GP Homecare Limited

Radis Community Care (Oak Tree House ECH)

Inspection report

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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

Overall summary

This inspection took place on the 8 July 2015 and was announced.

Radis Community Care (Oak Tree House ECH) is a domiciliary care agency. Support is provided to people living in the Oak Tree House Extra Care Scheme. The service supports people with a range of needs and operates from an office within the housing complex. At the time of the inspection the service was providing personal care to twenty nine people.

There was a registered manager for the service. However, we were told they were on long term leave and that an interim manager was managing the day to day running of

Summary of findings

the service supported by the regional director. 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 told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were robust, medicines were managed safely and there were sufficient staff to provide safe, effective care.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and spent time working with experienced members of staff before working alone with people. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

People said they felt listened to and were happy with the service provided. They told us that staff treated them with kindness and respected and involved them in decisions about their care.

People's needs were reviewed regularly. A new format of care plans were being implemented by the service to promote person-centred care. Up to date information was communicated to staff to ensure they could provide appropriate care. Staff contacted healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

People told us they had been asked for their views on the service and were able to raise concerns and complaints if they needed to. They felt confident that the interim manager would take action if necessary.

The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care. Feedback was sought from people and care records were audited. Complaints were addressed and action taken according to the provider's policy.

The interim manager had a good knowledge of the Mental Capacity Act (2005) and staff understood their responsibilities in relation to gaining consent before providing support and care.

Summary of findings

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 safe.

Staff knew how to protect people from abuse.

People who use the service felt they were safe living there.

The provider had robust emergency plans in place which staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People had their needs met and were supported by staff who had received relevant training and felt supported.

Staff sought advice with regard to people's health in a timely way.

Good

Is the service caring?
The service was caring.

People were treated with kindness and respect. Their privacy and dignity was protected. People were encouraged and supported to maintain independence.

People were involved in and supported to make decisions about their care.

Good

Is the service responsive?
The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Good

Is the service well-led?
The service was well-led

There was an open culture in the service. People and staff found the interim manager approachable.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

Good

Summary of findings

The quality of the service was monitored and action taken when issues were identified.

Radis Community Care (Oak Tree House 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 inspection took place on 8 July by one inspector and was announced. The provider was given a short notice period because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

Before the inspection we looked at the provider information return (PIR) which the provider sent to us. 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 looked at all the information we have collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law.

During our visit we spoke with six people who use the service. We spoke with the interim manager, regional director and five staff. We also spoke with two local authority social care professionals prior to our visit and with a commissioning officer following our visit.

We looked at seven people's records and documentation that were used by staff to monitor their care. In addition we looked at four staff recruitment and training files, duty rosters, staff team minutes, complaints and records used to measure the quality of the services.

Good

Is the service safe?

Our findings

People who use the service said they felt safe with staff that supported them. They told us they had no cause for concern about their safety or in the way they were treated by staff. One person said: "if I had a concern I would speak with staff or with the manager".

There was a call bell system within each of the flats that enabled people to alert staff or on-call operators if they had an accident or were unwell. Comments from people included: “I have a buzzer if I need help in the day". Staff were familiar with the provider’s policies in relation to emergencies that may arise in people’s homes. They were able to describe the action to take in the event of an emergency such as fire. However, the interim manager confirmed that although staff would respond to emergency calls, the scheme manager was responsible during the day and Radis Community Care (Oak Tree House ECH) was responsible for out of hour’s emergency calls.

In February 2015 the local authority commissioning team had raised concerns in relation to staff working excessive hours and insufficient staff numbers. They said that this was having an impact on the services provided and stated they would continue to monitor the situation. At the time of our inspection we received further feedback from them. They stated: “rotas have been reworked and recruitment of staff prioritised and now carers are not being asked to work excessive hours or to fit additional calls into a full shift”. During our inspection we found there were sufficient staff available to keep people safe. There was an established staff team employed by the provider and an interim manager was covering in the absence of the registered manager.

Of the 60 flats within the establishment of Oak Tree House 29 people were receiving support with personal care from Radis Community Care (Oak Tree House ECH). The frequency and duration of timed calls varied for each person. These were dependent of their needs as assessed and as commissioned by the local authority. The interim manager told us that they were fully staffed having recently recruited to eight vacant positions. Staff shortages due to annual leave or sickness were covered by existing staff instead of using other agencies and so promoted continuity of care. Staff told us that they were not working excessive hours and did not feel pressured into doing so.

There were risk assessments individual to each person that promoted their safety and respected the choices they had made. These included risks such as those associated with moving and handling and the home environment. Staff told us they reported anything they thought had changed and/or would present a risk for the person to senior staff or to the interim manager. Incident and accident records were completed and actions taken to reduce risks were recorded.

People were kept safe by staff who had received safeguarding training. Staff told us the training had made them more aware of what constitutes abuse and how to report concerns to protect people. Staff said if they were not listened to by the interim manager or within their organisation they would report their concerns to the local safeguarding authority or the Care Quality Commission (CQC).

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

People were given their medicines by staff who had received training in the safe management of medicines. The registered manager told us they would only support people with their medicine if dispensed by a pharmacist using a monitored dosage system (MDS). MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs that enabled staff to support people with their medicines safely. The medication administration records (MARs) we reviewed were up to date and had been completed by the staff supporting the person.

Good

Is the service effective?

Our findings

At our inspection on the 10 and 13 June 2014 the provider was not meeting the requirements of Regulation 23 of the HSCA 2008 (Regulated Activities) Regulations 2010. Requirements relating to Supporting workers. This regulation corresponds to regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Staffing. At this inspection the provider had met the requirement of the regulation.

People told us that they thought staff were well-trained. Comments included: “They are fairly good and of course they’ve had to be trained anyway" and “they are all very nice I’ve not found any fault with them”.

Staff told us that they felt they had received a good induction that gave them the confidence and skill they needed to work with people independently. Their induction included a combination of on line e-learning and face to face training. Staff said they had shadowed more experienced staff before being assessed as competent to support people on their own.

Mandatory health and safety training had been completed by staff and the services training schedule identified those staff due to receive refresher training. The regional director stated current training was being mapped to the new care certificate for existing staff to refresh and improve their knowledge. The Care Certificate was introduced in April 2015. It is a set of 15 standards that new health and social care workers need to complete during their induction period.

Staff were also given the opportunity to study for a formal qualification such as a diploma or Quality Credit Framework (QCF) to a minimum of level 2 in health and social care. These are nationally recognised qualifications which demonstrate staffs competence in health and social care.

Staff attended regular staff meetings and one to one supervision meetings with their line manager that were structured around their development needs. Staff stated that these had taken place more frequently over their induction period and that spot checks of their practice had also taken place when supporting people. Spot checks are used to monitor the practical performance of staff to ensure they are providing effective and safe care.

Training had been arranged for staff to meet health and safety essential requirements. The interim manager confirmed that approximately 40 percent of the people who were using the service lived with dementia and that dementia awareness training was being scheduled for all staff.

Staff had completed training on the Mental Capacity Act (2005) (MCA). The MCA legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. They were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. People had been asked if they gave their consent for care and support to be provided in line with their care plans. Whenever possible people had signed their care plan to indicate their consent.

People were supported with their meals when identified as part of their assessed needs. Training for staff included foundation food hygiene. Nutrition awareness had been included as one of the 15 standards of the care certificate (Fluids and Nutrition). Staff completed records of food and drink taken by people assessed at risk of poor nutrition and alerted the manager if they had further concerns that needed to be reported to external professionals such as GP and/or dietician.

People either managed their own visits to healthcare appointments or were supported by their family or by the service. When staff identified concerns about a person’s health they contacted the person's GP, community nurse and/or other health professionals. Staff ensured actions taken were communicated to each other at handover meetings so that all staff were fully updated of a person's changing needs. People’s medical history and health care needs were detailed within their care plan. Staff worked closely with health professionals such as community nurses and occupational therapists. For example to request a review of equipment due to changes in the person's mobility.

Good

Is the service caring?

Our findings

People told us that staff respected them. One person said: “I know some of their names and on the whole they are a nice bunch of people". They told us that staff had always promoted their dignity and respected the choices they made. Comments included: “they are all very nice, some are very helpful whilst I feel others want to get out as soon as possible". "They make me tea and talk to me about things in general” and “they are always kind towards me”.

People were shown respect and their privacy and dignity was protected. We observed staff ringing doorbells or knocking on doors and only entering when invited. People we spoke with told us that staff made sure their privacy was maintained when they were assisted with personal care.

People had been involved in planning their care and in making decisions about how their care was delivered. They told us they had been consulted if things changed and if necessary they could make changes themselves.

The provider told us prior to our visit that more staff would be trained in writing and implementing care plans to ensure they were thinking in a person centred manner as opposed to task orientated. At the time of our visit a local authority commissioning officer stated: “Clients now receive a service that is personalised with their likes, wants and desires met rather than a service structured to meet the needs of the care provider”. We looked at samples of people’s review documentation that identified people were asked questions such as "do you feel valued" and "do you feel listened to". Responses to these questions were “yes”.

Staff described how they provided support to people in a caring way. They spoke respectfully of people’s support needs. For example, detailing how individuals preferred to be assisted and of their wishes and needs. Staff also made reference to special events in people’s lives such as impending celebrations of a person’s 99th birthday. Staff told us that they had received training on dignity and respect. Training was being mapped to the new care certificate that included equality and diversity.

Good

Is the service responsive?

Our findings

People told us that their care plans had been fully discussed with them and reflected how they wanted to be supported. They told us that staff knew them well and were flexible in meeting their needs when required. For example, people described staff as being adaptable to their needs such as altering the time of their call to ensure they could attend healthcare and private appointments.

People said that staff always asked them if there was anything else they could do to support them before leaving. They told us that they felt that staff listened to them and supported them in the way they wanted to be supported. They stated that staff had always been flexible when providing support, sometimes finishing earlier or later than the agreed time, dependent of their immediate needs.

A local commissioning authority told us that their main concern had been that people's care plans had not been completed to a satisfactory level. They stated however that the service had addressed this with further training for staff.

Assessments were completed by the service and the commissioning authority and reviews of people's support plans were being finalised. The interim manager told us that they had reviewed 11 people's files over a four week period and were moving forward to complete all reviews.

Daily visit books detailed calls made by staff to assist people. These detailed start and finishing times and a description of the support people had received. For example, that the person had a day pendant on to enable staff to respond quickly should the person need support.

People who were less independent to leave their flats without support told us that they do become lonely at times and wished that there were more activities for them to do. Comments included: "We are all right here, but I get lonely sometimes" and "I don't see anyone after the carers, only my (relative) and I miss them terribly when they're away". They said that staff would support them to communal areas within the building if they wanted to spend time there. The interim manager stated that they supported people to activities when identified and agreed within their care plan.

People told us that they would have no hesitation in contacting the interim manager or staff if they had any concerns. The complaints procedure stated that people would receive an acknowledgement of the complaint and that the service would seek to investigate and resolve the complaint within 28 days. The registered manager stated they would have no difficulty to apologise to people if the service had been at fault with any of their care provision. The service received two complaints during the past year that had been properly investigated and resolved.

Good

Is the service well-led?

Our findings

The provider (GP Homecare Limited) registered the location Radis Community Care (Oak Tree House ECH) with the Care Quality Commission (CQC) in December 2013. This was to deliver domiciliary care services to people who lived in their own flats within the extra care housing establishment of Oak Tree House. This was in partnership with a housing consortium and local authority. Since this date the provider GP Homecare Limited has had a full-time registered manager in post. However, at the time of our visit the service was being managed by an interim manager in the absence of the registered manager.

People told us that the interim manager and staff were caring and dedicated to meeting their needs. They told us that they would not hesitate to approach them if they had something to say as they felt they would be taken seriously. They also stated that they had been asked their opinion periodically about the services and had felt listened to.

The quality of the service was monitored by the interim manager and also by a regional director who completed regular visits to the service. Regular reviews and joined up working with local agencies had also taken place to promote quality care practice.

People were invited to share their views about the services through quality assurance processes. These included care reviews, spot checks of staff that support them and questionnaires. A quality satisfaction survey had recently been sent to people who use the service but at the time of the inspection the results had not been received. The interim manager told us the results would be used to plan actions to improve the service in the future.

Staff told us that staff morale had previously been low and was much better now. Comments included: “over the last six months morale went from low to high, but we are 90 percent there now". “There is a lot more laughing and joking, we help each other out and there is more of a teamwork atmosphere, much calmer”. Staff said the interim manager has provided them with the support they needed. Comments included: “I have received enough support to do my job and I can speak to the manager when I want as they do operate an open door policy".

We spoke with social care professionals. Feedback we received included comments from a commissioning officer who stated: “The service provided by Radis at Oak Tree House has improved drastically in the last few months. An interim manager has been supported in bringing about changes to the service. Whilst there are still improvements to be made the direction of travel is positive” and “In our opinion, the service is being well led”.