

G P Homecare Limited

Radis Community Care (Fernhill Court ECH)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fernhill 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 27 flats. The building also houses the offices used by the registered manager and staff. Not everyone living at Fernhill 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 22 people received personal care from Radis staff.

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

People told us they received care and support in line with their preferences and needs.

Systems were in place to protect people from abuse. Procedures were in place for the prevention and control of infection.

People and their relatives confirmed there were sufficient staff on duty to meet their needs and preferences. Staffing levels were determined by the number of people who were in receipt of personal care and their needs. The majority of people living at Fernhill court received support with the medicines only.

There was a system in place to ensure the safe management of people's medicines and people confirmed they received their medicines in the way they preferred.

There was an ongoing system of audits to monitor the quality and safety of the service. The manager had an ongoing improvement plan to work to but it was not always clear what action had been taken in response to feedback.

The service had been working in partnership with the local authority and with the housing association on improving the service.

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

Rating at last inspection

The last rating for this service was good (published 21 May 2020)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 remains good.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 1 inspector and 1 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post since July 2022 and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before 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 the manager, a team leader and 3 members of care staff. We reviewed a range of records, including care plans and medicines records for 2 people, recruitment records for 2 staff, training records, and quality assurance records. Following the inspection visit we spoke with 2 people who used the service and 5 family members of people using the service. We received feedback from 2 health and social care professionals.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to keep people safe. Staff confirmed they had access to these and received safeguarding training.
- Staff said they were confident about reporting any safeguarding concerns and there was always someone from the management team available if they were concerned.
- People and their relatives told us they felt safe at Fernhill Court. One relative said, "Yes, I think she does. She hasn't ever said she doesn't feel safe with them, she'd definitely tell me if she didn't."

Assessing risk, safety monitoring and management

- Risks relating to people's care and support were assessed and monitored.
- Most people living at Fernhill received support with their medicines only.
- Risk assessments were undertaken to assess any risks to people and to the staff providing support. These assessments set out how risks were mitigated.
- One person required 2 staff to support them when mobilising and this was assessed. Staff demonstrated a good knowledge of the support people needed.
- Relatives commented that staff ensure their relative is safe when undertaking activities such as showering.
- The service had a business continuity plan in the event of an emergency.

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 Mental Capacity Act (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. The manager confirmed there were no Court of Protection cases currently at Fernhill Court.
- Staff received training in MCA. Staff demonstrated they understood the training they had received and how to apply it. For example, one member of staff was clear about people having the right to refuse care and

treatment.

Staffing and recruitment

- There were safe systems in place for the recruitment of staff.
- Records for recently recruited staff contained all the required checks for safe recruitment. The manager told us they chased up any missing staff information to ensure records were held in line with the provider's policies.
- There were sufficient staff deployed to meet people's needs. The rota reflected the number of staff required. The staffing was determined by the number of people receiving personal care in the service.
- Staff told us they thought there were enough staff and people we spoke with confirmed this. One person told us when asked if there were enough staff, "Yes, 2 of them in particular are very good though there's 1 particular one who's always in a hurry, I have to tell her to slow down."

Using medicines safely

- Processes were in place to effectively manage people's medicines.
- Staff received training in administering medicines and their competency was checked. Where staff had not received these, we saw this was being booked. Staff demonstrated knowledge and understanding of the procedures for managing medicines and of people's individual support needs.
- Staff completed regular audits to ensure medicines were being managed in line with policies and procedures.
- People confirmed they received support with their medicines if they needed it and in the way they wanted it. One person told us they needed lots of water with their medicines and staff made sure they got it.

Preventing and controlling infection

- People and relatives confirmed staff wore personal protective equipment (PPE) such as aprons and gloves.
- Guidance was provided for staff in preventing and controlling infection.

Learning lessons when things go wrong

- Staff were aware of the policy and procedure for recording and reporting accidents and incidents.
- Audits were carried out and learning shared with staff.
- When complaints were received, the report contained a section on lessons learnt.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we found the improvements made to the systems in place to monitor the quality and safety of the service needed further embedding. At this inspection we found further improvements had been made.

- Effective systems were in place to monitor the quality of the service.
- There was a system of audits in place. The provider's annual audit had been carried out in December 2022. This audit picked up some gaps in staff medication competency checks, some recruitment information that was still needed, improvements to care plans as well as general areas for improvement. The manager was working to a service development plan to improve the service.
- The manager used team meetings to discuss areas of responsibilities and clarify expectations.
- Staff were clear about their roles and responsibilities and confirmed staff meetings were held frequently discussing matters including training, staff behaviour and performance, people's support needs and privacy and dignity.
- People and their relatives were complimentary about the team leader and manager. One person said, "[name] is always there and listens."
- The service had been without a registered manager since 27 May 2022. The manager was in the process of applying to become the registered manager.

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

- The provider and manager promoted person centred care.
- One relative told us they were concerned there was not a system to get hold of a carer. They felt this disadvantaged their relative who had hearing difficulties as they couldn't speak with them by phone.
- A new phone system had been implemented to improve communication with the service and with external stakeholders. A member of staff carried a work phone while on shift and the office answerphone messages were checked daily.
- Staff knew people well. People confirmed staff understood their needs and were flexible where needed. One relative told us, "if she does need a bit of extra time for something, they do stay, in the past they've pulled staff from the other home if needed."
- People and their relatives said they would recommend the service to others. One person told us, "one of my old neighbours come to visit me, she's looking for something like this and is seriously thinking of moving

in here." A relative said "Yes definitely, I often do."

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

- The provider sought feedback in order to improve services.
- Quality assurance surveys were now being done every 3 months. A monitoring visit was carried out by the team leader to ask for and record people's individual feedback.
- Records for the September 2022 surveys were overall positive. However, it was not always clear what action was taken to follow up on people's feedback. For example, 2 people had commented on staff not wearing identity badges but the action taken was not recorded.
- The manager told us the team leader would let her know about any issues so these could be addressed straight away.
- Not everyone was aware of survey seeking their feedback. One relative said, "I can't remember being asked." Another said, "No, they've never asked me what I think of the care verbally and don't think I've had anything in writing."
- People we spoke with were not aware of being asked for feedback but told us they were confident to sort things out with the carers or with the team leader.

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; Continuous learning and improving care

- The manager understood their legal requirements. Notifications were made in line with regulations where appropriate.
- Staff understood the requirements to record incidents and accidents. These were monitored by senior management for any patterns.
- The manager told us networking had increased between the managers of the provider's local services, including managers meetings so learning could be shared.

Working in partnership with others

- The service worked in partnership with external agencies.
- The manager told us there was more joint working with the local authority commissioners and with the housing provider to ensure the service continued to meet people's needs.
- A health and social care professional told us the provider had been forthcoming with suggestions made and been on board with the local authority quality process.