

G P Homecare Limited

Radis Community Care (Ness Court ECH)

Inspection report

Managers Office
Baker Drive, Burwell
Cambridge
Cambridgeshire
CB25 0AB

Tel: 01638745594

Date of inspection visit:
19 October 2018

Date of publication:
12 November 2018

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

Radis Community Care (Ness Court ECH) provides care and support to older people living in a specialist 'extra care' housing scheme. 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.

Not everyone using Radis Community Care (Ness Court ECH) receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This announced inspection took place on 19 October 2018. At the time of this inspection, 20 people received the regulated activity, personal care.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. 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 were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff assessed and minimised potential risks. Staff were only employed after satisfactory pre-employment checks had been obtained. There were enough staff to ensure people's needs were met safely and in a timely manner.

People were supported to manage their prescribed medicines by staff who were trained and had been assessed as competent to administer medicines. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination.

People's care was planned and delivered in line with good practice guidance. Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained, well supported, and had the skills and knowledge to meet people's assessed needs.

People were supported by staff to have enough to eat and drink. People were assisted to have access to external healthcare services to help maintain their health and well-being.

Staff understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. People were fully involved in making decisions about their care and support. People and their relatives were involved in the setting up and review of their or their family member's individual support and care plans.

Staff treated people kindly and made people feel that they mattered. Staff respected and promoted people's privacy, dignity and independence.

People's personal and health care needs were met and care records provided staff with clear, detailed guidance in how to do this. Staff supported people to take part in past-times and hobbies they enjoyed. Staff supported people to consider their end of life care to ensure they had the most comfortable, dignified, and pain-free a death as possible. Staff worked in partnership with other professionals to ensure that people received joined-up care.

People's suggestions and complaints were listened to, investigated, and acted upon to help improve the service.

Staff liked working for the service and were well supported by the registered manager. The registered manager sought feedback about the quality of the service provided from people and took action to make improvements.

The provider's monitoring process looked at systems throughout the service. The registered manager also carried out audits and quality monitoring checks to help identify shortfalls and to help drive forward improvements.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Radis Community Care (Ness Court ECH)

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 unannounced inspection took place on 19 October 2018. It was undertaken by one inspector. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office at other services that they manage and we needed to be sure they would be present for our inspection.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist with planning the inspection.

We received survey responses from six people who use the service, 10 relatives or friends of people who use the service, and seven staff members. We asked for feedback from the commissioners of people's care and representatives from the local authority and Healthwatch Cambridge. These people's views helped us to plan our inspection.

During our inspection we spoke with three people who told us about their experience of receiving the service and five staff. These included the registered manager, a team leader and three health care assistants. We also spoke with the housing scheme manager.

We looked at two people's care records, staff training records and other records relating to the management

of the service. These included audits, accident and incident reports and meeting minutes.

Following our inspection the registered manager sent us additional information in relation to people's involvement in the use of assisted technology and restricting people's access to medicines.

Is the service safe?

Our findings

The service continued to safeguard people from harm. People told us that they felt they were safe receiving the service. One relative responded to our survey saying that they were "very confident" their family member received, "one of the safest [services] in England." Staff knew how to protect people from harm, they told us they had received training and they knew who to report to and escalate any concerns they had. A staff member told us, "There's a folder in the office with all the important numbers." The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC.

The service remained good at managing risks to people's health, safety and welfare. Staff assessed and regularly reviewed individual risks to people and kept updated records to show how the risks had been reduced. Risk assessments contained information to guide staff on how to minimise risks and protect people from harm. These assessments covered risks such as assisting people to move, and environmental checks in such areas as fire safety and equipment used by people. The information in people's care records was held securely within the office and within people's own homes.

The provider had a system in place to make sure that staff were only employed once they were satisfied staff were suitable to work with people who used the service. Staff members told us that the required checks were carried out before they started working with people. These included written references, proof of recent photographic identity, their employment history and a criminal records check.

There were enough staff employed to meet people's care and support needs. People told us that there were no missed care calls and staff usually arrived on time and were reliable. A person told us, "The carers come about the same time. They say sorry if running a bit late." People told us that they were supported by staff members, who got to know them and their preferences. They spoke highly of staff. One person told us, "They do a wonderful job." The registered manager told us they reviewed staffing capacity against people's needs regularly, to ensure there was always enough staff to meet people's needs. The registered manager and senior staff also provided care when staff were on leave or in an emergency.

The service remained good at managing people's medicines. People were happy with the support they received with medicines. One person told us they "sorted out" their own tablets, but staff applied prescribed creams. Another person said, "I used to do my medicines, but now I don't want to know. [Staff] sit there sorting them out – that's good!" Staff had received training and their competency was checked to make sure their knowledge and skills were up to date. Records showing that appropriate guidance was in place to assist staff to administer medicines. Staff had completed records appropriately showing medicines had been administered appropriately.

People described how staff used personal protective equipment (PPE) appropriately, for example, when carrying out personal care. Staff told us that they had enough PPE and cleaning equipment available and they had received training in the prevention of cross contamination, infection control and food hygiene.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and

incidents were recorded and acted upon. Lessons were learned and improvements were made when things went wrong or the potential for things going wrong was identified. The registered manager introduced a number count of medicines remaining each time staff administered a person's medicines. This meant that any errors were identified quickly, enabling prompt action to be taken.

Is the service effective?

Our findings

People's needs were assessed before they received the service. This helped to ensure staff could meet people's needs and provided staff with the information they needed to write people's initial care plan and provide appropriate care. People were supported with their care needs in line with good practice guidance and current legislation. Staff communicated with other care professionals, including social workers, district nurses and occupational therapists. These professionals worked with the registered manager and staff to support and promote people's well-being in line with legislation and good practice guidance.

Staff used, and promoted the use of, technology and equipment to enable people to be as independent as possible. For example, aids to remind people to administer their own medicines and use of personal alarms when they needed assistance.

Staff continued to have the skills, knowledge and experience to deliver effective care and support. People told us that staff knew what they were doing and that they looked after them well. People described staff as, "Very capable" and, "Excellent." One person told us, "The new [staff member] is learning by watching the [more experienced staff]. They are showing [the new staff member] what to do." Staff confirmed they had received induction and updated training which, with individual supervision, provided them with the knowledge and support to carry out their roles. Staff training records showed that staff members had received training in subjects relevant to their role, such as first aid, health and safety, and moving and handling. Staff members told us they had found the training useful. One staff member said, "[The training] gave me the confidence to know how things are done."

Staff supported people to eat and drink sufficient quantities of appropriate food and drink to stay healthy. At the time of our inspection no-one required physical assistance to eat and or drink. However, people told us staff supported them to ensure they ate and drank enough. One person said, "Staff cut my food for me."

The service remained good at ensuring people accessed advice and treatment from healthcare professionals. One person told us that staff assisted them to see an optician who visited the scheme. Records showed that staff liaised appropriately with healthcare professionals including GPs, community nurses and occupational therapists.

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 MCA and whether these were being met. Staff had received training in MCA and showed they understood this. Staff told us that everyone using the service had the mental capacity to make decisions. People's care plans did not always show when staff needed to obtain people's consent, for example when they used assistive technology to alert them that a

person had left their flat. Following our inspection the registered manager provided us with information that showed staff had consulted people about these matters.

Is the service caring?

Our findings

The service remained good at caring for people. People were very happy with the care they received and described their good relationships with staff. One person said, "We have a good chat and a laugh.

We have a good relationship." Staff treated people kindly and made them feel that they mattered. One person showed us the birthday card staff gave them on their birthday. They said, "I've never had anything like that before from people looking after me. It just goes to show how thoughtful they are." We saw several written compliments about the service. These included comments such as, '[Staff] are all simply wonderful.' And, 'I couldn't have wishes for a lovelier, kinder bunch of people to look after [my family member] in the last 18 months of [their] life.'

Staff knew people well, including their likes and dislikes and reassured people. One person told us, "I feel [staff] know me well. They talk to me and help me." Another person said, "I say to staff, 'I know I'm a pain.' They say, 'No you're not.'" The person told us they liked this reassurance.

Staff provided people with information about the service. This included the terms and conditions of the agreement. The registered manager told us this was available in other formats if people required it. People were aware of their care records and told us staff spoke with them and consulted them about how they wanted their care provided. The registered manager told us that if people were unable, or required support, to make decisions independently, they would arrange for them to use the local advocacy service to support this. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Staff respected people's right to privacy and to be treated respectfully. This was evident in the way staff spoke about people and in their comments to us about how they would do this. People confirmed that staff ensured their privacy and dignity was respected.

Is the service responsive?

Our findings

The service remained responsive to meeting people's needs. People told us that they had no concerns about their care and one person said, "I receive very good care." Another person said, "[Staff] listen and try to help me to stay independent." Staff had a good knowledge of people's needs and explained how they provided support that was individual to each person. Staff also knew people's preferences, such as those relating to support and care needs, or leisure and pastimes. One person told us, "[Staff] listen and try to help me to stay independent."

Staff supported people living at the scheme to take part in past-times and hobbies they enjoyed. The registered manager told us that staff "go above and beyond", providing this support in their own time as it was not part of the commissioned service. People told us how much they enjoyed the arts and crafts and gardening sessions, bingo, monthly entertainment, and seasonal parties.

People's individual care and support needs were assessed prior to them using the service to make sure that staff had the skills and knowledge to meet people's needs and wishes. These assessments were the basis for people's care plans. People confirmed they were involved in the assessment and care planning process. People's care plans were detailed and contained information to guide staff in how to meet people's needs. They included information about the person and what they could do for themselves and about what was important to them. We saw the records were reviewed regularly to ensure they continued to meet people's support and care needs. Daily records showed people had received care and support in line with their support plan.

The service remained good at managing complaints. People told us they felt able to speak with a member of staff, the registered manager or the scheme manager, if they were worried about anything. One person told us, "They do listen to me, if I've got a worry they do listen and try and help me." There were copies of the home's complaints procedures available in each person's home. There had not been any complaints raised since the current manager took up the post.

Guidance was available in people's care records about their end of life wishes. One person told us that staff had discussed this with them and recorded it in their care plan. They told us, "It means the staff know what I want. I might not be able to say when the time comes. They asked me if I want to be resuscitated. I said yes. I want another chance. I've made that choice." No-one receiving the service was in receipt of end of life care. People's care plans contained basic information about their end of life wishes. Senior staff told us they had recently introduced these care plans and recognised these needed further development. The registered manager told us they had requested end of life training for staff to ensure staff were able to support people to have as comfortable, dignified, and pain-free a death as possible.

Is the service well-led?

Our findings

There was a registered manager who had been in post since May 2018. The registered manager also managed two other services in Cambridgeshire, therefore they only spent part of their time at this service. Each service had its own staff team. At this service the registered manager was supported by a team leader and care workers.

People knew and liked the registered manager. The Housing Scheme Manager praised the registered manager's leadership saying, "Since [the registered manager] took over there has been a massive, massive, positive change. There are lots of activities [for people to join in]." Staff were also very complementary about the support they received from the registered manager and team leader. They told us staff morale had increased substantially since the registered manager took up the post. They said this was because the registered manager and team leader involved them in the planning of the service. One staff member told us, "The registered manager does listen to you. She's on the ball straight away. You can actually go to her." There were opportunities, such as individual supervision meetings and staff meetings, to discuss the running of the scheme. Staff were supported by senior staff and felt they could discuss any issues or concerns they had or discuss their performance.

The registered manager and provider sought people's views through questionnaires and review meetings. People told us that they were asked often for their views about the care they received. The information was then collated and a summary of the findings made available. These showed that overall, people were satisfied with the service they received. However, at the time the survey was conducted only 25% of people said their hobbies and interests were supported. The registered manager told us that all items on the action plan had been completed. People and staff told us there had been an increase in the support staff provided in this area, although much of this was in staff member's own time. Staff decorated the reception area, attracting people living locally who were also invited to attend events and helped people feel part of the local community.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various tools to audit the service. For example, they carried out spot checks to ensure that care workers were providing care to the provider's standard. They also carried out audits of care and medicines records and had introduced daily counts of medicines to ensure any errors were identified and acted on promptly. The provider carried out an annual audit of the service to identify any shortfalls in the service. The registered manager told us they had completed all actions raised from this.

Staff worked in partnership with other organisations, such as the local authority safeguarding team, the housing scheme manager and service commissioners. The housing manager made positive comments about the registered manager and staff. For example, they said, "If I raise anything its dealt with immediately." They told us that building works at the scheme meant the boilers were switched off for the day. The scheme manager told us, "I completed the risk assessment and [staff] put additional welfare checks in place to make sure people were alright."