

G P Homecare Limited

Radis Community Care (Somers Court)

Inspection report

Somers Court
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08 January 2021
15 January 2021
18 January 2021
19 January 2021
04 February 2021

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Radis Community Care (Somers Court) is a domiciliary care agency. It provides personal care to adults living in their flats within Somers Court. 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. At the time of this inspection, 18 people received the regulated activity, personal care.

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

Care plans had not been reviewed but the registered manager was taking steps to address this to help ensure that each person's care package met their care and support needs. However, staff were very knowledgeable about each person care and support needs.

Staff had received the appropriate training and knew how to implement this to meet people's needs well. People's care, health and cultural needs were identified so staff could meet these. People were supported to maintain good health. Staff made referrals to health professionals when required.

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.

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

Rating at last inspection

The last rating for this service was requires improvement (published 26 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Radis Community Care (Somers Court) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Radis Community Care (Somers 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. 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 undertaken by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is 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

We gave the service 24 hours' notice of the inspection. This was because we wanted to ensure the registered manager was available to speak with.

What we did before the inspection

We looked at information we had received about the service since our last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

Inspection activity began on 15 January 2021 and ended on 4 February 2021. Between these dates we requested various documentation and records. We made telephone calls to people who used the service, staff and relatives. A site visit took place on 4 February 2021. We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers.

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

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Peoples records showed that relatives where necessary had the legal authorisation to make decisions in relation to peoples, health, welfare and finances.
- Staff told and people confirmed that staff always ask the before supporting them with their care.
- Staff had an adequate understanding of the MCA and told us they encouraged people to make their decisions about the care and support.

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

- Care plans contained information about people's needs, although for one person this had not been reviewed regularly. This meant that staff did not have the most up to date information available to them to provide care and support. Although it was evident that staff knew people extremely well. The registered manager confirmed that a review was set up for the following week to review their care package.

Staff support, induction, training, skills and experience

- Staff were competent, knowledgeable and skilled to carry out their roles.
- Staff told us they were supported through training and supervision to meet people's needs effectively. One relative told us, "Staff have been so caring, a real personal touch to what they do, they take the time with [name of person]."

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

- People were being supplied their meals from the restaurant to their flats. Staff provided support to prepare snacks or light meals when required in people's own flats.

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

- People told us that staff supported them to access external care professionals, such as their GP and hospital appointments, when needed.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider had failed to demonstrate quality assurance was effectively managed, CQC had not been appropriately notified of important events affecting people. CQC had not been appropriately notified when a registered manager proposed to stop managing the regulated activity at the service. This placed people at risk of harm

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulations 15, 17 and 18 of the Health and Social Care Act 2014

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager was supported by senior staff. This ensured that the service ran well at those times when the registered manager was not available.
- The registered manager was aware of their responsibilities around duty of candour. Since our previous inspection they had notified us about events they were required to. This showed us the registered manager knew what processes to follow and take when things go wrong, including making an apology and being open and transparent.

Continuous learning and improving care

- Improvements had been made such as the effectiveness of audits and governance.
- The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements. One relative told us, "We have had a good experience and the staff have stepped up and done a little more to support [name of person]." One staff we spoke with said, "I love my job it's a good place to be. We all get on well and work as a team."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and relatives we spoke with gave positive comments about the care provided at the service. One person said, "The girls [staff] are wonderful." Another person told us, "I am looked after very well." A relative said, "Staff keep in touch as I cannot visit at the moment. They are just wonderful."

Working in partnership with others

- Staff worked in partnership with other professionals to ensure that people received joined-up care. These professionals included GPs, community nurses, care organisers, and others involved in a person's care.