

G P Homecare Limited

Radis Community Care (Park Gardens)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Radis Park Gardens is an extra care service providing personal care to people in their own flats in purpose built complex. At the time of the inspection 10 people were being supported.

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.

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

Training records were incomplete, and some training was overdue. The provider had systems to monitor the quality of the service. However, we found that actions arising from monitoring to keep people safe and improve the service had not been completed. The new manager was taking action to address these concerns.

The management team assessed people's needs by speaking with people, their relatives and using existing assessments contained in referral documents or prior, existing support plans.

People were safe from abuse. Staff received training around safeguarding and any safeguarding concerns had been identified, reported and investigated promptly.

Most people and their relatives told us they were happy with the support they received and liked the staff who visited them. People's relatives gave us their experiences of the service and were complimentary on how staff dealt with situations and confirmed they provided good consistent care.

Medicines were mostly managed safely. There were safe infection and prevention and control practices (IPC) being followed. We have made a recommendation about the management of medicines.

People's independence was optimised and their privacy respected. People were supported 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.

Staff felt supported by the new manager. People's individual dietary preferences were clearly recorded, and people were encouraged to eat healthily. People were supported to access health and social care professionals when needed.

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

This service was registered with us on 29 August 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvements. Please see the Well-led section of this full report. You can see what action we have asked the provider to take at the end of this full 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?

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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below

Radis Community Care (Park Gardens)

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

This inspection was carried out by three inspectors 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.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the 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 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.

During the inspection

We spoke with the new manager and three care staff. The following day we spoke with three people and three relatives. We reviewed a range of records. This included four care records and their medication records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- We saw people's individual risks had been assessed. However, risks did not always provide staff with sufficient guidance to keep people safe. For example, one person was at risk of falling from their wheelchair. The risk assessment went on to state the person had declined to wear the (safety) belt. There was no guidance to staff on how to support this person without the use of the safety belt. However, staff were aware, and this did not impact on people's care. We were later informed the new manager had updated this risk assessment with guidance for staff.
- A relative commented on how risks are managed. They said, "Her [person's] risk assessments are in the folder I've read through them in the last two day. For example, the floors are never left wet to reduce any risk of her falling."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "There is no abuse. I've not had any falls and can walk. If I was unhappy, I'd talk to the manager." Another said, "Yes I am safe here."
- There was evidence safeguarding concerns had been identified, reported and investigated promptly.
- Staff knew how to raise a safeguarding concern and received relevant training. One staff member said, "I would raise any concern with the manager, social services and safeguarding."

Staffing and recruitment

- The provider followed safe recruitment practices and the staff recruitment files that we viewed contained the necessary checks and references.
- There was not always enough staff. People, their relatives and staff spoke about staff shortages. One relative said, "I have one concern and that is the level of staffing. The company is based here and is waiting for new carers to join. They are understaffed and stretched." A member of staff said, "We are definitely short of staff, but I'm told new staff are coming." We found no evidence of missed calls, though some people reported late visits. We spoke with the new manager who us told new staff had been recruited and would working, "Very soon."

Using medicines safely

- People's medicines were not always safely managed. For example, people who had medicine 'as required' did not have individual protocols detailing how and when these medicines should be administered.
- Records showed people had been appropriately assisted with their medicines. However, records were not always accurate. One person's care plan stated, '[Person] self-medicates. We also saw staff guidance relating to applying prescribed cream. These conflicting statements could put the person at risk of not receiving their medicine.

- Staff had received training in the safe management of medicines, and their competency had been assessed. Staff could describe clearly how they supported people to safely receive their medicines, including observing people to ensure they had swallowed their medicines.

We recommend the provider consider current NICE guidance on 'as required' medicine and take action to update their records accordingly.

Preventing and controlling infection

- The registered manager had ensured there was sufficient stock of personal protective equipment (PPE).
- Staff completed infection control training and the new manager carried out observations on staff practice to ensure they were following policies and procedures.
- There were appropriate policies and procedures in relation to infection control and COVID 19 to inform and guide staff.

Learning lessons when things go wrong

- The new manager had a system to log and review incidents and accidents. This meant any patterns or trends could be identified.
- We saw incidents were investigated and changes made to reduce the risk of 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.

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

- The support manager told us they relied on the existing assessments contained in referral documents or prior, existing support plans, to populate care plans. Most people told us they were involved in developing their care plans.
- A relative spoke about assessments and discussing care. They said, "Mainly I was involved. It was a two-way conversation with me and the carers. When she [person] came here, the hospital had stipulated her needs. I was happy with the process. The manager and deputy manager discussed her needs with both of us. Later they checked with me if I thought if it was working alright."

Staff support: induction, training, skills and experience

- New staff received an induction and shadowed experienced staff until competent.
- Staff and the new manager had completed ongoing training. However, training records were incomplete, and some training was overdue. Following the inspection, the new manager sent us an updated training plan for staff.
- People were supported by staff who received supervision so they could talk through any issues and look at professional development. However, there was no method of tracking or planning staff supervisions in place. Following the inspection, the new manager sent us a supervision planning and tracking document and told us they would implement this immediately.
- Staff told us they felt supported. Staff comments included; "I do feel supported" and "The new manager is very supportive."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's dietary needs were assessed and outlined in care records. One person's support plan noted the person diabetic. Staff were provided with guidance on this person's dietary needs.
- People's nutritional needs were assessed, no one required their food and fluid intake monitoring.
- People were supported to maintain their health and well-being. However, whilst guidance from healthcare professionals was being followed, we could find no documents in people's care plans from referrals. We asked the new manager about this and we were told these documents were in a folder but it was believed it had been archived and was not available to review. This records issue could potentially put people at risk of harm.

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.

- People and their relatives confirmed that staff obtained consent for people's care and support.
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. A member of staff told us, "Everyone is different, I treat them as individuals and always ask their consent."
- People were encouraged to express their wishes and preferences. Relevant consent was gained from people and was recorded in their care plans. One relative told us, "We are consulted about decisions and feel fully involved."

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

- A relative was happy with the support their family member received. They spoke highly about a staff member and said, "After her [person] hospital visit they [staff] have taken extra care of her and will go into her room outside of core hours to check she is OK. Since she came out of hospital she has struggled to eat. I saw them [staff] helping her to eat. They make an effort with her and talk to her. She is comfortable with them."
- People's preferences were adhered to. For example, one person told us, "They [staff] ask what I'd like to do. If I want to go out of the room they ask if I'd like a coat as it cold outside."
- Staff and the registered manager were passionate about providing people with good quality care. One staff member commented, "I love it here, and I love caring for people, helping them with their problems."

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

- People were supported to make decisions about their lives. One person told us they could decide how they wanted to be helped each day. They said, "It's not a question of the carers saying we can't do that, but they come to talk to discuss ideas with me and see what is best for me at the moment."
- Staff knew what mattered and what was important to people. One staff member said, "I know my residents and what they like. It makes for some friendly and easy chats."

Respecting and promoting people's privacy, dignity and independence

- One person told us how staff had supported them in spite of their condition deteriorating. They said, "My independence is reducing. I now rely on food and drinks from them. If I go downstairs or out I need the carers to help me, which they do."
- Staff were able to describe how they respected people. This included, asking to enter the person's home and considering how they like to be supported. One staff member said, "I am polite and always keep things private." Another said, "With personal care, I draw the curtains and use towels to cover them up. I close the doors to retain their dignity."

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

- People's care plans focused on the person, their likes dislikes and needs. One care plan noted the person, 'likes to read' and 'is very religious'.
- People told us the care and support they received met their needs. One person said, "The care plan included what to do if anything goes wrong with me. I'm happy with the care plan." Another said, "I have a care plan and it was discussed with me. All actions have been done correctly."
- People's care plans were regularly reviewed. We saw samples of regular reviews taking place and these demonstrated people's feedback and input had been sought.

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.

- People's care records contained information about their assessed communication needs and whether they required the information in another format or language.
- A relative spoke with us about how staff communicated. They said, "The carers can communicate effectively with him [person] and understand his Alzheimer's."

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 were supported to maintain family and social relationships.
- People's care records outlined people's hobbies and interests. One person told us what was important in their life. They said, "I'm a catholic and I can worship but I can't go to church during Covid."
- Relatives told us how people were supported to maintain links with friends engage in the community. Their comments included; "On Friday carers take her [person] to the hairdresser downstairs" and "The carer rang me and said we use a wheelchair to take her [person] to the sitting room until she is better and can walk again."

Improving care quality in response to complaints or concerns

- The provider had systems in place to record and investigate complaints.
- One person told us about making a complaint. They said, "I raised some concerns. I was heard and action was taken to sort it out."

End of life care and support

- No people were receiving end of life support at the time of our inspection.
- Where people expressed an opinion, their advanced wishes were recorded. For example, one person had stated how their religion would affect any advanced support plans. Some care plans had 'do not attempt resuscitation' documents in place.

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.

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

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

- The providers systems and process were not always effective. Records were not always complete, accurate or up to date. We identified training records, supervision monitoring and some risk assessments that were not completed or in place. The registered manager had created action plans, but actions were not always completed. For example, one action was for an audit of medicine records to be completed by November 2020. This action had not been completed.

These concerns were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- It was evident throughout the inspection that the new manager worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a positive way and reflected on how they were managing the service.

- We noted that whilst this inspection was announced, neither the registered manager or area manager attended the inspection to support the new manager. This meant the new manager experienced some difficulty in finding documents we requested and was still unfamiliar with some management systems. However, the new manager fully supported our inspection.

- A new manager had been appointed and they were in a process of registering with Care Quality Commission as a registered manager. The previous manager was still registered with CQC but was not involved in managing the service. There was a clear staffing structure and staff were clear about their roles and responsibilities.

- Most relatives were complimentary about the service. Their comments included; "Yes I do think it is well run. There is usually someone you can contact for help or advice. I think they are managing stuff positively" and "I think the service is good to very good."

- Staff told us there was a good team and they felt supported by the new manager. Comments included; "She [new manager] is the best we have had so far, and she has only been here a few days" and "She [new manager] is amazing and lovely, she listens and really tries to help." People echoed staff's opinions. One person said, "The new manager is very good. She has come to my room and said hello. When they were short staffed, she came and gave me personal care."

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 new manager was aware of their responsibilities in relation to duty of candour and communicated regularly with people and relatives.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities to report notifiable events through submitting a notification form appropriately to CQC.

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

- Relatives confirmed there was good communication between the new manager and themselves and that they were kept up to date if the person's needs changed or if there was an emergency. One relative said, "We are pretty much involved in decisions and our views are taken on board."
- People and their relatives were able to feedback their views during regular reviews and care visits. Satisfaction surveys were also given to people and relatives so the new manager could act on any areas noted for improvement. The latest survey results were very positive with no negative comments recorded. The results were analysed by the provider and the results forwarded to the service. However, we could see no improvement plans arising from the survey.
- Staff felt involved with the running of the service. One staff member told us, "I attend staff meetings and I think I am listened to so yes, I feel involved."

Working in partnership with others

- The new manager worked well in partnership with local health and social care professionals and the local authorities. The new manager was also a member of the Oxfordshire Association of Care Providers (OACP).
- The new manager told us, "OACP is a source of information and ideas. I have very good relationships with commissioners and healthcare professionals I have worked for many years in Banbury and know them well."

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	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems and process were not always effective. Records were not always complete, accurate or up to date.