

G P Homecare Limited

Radis Community Care (Clarence Park Village)

Inspection report

Clarence Park Village
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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 is a domiciliary care agency. It provides personal care to people living in their own apartments within an extra care housing scheme known as Clarence Park Village. It provides a service to older people. There were 29 people receiving a personal care service at the time of our inspection.

People's experience of using this service:

People described how they felt safe with staff who treated them with respect. Staff understood how to protect people from the risk of harm or abuse. Risks related to people's lives had been assessed so staff had guidance in providing safe care to meet people's individual needs. People were supported by staff who were knowledgeable about the risks associated with the spread of infection.

People were happy with how their care calls were arranged to meet their needs as planned. Staff felt there were enough staff deployed to meet people's needs and arrangements were in place to ensure this was consistently so. The registered manager and provider followed appropriate recruitment procedures to assure themselves prospective staff were suitable to work with people who used the service. People were supported with their medicines safely and to eat and drink where this was required in accordance with their care plan.

People's needs were assessed prior to them receiving a care service in their own homes. The provider had arrangements for new staff to receive induction training. There was ongoing training for all staff. Staff were supported in various ways including regular one to one and staff meetings to ensure they could provide care effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the arrangements in place supported this practice.

People described staff as kind, patient and caring and felt staff respected their dignity and independence. People had been actively involved in deciding their care and personal routines. Care plans were personal to the individual and included people's preferences and care needs. There was a system to manage complaints and people were confident of a response.

People who used the service and staff were positive about how the care services provided were managed, their views were sought and reflected positive experiences. There were arrangements in place, so regular quality checks were undertaken and on the competency of staff. In addition, the registered manager showed a responsive approach to making ongoing improvements to ensure people continually received a quality service.

Rating at last inspection: This is the provider's first inspection since registering a change of name with the Care Quality Commission [CQC].

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety

and quality of care people received.

Follow up: We will continue to monitor the service through the information we receive until we return, as part of the inspection programme. If any concerning information is received, we may inspect sooner.

For more details, 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 (Clarence Park Village)

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:

Two inspectors undertook the inspection.

Service and service type:

Radis Community Care provides care and support to people living in an 'extra care' housing scheme known as Clarence Park Village. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. People live in their own apartment's which are rented or owned by people. 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 service.

Not everyone using this service received 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.

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 48 hours' notice of the inspection because we needed to be sure staff would be available and we would have access to records.

What we did:

Before the inspection, the registered manager 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. This information helps support our inspections. We looked at information we held about the service, including notifications they had made to us about important events. We also looked at other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with five people who used the service. In addition, we spoke with four members of the staff team which included support workers and a senior team leader and the registered manager. We sampled care records for four people who used the service. We also looked at three staff files, staff training and monitoring of staffs caring practices along with other documents related to the management of the service. These included records associated with complaints, compliments, accident and incident reporting.

The registered manager sent us additional evidence which included medicine records and surveys. This was received, and the information was used as part of our inspection.

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:

- People knew how to raise concerns and told us they felt confident speaking to staff and felt safe. One person said, "The help and support I get from carers [staff] helps me to feel safe." Another person said, "If I reported something was not quite right, I know the carers would sort it out for me. Never had to though as I feel safe here."
- Staff had received training on safeguarding adults and on the provider's relevant policies and procedures for managing risks and maintaining people's safety.
- All staff we spoke with were knowledgeable about the types of abuse and how to report concerns.
- The management team were aware of the local authority's safeguarding processes and their responsibility to share information with relevant professionals and other agencies to help protect people from abuse.

Assessing risk, safety monitoring and management:

People could take part in activities of their choosing, maintain their independence and receive care and support safely because risk assessments were carried out. A person told us they liked to maintain their independence while feeling safe at the same time. The person confirmed, "The carers make sure I have my walker [piece of equipment] with me. I need this to give me confidence and to help me to walk safely."

- Control measures were put in place to minimise identified risks to people. For example, one person had a risk assessment regarding prescribed medicines and there was clear guidance to show how the risks would be minimised. Risk assessments were reviewed by the management team who carried out visits and spot checks to ensure these were kept up to date.
- Staff were able to explain to us how they minimised risks to people's health and well-being. For example, helping a person with their physical needs in a safe way by using equipment.
- Monitoring processes were in place to ensure staff undertook their caring roles safely. Where required staff received additional training to support best practice.
- Environmental risk assessments had been completed to mitigate any potential risks to the safety of people who used the service and staff when supporting people in their own homes.

Staffing and recruitment:

- There were enough trained staff to support people safely. People who used the service told us staff did not rush them and they received care they wanted at the times they preferred. One person told us, "Carers [staff] give me as much time as I need. If I need anything they will always oblige, nothing is too much trouble."
- The registered manager made sure their staffing arrangements were flexible so they could change both

the times and duration people were supported dependent on their needs. For example, staff had completed additional care calls where people were feeling unwell.

- The registered manager told us they continued to recruit staff to reduce their current vacancies. In addition, the registered manager confirmed it was possible to call on staff from the provider's other schemes close by if the need arose.
- Staff received checks from the Disclosure and Barring Service (DBS) and had been required to supply two references. The DBS helps employers make safer recruitment decision and prevent unsuitable people from working with people.

Using medicines safely:

- People who needed staff support to take their medicines told us this was provided.
- The provider had systems and processes in place to make sure people received their medicines safely, according to their needs and choices and as they had been prescribed.
- Staff were knowledgeable about medicines and had undergone medicine training and their competencies were checked during amongst other things, spot checks undertaken by the registered manager and senior staff.
- The registered manager had a system in place to audit medicines records to ensure they were completed appropriately, and any errors were identified. We saw where medicines errors had been made, the registered manager had taken appropriate action and supported the staff involved to have further training to improve their skills.
- Where people required support with medicine patches the registered manager acknowledged the documentation needed to be consistent with staff practices such as always detailing dates. The registered manager gave their assurances they would remind staff about ensuring records were maintained to show people had been supported with their medicine patches as prescribed.
- The registered manager told us people who were prescribed 'as required' medicines were able to tell staff if they needed these. In the event people could not the registered manager would ensure staff had written guidance about when people may need their 'as required' medicines.

Preventing and controlling infection:

- People confirmed staff used disposable gloves and aprons to reduce the risk of infection when in their homes.
- Staff told us they had access to and plentiful supplies of disposable gloves and aprons.
- Staff were knowledgeable about protecting people from the risk of infection.

Learning lessons when things go wrong:

- Processes were in place to support staff to reflect when things went wrong and to learn from these situations.
- Staff had clear guidance on reporting accidents and incidents.
- The registered manager agreed to strengthen staff practices when documenting incidents such as, to make sure there were enough details documented within incident reports.

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 physical, mental health and social needs were assessed prior to the start of and during their care. Staff we spoke with were passionate about understanding people's needs and choices.
- People were complimentary about the way their needs had been provided for and told us they were supported by staff who understood how they liked their care to be provided. One person told us, "They all know how I like things done and I can rely on them, which is a blessing when you get to my age."
- The registered manager and staff team sought other professionals' advice where this was required, for example people's GP and district nurses. In addition, there was a staff member who especially supported people with their wellbeing needs. We saw staff acted on advice of other professionals in a timely way.
- Staff reported changes in people's needs to senior staff to make sure care records continued to provide up to date guidance when meeting people's needs.

Staff support: induction, training, skills and experience:

- People were confident staff had the knowledge and skills to meet their specific needs. One person told us, "They [staff] must have training as they know what to do when helping me." Another person said, "They're [staff] very good at helping me find solutions if I have any problems."
- Staff had an induction which included training and working alongside experienced members of staff to enable them to get to know people they were supporting better.
- Staff had completed training such as how to support people to move with the use of specific equipment, as well as training to meet people's individual needs. For example, staff had received training on how to support the needs of people who required catheters.
- Staff were complimentary about their training and told us it supported them to meet the needs of people they supported. One staff member told us, "The training opportunities are good."
- There were arrangements in place whereby staff had regular opportunities to discuss their caring roles and gain the support they required to carry out their work as effectively as they could.

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

- People who required support from staff with their meals at various times in their day told us they received this from staff who knew their preferences in relation to food well.
- Staff supported people who wanted to use the meal facilities within the scheme. For example, making sure people had all the assistance they required to come to the dining area if this was their wish.

Staff working with other agencies to provide consistent, effective, timely care:

- The provider had clear systems and processes in place for referring people to external services, such as social care.
- People told us staff were responsive to their needs and would liaise other professionals where required.

Supporting people to live healthier lives, access healthcare services and support:

- People told us staff would call a doctor or other services if they needed this.
- Staff had good knowledge of people's health needs and provided examples of advice they had followed from health professionals. For example, advice from district nurses so people would enjoy the best health outcomes possible.
- Staff told us they were confident that changes to people's health and well-being were communicated effectively. This practice was helped by their staff team working together so people where required were supported to access healthcare advice and support.

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.

People living in their homes can only be deprived of their liberty through a Court of Protection order. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- People were supported to make decisions for themselves and told us staff respected these. For example, following their preferred routines, choices of food, clothing and how personal care was provided.
- Records showed people where had consented to their care and support.
- Staff understood and had been trained in the principles of the MCA.

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; respecting equality and diversity:

- People were consistently positive about the staff who cared for them. One person told us, "They're [staff] all wonderful, absolutely lovely." Another person told us, "They [the staff] are great, I feel so comfortable with them."
- Staff had good knowledge about people's needs and what was important to them. For example, taking account of people's diversity by taking time to explain or communicate with people in a way they could understand.
- Staff received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery. People were valued for who they were.
- The registered manager showed a caring ethos as they described in the provider information request [PIR] how it was important to ensure people's care and support service was planned so people's religious needs could be met. For example, the registered manager confirmed, 'We would arrange calls times to take this [person's religion] into consideration and to respect the importance of this to the client [person who used the service].'

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

- People were involved in planning and deciding their care routines. One person told us, "They [staff] treat me as a human being and do whatever I ask."
 - People confirmed they were involved in their care plan and review, and staff would support them to express their preferences. For example, one person said, "The carers [staff] know what I like but always listen to me and find out what I want each time they visit. I feel in control of my own care."
- We saw care records contained personalised information. For example, things which were important to people, their likes and dislikes, important people in their lives and their relationships. They also included details about the emotional support people needed.
- Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Respecting and promoting people's privacy, dignity and independence:

- People were treated with dignity and respect. Staff promoted people's independence. One person told us, "They [staff] support me with what I can't quite manage. They all know how independent I am and don't try to take this away from me."
- Staff ensured people's privacy when supporting with personal care. One person told us, "They [staff] always cover me with a towel and make sure curtains are closed."

- Staff understood their role in providing people with person centred care and support and were aware of the importance of maintaining and building people's independence.

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 were involved in decisions about how they wanted to receive their care. A person said, "I decided what I needed but if I want to change something they will do it."
- People's needs, and preferences were included in personalised care plans and were regularly reviewed. Assessments were centred around people's specific needs and staff knew them well.
- People were empowered to have as much control as possible. For example, people were supported to be involved in planning their care such as the management team being able to provide information when required in different reading formats in line with the Accessible Information Standards. The Accessible Information Standards aim to provide people with information which they can easily understand. People we spoke with told us they had copies of their care records in their homes.
- Staff completed a daily record at each care visit to ensure any concerns or identified changes were detailed making sure other staff had access to up-to-date information.
- People received care and support from staff who knew their routines well.
- Staff treated people equally and valued their diversity. The staff knew people using the service well and recognised what was important to them. For example, where people liked to wear certain outfits or liked support in a specific way in line with their own preferences.

Improving care quality in response to complaints or concerns:

- People who used the service were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted on in an open and transparent way. A person told us "I can talk to [registered manager] as they come to see me. I've got no complaints."
- There were systems in place for complaints to be investigated and responded to.

End of life care and support:

- The registered manager ensured people were supported at the end of their lives by staff who had the skills and experience to do so. This included staff jointly working with specialist nurses in the community, so each person was as comfortable and pain free as they possibly could be.

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 with openness; and the provider understands and acts on their duty of candour responsibility:

- People spoke positively about how the service was managed. One person told us, "I can raise anything with the [registered manager]. They always ask how I am and if there is anything more they could do to help."
- The registered manager promoted a positive culture across the service which was reflected by staff. Staff felt valued by the registered manager and that their voices were heard.
- The management team were experienced staff who were passionate about people they supported, and the quality of the care provided.
- The registered manager complied with legal requirements for duty of candour; they had the knowledge of when to send notifications to us.

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

- Leadership was visible and accessible to people and staff across the service and, staff understood their roles and responsibilities. Staff we spoke with were motivated and committed to improving people's lives.
- The registered manager told us in the provider information request [PIR], 'I have an open-door policy for all staff and service users meaning that they can contact me at any time to discuss any needs or worries that may have. We have regular team meetings and supervisions, allowing the opportunity to discuss concerns and training needs.' Staff we spoke with confirmed this was the case and they also felt the registered manager made sure the care services ran well at those times when the registered manager was not available.
- Arrangements were in place to monitor the quality of the care services provided to people who lived in their own homes. The registered manager and team leaders worked together to monitor the quality of the care and develop this further.
- The registered manager and senior staff such as, team leaders carried out regular quality checks of areas such as, checking people had received support with their medicines by auditing the records staff completed when assisting people. Where issues were identified, actions had been taken to make improvements.
- Staff we spoke with told us the registered manager and team leaders supported them, so they could develop and improve their care practices by methods such as, undertaking checks at people's homes of staff practices. A staff member told us, "I am happy in my work; supporting people. They [management] support us."

- The registered manager understood their responsibilities to notify us of any changes to the services provided or incidents which affected people who were provided with care in their own homes.

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

- Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.
- People consistently told us they felt involved in their care service. For example, people who used the service and their relatives were asked about their views and experiences of their care service. The registered manager and team leaders would visit them to see how they were getting on and check if they were happy with the care and support they received. People's views were also sought through the completion of satisfaction surveys. The satisfaction survey for 2018 had positive results which showed people felt their care service was either satisfactory, good or very good. A development plan had been completed following the survey results to show the registered manager continued to drive through improvements based on people's care experiences.
- Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.
- There was a good communication maintained between the provider, registered manager and staff.
- Staff felt valued and well-supported by the leadership team.

Continuous learning and improving care:

- The registered manager was keen to ensure a culture of continuous learning and improvement. They were responsive to our feedback and were keen to ensure staff were consistently reminded to ensure medicine and incident records had sufficient details to show people's care remained safe.
- The registered manager and provider used a range of resources to ensure their staff were kept up to date with best practice.