They told us they had previously spent one day per week at School Gardens. Because of our findings they told us they were likely to increase their presence at this location. Staff told us they could contact the registered manager on the telephone if needed.
- A team leader from a different location managed by the same registered manager had recently transferred to School Gardens as a means of managerial support.
- Staff were complimentary about the registered manager and told us they enjoyed their work finding it rewarding.
- The registered manager was aware of the circumstances when they would need to notify the Care Quality Commission of certain events which may happen at the service.
- The registered manager was aware of the requirement to display their rating following an inspection and to ensure it was also upon their web site for people to see.

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

- One person described the registered manager as, "Supportive" and told us they always spoke when they

saw them. Another person told us, "She is very nice and very efficient."

- People who used the service told us they felt involved in the care and support they received and believed they could raise any concerns they had.

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

- Within the provider information pack (PIR) the registered manager told us 'Quality monitoring is carried out to have feedback on the service provided and that any issues can be dealt with straight away.' These checks consisted of visits to people to seek their feedback on a regular basis.
- Staff confirmed they were able to attend and participate in staff meeting. These were an opportunity for staff to discuss working practices and how improvements could be made.
- Staff told us they enjoyed their work and felt valued by the registered manager and the provider.
- The registered manager told us satisfaction surveys had recently gone out to people living at the extra care facility. The registered manager was awaiting the results of the questionnaires to see if any action was required.

Continuous learning and improving care

- The registered manager as well as the area manager were responsive when we highlighted areas in need of improvement. The registered manager was responsive to our feedback at the end of the inspection visit.
- Systems were in place to learn from incidents where mistakes were made. For example, following a medicine error an incident report was completed detailing the incident, reasons for the error, actions taken and the outcome of the action. This could include actions such as contacting medical professionals and competency check lists.
- Staff meetings provided an opportunity for reflective learning such as the completion of body maps to ensure they contained enough details.

Working in partnership with others

- The registered manager worked in partnership with healthcare professionals to ensure people's wellbeing.

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 The provider had not always robustly assess the risks relating to the health safety and welfare of people.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have sufficiently robust systems in place to identify shortfalls in the service provided to ensure people's needs were met.