

G P Homecare Limited

Radis Community Care (Laburnum House ECH)

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: Radis Community Care (Laburnum House ECH) provides personal 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 services.

At the time of our inspection the service was providing a service for 23 older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

People's experience of using this service:

People using the service told us they felt safe. Staff contacted healthcare professionals when they had concerns about people's health and wellbeing.

People we spoke with felt staff had the skills and qualities and skills to deliver effective care. However, staff were not always supported. Records showed one to one supervisions had fallen behind and training was not always in place to support staff.

There were systems in place to monitor the quality and safety of the service provided, however these were not always effective.

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

Medication administration records (MAR) confirmed people had received their medicines as prescribed. However, not all staff had been assessed as competent to administer medicines. There were no guidelines in place to support staff with the administration of 'when required' (PRN) medicines.

There were plans in place for foreseeable emergencies. However, not all risks were in place to keep people safe and accidents and incidents were not monitored or analysed to identify and reduce the risk of reoccurrence.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

Radis Community Care (Laburnum House ECH) met the characteristics of Good in some areas and of Requires Improvement in others. Overall, we have rated the service as Required Improvement.

During our inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

More information is in the full report below.

Rating at last inspection: This was the first inspection of Laburnum House since the new provider took over the running of the service on 28 June 2017.

Why we inspected: This was a planned inspection.

Follow up: We have rated this service as Requires Improvement and have requested an improvement action plan that will be reviewed to ensure that improvements have been made.

We will follow up on this inspection as per our re-inspection programme, and through ongoing monitoring of information received about the service.

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 (Laburnum House ECH)

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:

Our inspection was completed 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 is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Radis Community Care (Laburnum House ECH) receives 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 and wider social care provided.

The service did not have 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 24 hours' notice of the inspection visit because we needed to be sure that the manager would be available to facilitate the inspection.

The Inspection site visit activity started on 08 February 2019. We visited the office location on 08 and 12 February to see the manager and office staff, and to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. We had asked the provider to complete a provider information return. The provider did not complete the required Provider Information Return. This is key information the provider must send about what the service does well and improvements they plan to make. We took this into account when making our judgements in this report.

During the inspection we spoke with nine people who use the service. We spoke with the manager, two team leaders and two care and support staff. We looked at care records for five people, medicines records and recruitment records for five care staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Is the service safe?

Our findings

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

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they were supported by staff. One person told us, "There is always someone here overnight so you feel safe."
- Staff knew how to recognise abuse and protect people from the risk of abuse. However, records showed not all staff had completed training on safeguarding adults from abuse.
- Staff we spoke with told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up.
- A safeguarding and whistleblowing policy were in place to support staff.

Assessing risk, safety monitoring and management

- Assessments were undertaken to assess any risks to people and to the care staff who supported them. Areas covered by these assessments included risks to the environment, food preparation and moving and handling.
- Most risk assessments set out how risks were minimised or prevented. However, for one person living with diabetes, more information was required to support staff to understand the risks involved and what signs to monitor in case the person required an emergency response.
- When we spoke with staff, not all staff understood the signs of diabetes and what to look for if the person was unwell with their diabetes, and the action to take.
- We spoke with the manager who informed us they would update care plans and risk assessments and speak to staff about how to manage the person diabetes.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.

Using medicines safely

- Staff had received training for the safe handling of medicines. However, records did not evidence that all staff had received an assessment of their competency to administer medicines in line with best practice guidance.
- The medicines care plans and MARs did not contain any guidance or information to support the administration of "when required" (PRN) medicines.
- There were not effective arrangements in place for the management of topical creams. There were no topical body maps or care plans to support staff in understanding where and how much cream should be applied.
- Medicine administration records (MARs) showed people had received their medicines as required.

Staffing and recruitment

- People we spoke with all felt that there were enough staff to keep people safe. One person told us, "They come four times a day when they should". Another person said, "There is a buzzer on the wall. They [staff] come quickly if I call."
- People we spoke with told us staff were on time and if they were running late, which was a rare occasion, they would call to let them know.
- There were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures. However, not all staff had completed infection control training.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.
- Risk assessments and care plans advised staff to wash their hands prior to PPE being worn and that food to be cooked and used within the use by date and cooked in line with recommend guidelines.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents which occurred. However, there was no evidence to show that these had been reviewed to ensure that appropriate action had been taken to reduce any on-going risks and keep people safe.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- People were not supported by staff who had completed or updated training. The registered provider had a programme of induction and training in place. However, a record of all training showed staff that staff had not completed all relevant training and some had not fully completed their induction training. Staff records showed some staff had completed training on moving and handling, record keeping, medicines and a one-day induction training which included safeguarding and the providers values. However, some records showed that not all staff had not completed this training and six members of staff had not completed moving and handling training and safeguarding.
- Staff we spoke with told us they had not completed any additional training including, for example, food hygiene, infection control, first aid and the Mental Capacity Act. We spoke with the manager and this was available for staff to complete on line as e-learning.
- We spoke with the manager who told us that training was booked in for all staff to be refreshed in moving and handling, medicines, safeguarding and reporting and recording in the next few weeks.
- Records showed that staff had not been supported with regular one to one supervision meetings. We spoke with staff who told us they had not received supervisions for a long time and some senior staff who were confused and not sure who should be carrying out one to one supervisions going forward. Most staff had only received one supervision session within the last twelve months despite the provider's policy stating staff should have access to a supervision 'once every three months'. Supervisions provide an opportunity to meet with staff, provide feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Without these the provider cannot be assured staff have the right skills and support in place for them to effectively carry to their role.

The lack of effective supervision and training for staff meant we were not assured people received care from staff who had the right skills and competencies to meet their needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

- Not all staff had received training in the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 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.

- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about their care planning. Before providing care, staff sought verbal consent from people and gave them time to respond.

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

- People told us they were happy with the care provided. One person told us, "The care I get is absolutely brilliant." Another person said, "They are brilliant. It's a good job we've got places like this."
- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and provided carers with the person's life history and their desired outcomes from the care and support. The care plans described people's needs in a range of areas including personal care, daily living activities, and meal preparation.

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

- People were supported at mealtimes to access food and drink of their choice. People told us they were happy with the supported provided to them at mealtimes. Some people were able to access a hot meal provided by an outside caterer who delivered hot meals at lunch time to people who requested this. Staff could also prepare a meal, heat up a meal or make a light snack. Care plans contained information about specific food preferences and were suitably detailed about the support people needed with their nutritional needs.

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

- People were happy with staff and told us they supported them to access healthcare services. One person told us, "They are very accommodating especially if I have a hospital appointment. They come in earlier so I can be ready for the transport." Another person said, "They seem to know when I'm not feeling well. Today they have called the doctor for me."

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

- Everyone we spoke with told us that staff were kind and caring. One person told us, "I can't find any fault, they are marvellous." Another person said, "You can have a laugh. If they have five minutes to spare they come and sit with me and chat." Other comments included, "They [staff] are very kind". As well as, "The staff are marvellous."
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly.

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

- People said care staff consulted them about their care and how it was provided. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person told us, "I won't have a word said against the staff. They are really thoughtful and very respectful." Another person said, "They're pretty good, always polite". Other comments included, "The girls are wonderful." As well as, "The staff are really good. I couldn't ask for anymore."
- Staff we spoke with explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.
- People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

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;
End of life care and support

- People received individualised care which met their needs. One person told us, "I could not ask for better treatment. Another person said, "They are here when you want them".
- People told us they were involved in their care plan and given choice and listened to. One person told us, "The carers give me a shower, change the bed, all stuff we have agreed."
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping and dressing. Care plans reflected people's individual needs and were not task focussed.
- Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Records showed detailed information about people's life history.
- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the manager about how they ensured information was accessible for all people using the service. They told us, through the provider they had access to different communication formats and for one person they read their care plan to them for consent due to a sensory impairment.
- When we visited the service, nobody was receiving end of life care. Due to the type of service the manager told us they don't normally deal with end of life care.

Improving care quality in response to complaints or concerns

- People we spoke with told us they knew how to make a complaint. One person told us, "Everything is lovely. I've got no complaints." There had been no recent complaints about the service. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of our inspection the service had been without a registered manager since the end of June 2018. There had been two managers in place since the previous registered manager left, but they had not registered with the commission and did not stay with the service. At the time of our inspection a new manager had just been appointed and told us they would be applying to become the registered manager with the service.
- As a result of not having a registered manager staff meetings had not taken place regularly. A planned staff meeting took place on the first day of our inspection. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice. Meetings can also be used to reinforce the values, vision and purpose of the service. The manager showed us that going forward, staff meetings were planned monthly with all staff.
- The service was not always aware of their responsibilities. CQC had not received the requested 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 the improvements they plan to make. We took this into account when we made the judgements in this report.
- The provider and management used a series of audits to monitor the service. These included, medicines, staff files, records and health and safety. The manager had recently completed an audit on staff files and noticed that training was missing for some staff and had already booked staff in for training during March 2019. The manager told us that senior staff were in the process of reviewing care plans to make sure they are all up to date, and would then start to audit the care plans to see if any improvements were required. They were checking through daily notes and MAR charts on a weekly basis.
- Records showed a service improvement plan from July 2018 and last reviewed in August 2018 which showed that supervisions and appraisals to be carried out by the end of July and moving and handling training to be booked in for the end of September. However, this did not take place as reported in Effective.

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

- People we spoke with told us they were happy with the service and the care provided. One person told us, "They are the best team yet." Another person said, "I think they are fantastic."
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

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

- The provider sought feedback from people or their families through the use of a quality assurance survey. This was sent out annually seeking their views. The feedback from the latest quality assurance survey in December 2018, showed people and those important to them were happy with the service and the responses were positive about the care and support they received.
- The provider did not engage in a staff survey. However, the manager told us they were going to introduce an anonymous ideas box where staff can be honest and staff they had spoken with thought this was a positive step forward.

Working in partnership with others

- The service worked in partnership with the local authority and local district nursing team.

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 18 HSCA RA Regulations 2014 Staffing Staff did not all receive appropriate support and training to carry out their duties effectively.