

G P Homecare Limited

Radis Community Care (Quince Court)

Inspection report

Quince Court, Engayne Avenue
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Tel: 01767683076

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25 April 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Radis Community Care (Quince Court) is an Extra Care housing service. 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.

Quince Court consists of 29 one and two-bedroom apartments in one building, set out over three floors. Shared facilities included two lifts, a laundry, communal lounge and dining room, guest facilities, garden, conservatory and assisted bathing facilities. CQC does not regulate premises used for extra care housing; this inspection therefore only looked at people's personal care [and support] service.

Not everyone using Radis Community Care (Quince Court) receives a regulated activity; 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. At the time of this inspection 22 people were using the service, 14 of whom were receiving personal care, but three of these people were in hospital.

People's experience of using this service:

People told us they would recommend the service to others. One person said, "(Staff are) always very pleasant, very respectful and we have a laugh together and that always releases any worries." Another person added, "I have no complaints. All the ladies (staff) are very caring and never unkind. They always cheer me up. They always find out first how I am."

People were protected from abuse and avoidable harm and risks to people were managed safely.

There were enough staff, with the right training and support, to meet people's needs and help them to stay safe. Staff provided care and support in a kind and compassionate way.

The service acted in line with legislation and guidance regarding seeking people's consent. People were enabled to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received personalised care. Their privacy, dignity, and independence was respected and promoted.

Systems were in place for people to raise any concerns or complaints they might have about the service. Feedback was responded to in a positive way, to improve the quality of service provided.

There was strong leadership at the service. The management team and the service culture they created drove and improved high-quality, person-centred care.

Arrangements were in place to involve people in developing the service and seek their feedback. Plans were underway to enhance the systems in place to monitor the quality of service provision and to drive continuous improvement. Opportunities for the service to learn and improve were welcomed and acted upon, and the service worked in partnership with other agencies for the benefit of the people living there.

Rating at last inspection:

This is the first ratings inspection for Radis Community Care (Quince Court) since it registered with the Care Quality Commission in March 2018.

Why we inspected:

This was a planned inspection as part of CQC's routine inspection programme.

Follow up:

We will continue to monitor information about the service and will carry out another inspection in accordance with our published inspection programme. If any concerning information is received in the interim, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Radis Community Care (Quince Court)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This comprehensive inspection was carried out on 25 April 2019 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:

Radis Community Care (Quince Court) is an Extra Care housing service for adults.

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:

We gave the service less than 48 hours' notice of the inspection visit, because the registered manager is responsible for two other registered services and we needed to be sure that they would be available.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Before this inspection we checked the information, we held about the service and the provider, such as

notifications. A notification is information about important events which the provider is required to send us.

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 also asked for feedback from the local authority who have a quality monitoring and commissioning role with the service.

We spoke with seven people using the service, the area manager, registered manager, two care staff and the housing association (who provide the accommodation) warden.

We then looked at various records, including care records for two people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes; so that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- People told us they felt safe. One person said, "I feel quite safe here because I have a key and I can lock up." Another person told us, "I have this care line on my wrist if I need anything – this bracelet. I just have to press it and they (staff) are very quick as a rule."
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to.

Assessing risk, safety monitoring and management

- Risks to people such as falls, medicines and moving and handling, were managed so people were safe and their freedom respected.
- People's care records contained guidance for staff on each person's agreed risk management approach.

Staffing and recruitment

- People told us the service was reliable. One person said, "They (staff) always come at the same time really. No complaints there." A staff member added, "The communication aids (mobiles) are helpful. If I don't answer a call, it will go straight through to the system who will call here to find out why. So, the residents have back up there too."
- Pre-employment checks, including conversations with previous employers, were being carried out to ensure new staff were suitable to work at the service. The registered manager told us they planned to strengthen these checks to further promote people's safety and wellbeing.

Using medicines safely

- Where the service was responsible, medicine systems were organised and people were receiving their medicines as prescribed. The provider was following safe protocols for the administration and recording of medicines, including PRN (as required) medicines.
- One person said, "Staff give me all my medicines. They do look after me." We observed staff supporting people to take their medicines. They checked people knew what they were taking and administered them in accordance with their preferences.

Preventing and controlling infection

- People were protected by the prevention and control of infection. We saw staff maintaining good hygiene, using personal protective equipment (PPE) such as aprons and gloves. Staff showed us they carried a supply of new PPE with them and they were seen using fresh gloves before providing personal care and preparing people's meals.

Learning lessons when things go wrong

- The registered manager reviewed incidents that happened and used feedback from people, to improve safety across the service. One example was a medicine error that had been addressed through individual staff supervision and a staff team meeting, to minimise the risk of a future reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- People's needs were assessed and their care delivered in line with current legislation, standards and evidence based guidance. The management team told us they kept themselves up to date through regular electronic bulletins from relevant health and social care organisations as well as face to face meetings with the local authority, to share good practice and information.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in the areas the provider had identified as relevant to their roles. One person said, "The carers are good and I think well trained to do their job." Staff confirmed they received induction training and relevant training to support them in their roles.
- The service used a training system that enabled staff to complete training specific to people's individual assessed needs. The system flagged up reminders for the registered manager when refresher training was due.
- Staff were provided with additional support to carry out their roles and responsibilities through team meetings, individual supervision, spot checks and competency checks. Useful reference information had also been provided for staff to help them understand more about people's individual health needs.

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

- Where the service was responsible, people told us they were supported to eat and drink enough to maintain a balanced diet. They told us that this was done well by staff, with food prepared to their liking. One person said, "I have everything I need. My daughter cooks me dinners and then carers come in and heat it up for me." Most people told us they had some help from relatives with shopping and meal planning.
- Where help was needed, we observed staff checking with people what they wanted to eat at lunch time, and ensuring meals were presented in a way that met their individual needs and preferences.

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

- People told us that their relatives generally supported them with routine healthcare appointments. One person said, "My family do all my health appointments for me." The registered manager told us they only supported one person with health appointments at the current time. However, staff knew how to contact relevant healthcare professionals such as GP's or the community nursing team, if required. Another person confirmed this and told us, "If I'm feeling bad the carers call the doctor... They do look after me well."

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The registered manager understood their responsibilities regarding the requirements of the MCA. They confirmed no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made to the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who are not able to make decisions at the time they need to be made.
- People we spoke with confirmed they were asked for their consent before support and care was provided. Records we looked at supported this and showed that they were asked to consent to their care and support in advance too.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity

- People told us that staff treated them with kindness and compassion, they appreciated the little extras that staff provided. One person said, "I feel cared for here. I sat in the garden last week when the weather was so nice and they (staff) brought me a cup of tea and cake out there. They said, 'Oh we have a spy said you were out here and would fancy a cup of tea'. They are so nice here." Another person added, "My daughter in law put some (laundry) in the machine for me the other day and just when I was remembering it, a carer brought it back for me. That was kind. They are kind though."
- A representative for the housing association responsible for providing people's accommodation told us, "The carers work hard and will do anything for the residents. Some gave up their Christmas Day to come in and cook and give the dozen or so residents, who were not going home to family, a lovely Christmas dinner." We saw a newspaper article about the Christmas dinner, which local business had contributed food and gifts towards too, to make it extra special.
- Staff we spoke with, enjoyed working at the service. They were motivated and spoke warmly about the people they provided care and support to. One staff member said, "We all integrate with everyone. We get to know all the residents and we share and communicate, to their best advantage." We heard conversations between staff and people which were relaxed and friendly.

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

- Staff routinely encouraged people to express their views and be actively involved in making decisions about their care and daily routines. We heard staff checking with people constantly about how they wanted their care and support provided. For example, "How are you today? Ready for some lunch...You have a roast chicken dinner or a liver and bacon, what would you prefer?" and "Can I just give you your medication while your dinner is cooling a little?" People were not rushed and were given time to express their preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and upheld. One person told us, "I have a bath once a week with carers. I feel safe with them; I don't worry about it at all...They are all very respectful." Another person added, "They (staff) are all very kind and respectful to me. I was poorly last week...and the carers were wonderful. I was all sorted quick as anything. Not rushed, they just knew what to do and did it with grace."
- The registered manager understood their responsibilities in terms of GDPR (general data protection regulation). For example, they explained the process of shredding daily rotas used by staff to know whose care they were providing and at what time, in order to protect people's confidentiality.

Is the service responsive?

Our findings

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

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

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

- People confirmed they had contributed to the planning of their care and support.
- Care plans were personalised and set out how each person should receive their care and support, to meet their individual assessed needs and personal preferences. Additional records were being maintained to demonstrate the care provided to people daily.
- People's needs were routinely reviewed with them, to ensure the care and support being provided was still appropriate and that their needs had not changed. One person said, "They (staff) write it all down what they do for me. I can read it any time and it says what we chatted about."
- Where the service was responsible, people were supported to follow their interests including activities within the local community. In addition, the registered manager explained that the housing provider organised regular activities that everyone was welcome to join in with. People were seen chatting with one another and staff during a coffee morning that took place during the inspection.
- Attempts had been made to meet the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We heard staff following the care plan for one person who was registered blind by calling out to let them know who they were, and by explaining what they were doing as they provided care and support.

Improving care quality in response to complaints or concerns

- Information had been developed to explain to people how to raise concerns or make a complaint, if they needed to. Everyone we spoke with confirmed they knew how to raise concerns or make a complaint. One person talked to us about a concern they had raised in the past and explained how this had been resolved to their satisfaction.
- The registered manager told us they had not received any complaints, but they regularly checked with people to make sure they were happy with the service they received. We heard staff encouraging people to speak openly with us during the inspection. One person replied jokingly, "You don't need to tell me to speak my mind, do you? You know me too well."

End of life care and support

- The service was not currently supporting anyone receiving end of life care. However, the registered manager confirmed that arrangements could be made to support people at the end of their life to have a comfortable, dignified and pain free death.
- They advised us that the provider was in the process of introducing new care plans which would record people's end of life wishes. They told us they were aiming to complete this work by the end of May 2019.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- People felt positive about the way the service was managed and the support they received. One person said, "I would definitely recommend living here."
- Staff also spoke very positively about the management team and confirmed they felt well supported. One staff member said, "We are treated like people, shown trust, treated like equals and they support us too." They talked about an occasion which had been challenging for them and added, "The boss has been very supportive and given me time to talk about it."

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

- The registered manager was organised, open and knowledgeable about the service and the needs of the people using it.
- Staff told us they worked collaboratively as a team. When one staff member got held up another staff member stepped in to do their care call. The first staff member told us, "That's what I mean, we work as a team." They went on to tell us that things had changed "massively" for the better since the current provider took on the service from 2018. They said the registered manager or area manager were always contactable in an emergency and spoke confidently about reporting concerns, if needed, to promote the safety and well-being of people using the service.

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

- Satisfaction surveys and regular face to face reviews ensured people were engaged and involved. The results of the latest satisfaction surveys completed around September 2018 demonstrated a high level of satisfaction with the service people received. For example, 100% of the eight people who had returned their questionnaires said they would recommend the service to family and friends and had commented positively on areas such as staff punctuality, training, inclusion and having their privacy and dignity upheld.

Continuous learning and improving care

- The registered manager had developed systems which promoted accountability and the delivery of demonstrable quality. They advised the provider did not yet have an audit tool that fully incorporated all the areas we check during an inspection. Instead, the registered manager was carrying out their own audits, to check the quality of service provision in areas such as care records, medicine records, accident and incidents. The audits had identified areas for improvement, with appropriate actions taken in response.

However, we found some further areas where improvements were needed, to ensure staff had the right information to meet people's assessed needs in a consistent and safe way. Examples included gaps in one person's care records about whether they could manage their own inhaler, when they had a risk assessment in place to say staff needed to support them with all their medicines. Another person required their drinks to be thickened; to minimise the risk of choking and aspiration. Their care records referred to this but did not detail the amount of thickener they required or refer to the current consistency recommendations developed by the International Dysphagia Diet Standardisation Initiative guidelines.

- There was no evidence that people had come to any harm as a result, because staff understood their needs. However, the registered manager acknowledged our findings and advised that the provider was in the process of introducing new care planning and quality monitoring systems that would seek to address these gaps. In the interim they confirmed that people's care records had been updated to reflect our findings and promote people's safety and wellbeing.

Working in partnership with others

- The service worked in partnership with other key agencies and organisations such as the local authority and external health care professionals to support care provision, service development and joined-up care in an open and positive way.
- A representative for the housing provider confirmed this by telling us, "We (Radis Community Care (Quince Court) and the housing provider) all work as a team. We communicate and we all seem to work well together. I can talk about anything with them...we communicate and support one another for the benefit of all the residents."