

G P Homecare Limited

Radis Community Care (Meadow Green)

Inspection report

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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

Meadow Green is an extra care housing scheme registered to provide personal care, consisting of 53 one or two-bedroom flats. People who live at Meadow Green have their own tenancies. The service also includes Meadow Green Lodge, a separate building of 10 flats which delivers specialist support to people living with Dementia. The extra care scheme has on-site care staff 24 hours a day. 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. 34 people were provided with a personal care service.

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

There was a lack of quality assurance systems to monitor service delivery which meant areas which needed to improve had not been identified or actioned. There had been an emphasis on recruiting and managing staff at the service, which had limited the time available to ensure other aspects of quality was monitored. For example, care plan audits had not been completed by the registered manager, so improvements had not been made where required.

Staff were supporting people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, the requirements of the Mental Capacity Act were not met, as mental capacity assessments were not routinely completed for specific decisions such as, consent to medication. All staff we spoke with ensured they acted in people's best interests but without the necessary assessments in place to support their practice.

People told us they felt safe at the service and staff were responsive to their needs. Some of the documentation around the management of risk needed to improve to ensure all risks were identified and recorded risk reduction measures were in place.

Staff were recruited safely, although references were not always obtained from the last employer. Staff received the induction, and support they needed to fulfil their role.

People's nutritional and healthcare needs were met. Staffing was organised to make sure people received their calls within an acceptable timeframe. Staff stayed the full length of the call, people weren't rushed, and staff had time to chat with people, which positively benefited their wellbeing.

People and relatives said staff were kind and caring. People received support from regular and consistent care staff who knew them well. Support plans showed the support people needed on each call although improvements were required in some sections of the care plans.

Staff really understood and were supported to work in a person-centred way. They enjoyed their roles and

felt well supported by the management team. They described a positive culture at the service where all staff worked together for the benefit of people using the service. Activities were also offered to people to avoid social isolation and improve mental wellbeing, and people really valued this.

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 29 January 2018 and this is the first inspection. There was an inspection on 23 and 30 January 2019. However, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Enforcement

We have identified breaches in relation to governing arrangements and mental capacity assessments (consent to care) at this inspection. 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 for 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 to visit 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 (Meadow Green)

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 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.

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 unannounced. Inspection activity started on 27 January and ended on 6 February 2020. We visited the office location on 27 and 30 January 2020.

What we did before inspection

Before the inspection, we reviewed all the information we had received about the service including

information about important events which the service is required to tell us about by law. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the regional manager, registered manager, two team leaders.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a further three care staff over the telephone.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant 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

- Staff were very knowledgeable about people and how to reduce the risk of harm. Individual risk assessments for such risk as skin integrity and falls were in place. However, they were very generic and not personalised to the individual and had missed out essential risk reduction measures. For example, for two people who required pressure relieving equipment, this was not mentioned as a means to reduce the risk of pressure ulcers. Where people had fallen or had issues with their skin, risk assessments were not routinely reviewed.
- Environmental risk assessments were completed to protect staff from harm from an unsafe environment.
- Moving and handling risk assessments had not always identified all the risks to people. The associated care plans were generally very well written and included the method for staff to follow but did not include some essential information.

Due to the lack of accurate records showing how risks were assessed and reduced, there was a risk people would not receive the care required. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager agreed to rectify this immediately to ensure people were cared for safely.

Staffing and recruitment

- Overall recruitment was safe with required checks completed before staff started working in the service.
- References were obtained; however, these were not always from the last employer to show a satisfactory evidence of conduct. The policy was for three references, and it was the last reference which was missing for two members of staff and there was no evidence to show this had been actively pursued. The provider addressed this straight away.
- People told us there were enough staff in place to meet their needs and staff had time to care for them without having to rush. The registered manager operated an on-call system to enable it to respond to unexpected changes in staff availability. They no longer used agency staff, so people had the benefit of a consistent staff team caring for them. The manager said, "When we first came it was 80% agencies." There had been a focus on recruitment over the past year, which had been successful and positively impacted people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt completely safe with the care provided. One said, "I wear a buzzer around my neck. If I press it staff have come straight away. I have falls sometimes. Staff come straight away and get a doctor

or an ambulance. I feel very safe here."

- The provider had up to date policies and procedures in place in relation to safeguarding and whistleblowing. Staff had been trained to recognise the signs and symptoms of abuse and had an annual refresher.
- The registered provider was monitoring call bell response times manually on a daily basis to ensure staff response in line with their protocol. People told us they received an immediate response to their call bells, and although they might have to wait a short time for a response, they understood the reasons for this.

Using medicines safely

- People were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to support people with their medicines.
- All staff had been trained to manage people's medicines safely and ongoing competency was checked at their annual refresher training. The local authority had provided guidance to the registered manager in terms of tools to support safe medicines management, and the registered provider planned to commence using these.
- People's medication was stored in their own homes and staff involvement depended on the person's assessed needs. Where staff were supporting with medicines, the team leaders checked medication administration records and addressed any anomalies found with the staff concerned.

Preventing and controlling infection

- Safe systems were in place to manage infection control. Staff had received infection control training and were provided with personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Staff were recording all accidents, incidents and concerns and this information was reviewed daily by a team leader. Any actions were recorded on the electronic system to show what had been done. However, there was no audit to draw this information together to show how themes and trends were analysed and how lessons were learnt.
- For example, records showed staff had not always signed they had administered medicines. This was picked up and staff supervised and offered additional training. However, there was no audit trail to show the effectiveness of management intervention to try and resolve this recurring issue.

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 is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service supported people who lacked the capacity to consent to their care arrangements. The provider had a policy in place which outlined when staff would be required to undertake an assessment of capacity for the specific decisions concerned and record best interest decisions. There were no records of capacity assessments in the care file we looked at where the person lacked capacity to consent. The registered manager told us they had not completed any capacity assessment and the assumption amongst assessing staff was that other professionals had undertaken these assessments.
- People had not always signed their consent to care. However, consent was sought whenever care was provided and was often recorded in daily notes.

The lack of understanding about the responsibilities under the MCA meant people were at risk of care provided without lawful consent. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The local authority conducted the assessment of people's needs and preferences before their tenancy and care commenced. The registered manager had some input into this to ensure the service was able to meet people's needs.
- Team leaders designed the plan of care in line with the person's assessed need and in a way that met the person's wishes, preferences and routines.

Staff support: induction, training, skills and experience

- People told us they felt confident their care workers had been properly trained to provide the support they needed.
- Staff attended a three-day induction training before starting work and told us these sessions covered topics essential to their role. They also shadowed more experienced staff until confident in their role. Some staff new to care completed the Care Certificate, but not all care staff were aware they had completed this.
- Training was a mixture of e-learning and face to face training and competence checks were done at the time of training. Most staff had completed the required training although there were a small number of staff who were not on the rotas provided.
- Staff told us they felt supported by the management team. Staff were receiving planned supervision, with unplanned sessions in-between to address issues with performance. Staff were due for their annual appraisal, the registered manager told us these had been done by the previous registered manager who left a year ago, but we saw no evidence in relation to the dates, these had been undertaken.

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

- Staff supported people with meals and ensured they ate and drank enough if this was part of their plan of care. When required and a person was at risk of dehydration staff completed a record of what people had to drink.
- The registered manager told us staff were aware of the importance of encouraging people to drink and said, "Most of time staff will leave an extra drink."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with health and social care professionals to ensure people received consistent care. There was an onsite housing related support officer who visited people daily to check on them and feedback any concerns to the provider's staff.
- Specialist support and advice was sought and acted upon. For example, moving and handling professionals and the falls prevention team had been consulted when the need arose.

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

- People had access to activities in the communal areas of the service. There were regular chair exercise groups, which were popular and well attended.

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 is the first inspection for this newly registered service. This key question has been rated good. This meant 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 very complimentary about the staff who supported them. Comments included, "The staff are kind and do a good job. I am very pleased with the care here. They will chat and seem to spend the right time with me", "The girls are lovely and kind," and "They never seem rushed and always chat. I feel happy that my care needs are met."
- Relatives were equally happy with the service provided, one saying, "Her face lights up when they come. They know her needs and care for her well."
- People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care. The registered manager was able to give us several examples of where they had ensured people with disabilities had their rights protected to ensure they were treated equally and fairly.

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

- People's views and preferences were clearly expressed in their care plans. We saw each care file had details of people's preferred routines which showed they had been fully involved in devising a plan of care that was centred around their needs, choices and preferences.
- Staff knew the importance of ensuring care was provided in line with the person's wishes, down to what mug and spoon they liked to use. The registered manager said, "When they move in, one of the team leaders will sit with them and go through the general form, their history, talk them through each call and what they want to happen. What spoon they like to use and their routine."

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of how to promote the dignity and privacy of people who used the service and could explain how this was done to ensure they did this in practice.
- Care plans included what people could do for themselves and how staff could encourage their independence during care provision. People had been provided with assistive equipment to support their independence.
- Confidentiality was respected, records were kept secure and staff were discreet when discussing people.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Each care record contained a daily routine of how the person wanted their care to be provided at each visit. This was extremely person centred, detailed and gave staff the guidance needed to provide good care.
- People told us staff were very responsive and provided good care. Choice was referenced in daily notes and in support plans. Staff told us care plans were clear and provided them with the guidance they needed to support people.

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.

- Information was available to people in format they could understand such as large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us their relatives were always made to feel welcome. One said their relatives, "Come regularly and always feel welcome."
- Activities were on offer at the service in the communal areas and people were observed joining in. There was an on-site bistro which was used by people as a meeting place to catch up with other people living there and was a hub to reduce social isolation.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place to manage complaints and concerns. People told us they would be happy to raise concerns with the registered manager and team leaders. One said, "I have no complaints but if I did I would see the management."
- Complaints had been acted upon and where considered formal, people received a written response. Informal complaints were acted upon as concerns and actions taken to resolve although no letters were sent in relation to these and this information was not held in the complaints file to show how proactive the service was to these informal complaints.

End of life care and support

- The service had supported people who wanted to remain in their own homes at the end of their lives

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 is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the 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; Continuous learning and improving care

- The manager registered with CQC in October 2019, although they had been at the service in a management capacity since 2018. They had been busy recruiting the right staff for the service, including team leaders, and had limited amount of time to undertake managerial tasks to evidence an improving service.
- The registered provider's quality team produced an annual quality assurance report. The latest report had been completed in July 2019 and an action plan drawn up in August 2019. However, the dates indicating when the actions will be completed and progress against these actions had not been filled in, so it was difficult to see how this was being used to drive up improvements at service level.
- Although some audits were in place there was no audit of care plans to identify areas which needed to improve such as timeliness of review documentation and updates to some care plan documentation. There had been no audit of recruitment files to pick up on the issue with the most recent references. Staff were undertaking daily checks on some records, but this information wasn't being pulled together into an audit. Information was not routinely analysed for trends and themes or to demonstrate the benefit of all these checks on leading to improvements.
- There had been no analysis of training needs at the service and records to evidence staff training were incomplete. There were areas of care such as managing behaviours of concern which would benefit staff and more training around MCA, but this had not been identified by the provider.
- Records to evidence all equipment in every flat had been checked against LOLER were not available, and although this was not the responsibility of the provider to complete, their staff were using the equipment.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to assess and monitor quality and safety. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager recognised improvements were needed and agreed to take appropriate action when issues were highlighted.

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

- Staff told us they were supported by the registered manager and team leaders, and they worked well together as a team. They said the addition of team leaders had been positive and ensured there was always

someone there to offer support.

- All staff told us they were happy working for the service and they loved their jobs and confirmed staff morale was good.

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

- The registered manager understood and followed the requirements of the regulations to make notifications. The registered manager understood and complied their duty of candour responsibilities when things had gone wrong.

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

- There were opportunities for people to influence the service and one member of staff said, "We have suggestion boxes, but people tend to come to us." This was confirmed by people using the service.
- Satisfaction surveys had been sent out to people and relatives and the results from these showed an improving service where people were happy with the care provided.
- Tenants meetings were held every six months, minutes recorded and showed people were fully involved in making suggestions for improvements.
- Two recent team meetings had been held and showed detailed discussions and feedback about how the service was developing and any areas where improvements were needed. They did not show a review of the previous meeting to evidence actions had been completed.

Working in partnership with others

- The service operated as a partnership between the local authority, who owned the building, Pinnacle, who maintained the building and provided ancillary services, and the provider who provided the care service.
- They had good links with the local community and the provider worked in partnership to improve people's wellbeing. Community groups made use of the facilities and people living at the service were able to take part in most of these sessions.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Staff were not aware of their responsibilities under the MCA. Mental capacity assessments had not been undertaken for specific decisions.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of provider oversight to ensure the service worked to an improvement plan against actions they had identified needed to improve.</p> <p>Audits had not been undertaken to ensure care plans were up to date and reviewed, or staff references had been obtained.</p> <p>No training needs analysis had taken place to identify the skills needed for the role, and we were not provided with the evidence to confirm there was provider oversight of the training staff had completed.</p> <p>Risk assessments were not up to date and did not have all the essential information to ensure people were protected from harm</p>