

G P Homecare Limited

Radis Community Care (Redwood House)

Inspection report

Coldharbour Road
Hungerford
Berkshire
RG17 0HR

Website: www.radis.co.uk

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Radis Community Care (Redwood House) is a service which provides care and support to people living in specialist 'extra care' housing. Currently, the service provides care and support to 23 people. Not everyone using the service receives 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. Whilst the service does not provide care and support to everyone living at Redwood House, staff respond to all the residents if they activate their personal pendant alarms seeking assistance.

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

The service was not consistently well-led. Team leaders and the registered manager were not clear how to effectively operate the provider's quality assurance processes. Staff were unsure about the roles and responsibilities of the recently appointed team leaders and were not confident the current management team had the skills and experience needed to lead effectively. The registered manager had identified that supportive relationships amongst different factions within the staff group needed to be developed. The registered manager had devised development plans for the team leaders and had scheduled individual staff supervisions and team meetings to address the staff culture. However, professionals consistently provided positive feedback about the person-centred approach of the registered manager, whom they described as being open, honest, and receptive to their guidance. The registered manager had developed effective partnerships in healthcare working, which consistently ensured people were promptly referred to relevant health professionals when required. People were fully involved and consulted about the quality and delivery of their care.

People experienced safe care and treatment, in accordance with their care plans, which met their individual needs. Records demonstrated that people had been fully involved in developing their care plans, which ensured their preferences were consistently taken into consideration. Staff effectively identified and assessed risks to people, which they managed safely. Staff understood their responsibilities to protect people from abuse and avoidable harm. Enough staff with the required skills and knowledge provided people with safe care. People received their medicines safely, as prescribed, from staff who had completed the required training and had their competency assessed to do so. Staff followed the required standards of food safety and hygiene, when preparing, serving and handling food. Staff consistently adhered to the provider's infection control policy and used personal protective equipment (PPE) whenever required. Staff had reassured people and family members about the reasons for staff wearing PPE.

People were supported to have maximum choice and control of their lives and staff did 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

This service was registered with us on 03/10/2019 and this is the first inspection.

Why we inspected

We received concerns relating to an individual subject to repeated notifications. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

The provider had taken action to mitigate the risks to the person subject of repeat notifications and this has been effective.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach of regulation in relation to good governance. The registered person had failed to operate systems and processes to assess and monitor the quality and safety of the service.

Please see the action we have told the provider to take at the end of this report.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Radis Community Care (Redwood House)

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 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 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.

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.

Inspection activity started on 2 December 2020 and ended on 16 December 2020. We visited Redwood House on 2 and 3 December 2020.

What we did before the inspection

We reviewed information we had received about the service since their registration, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority and professionals who work with the service. We reviewed the provider's website. 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 this information to plan our inspection.

During the inspection

We spoke with five people who use the service and 11 relatives about their experience of the care provided. We tried to speak with seven other people, without success. We spoke with 13 members of staff, including the registered manager, two team leaders, another manager who had supported the registered manager through their induction, the area manager and seven care staff.

We reviewed a range of records. This included five people's care records, medication records and daily notes. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures and quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five community professionals who visit the service and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

Staffing and recruitment

- There were enough suitable staff deployed to support people to stay safe and meet their needs.
- People consistently told us there were enough staff to meet their needs safely. For example, one person told us, "I am very pleased with the service, very much so. The staff are so kind and caring and the girls [staff] come on time." Another person told us, "They [staff] are very good at providing calls at the right time." However, one person told us they did not wish to receive care from agency staff and had declined any support if regular staff were not available.
- Staff told us there were enough staff. However, they consistently thought quality and provision of meaningful interaction could be improved by more hands-on support from the management team [registered manager and team leaders].
- The provider operated a system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- Staff rotas and training records demonstrated that people had their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience.
- New staff had completed an induction process that enabled them with the required skills and confidence to carry out their role effectively. This included a period shadowing senior staff members to introduce them to people and demonstrate how they wished their care to be delivered.
- Robust selection procedures enabled the safe recruitment of staff. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included photographic identification, references to evidence the applicants' conduct in their previous employment, exploration of any gaps in their employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they were safe and trusted the staff who supported them. One person told us, "I feel very safe and happy here. I felt pretty depressed the other week but one of the carers [staff] came in near the end of her shift to see me and have a chat, which was nice", which made them feel valued and that staff cared for them. Another person told us, "The staff are kind and caring. I am unable to walk without a Zimmer frame, but the carers keep me safe and make sure I don't fall."
- Most relatives told us they felt their loved ones were safe. One relative told us they were reassured their loved one was being cared for in a safe environment. They told us, "We can honestly say that we can go to our graves knowing [loved one] is safe." Another relative told us, "We are very lucky. The care is super. My

[loved one] is very safe and they [staff] provide consistent care."

- One person and another person's relative told us they were happy with the safety and quality of care delivered by regular staff but were not so reassured when agency staff visited in their place.
- People were protected from avoidable harm by staff who had completed safeguarding training and knew how to recognise and report abuse. The provider had worked effectively with families, community professionals and relevant authorities to make sure people were protected from abuse and avoidable harm.
- Incidents of potential and actual safeguarding were consistently reported to the Care Quality Commission (CQC) and local authority safeguarding teams.
- Staff knew the procedures to report concerns. They were able to describe various forms of abuse, as well as the protocol to follow. Staff consistently told us they would whistle blow if they felt the provider had not acted upon their concerns.

Assessing risk, safety monitoring and management

- People experienced safe care from staff who were aware of people's individual risks.
- People and their relatives consistently told us they were fully involved in the completion of their needs and risk assessments. For example, the relative of a person living with dementia told us, "The carers [staff] listen to what I say about how to support [loved one]. They are very good at monitoring [loved one] when they are confused and are very good at distraction, when [loved one] tries to wander."
- Staff effectively identified and assessed risks to people, which they managed safely. For example, people had management plans to protect them from the risks of choking, malnutrition, falling, developing pressure areas and those associated with dementia, which staff followed.
- Where people had diagnoses of diabetes there was comprehensive guidance provided to staff in relation to the provider's expectation of staff if people experienced a high or low blood sugar episode, whilst care was being delivered.
- People's physical, mental health and social needs had been assessed, and their care, treatment and support was delivered to achieve effective outcomes.
- The safety of the people's home environment was subject to risk assessments. One relative told us the provider had completed a thorough environmental assessment to support their loved one's visual impairment, then said, "They are very mindful to put objects back in the right place so [loved one] knows exactly where they are "
- People were supported to eat and drink enough to maintain a balanced diet. The chef still attended the service daily to prepare meals for all residents that required meals, although the restaurant remained closed due to Covid-19.
- Staff understood people's communication assessments and how to gain lawful consent from people. Staff understood how to protect people's human rights by effectively supporting them to make decisions. One relative told us, "They [staff] always ask [loved one] what they would like to eat and drink, they always ask before carrying out a task if it is okay. "
- Assessment and monitoring records demonstrated that people received the support required to keep them safe. Where accident and incident forms identified potential increased risks to people, these risk assessments had been reviewed.
- People and relatives consistently told us they were supported to access care, support and treatment in a timely way from their GP and other healthcare services. For example, one relative told us, "When there has been a problem the doctor or district nurse has been called. They [staff] always check their skin to make sure there are no red patches. They explained that staff had been prompt to contact the district nurse when some equipment had needed attention.
- Staff shared information through a communications book to ensure they were providing care to meet people's changing needs and risk assessments. Staff told us there was no record to demonstrate and assure that staff had read the information. Some staff told us they would prefer a face to face handover and document which they could read and sign. The provider has implemented this suggestion since our visit.

Using medicines safely

- People consistently told us they were asked if they were ready for their medicines, given time to take them without being rushed and repositioned to ensure they could take them safely.
- Records demonstrated that people had received their medicines as prescribed, at the right time, in a way they preferred, in line with their medicine management plans.
- The provider had policies and procedures in place, which staff followed effectively to ensure medicines were managed safely, in accordance with current guidance and regulations.
- Staff were trained to administer prescribed medicines safely and their competency to do so was checked regularly by the registered manager.
- People who had been prescribed high risk medicines, were protected by detailed management plans providing staff with clear guidance. Staff understood the associated risks to people who were prescribed Warfarin, such as increased bleeding. Warfarin is used to treat and prevent blood clots that might result in heart attack or stroke. They are commonly referred to as 'blood-thinners'.
- The registered manager completed regular reviews of people's medicine management plans to ensure continued administration was still required to meet their needs.
- Staff were aware of the action to take if a mistake was found, to ensure any potential harm to a person and any future recurrence was minimised.
- Where staff had raised concerns in relation to medicine errors, the provider had completed thorough investigations and taken appropriate action to protect people and reduce the risk of future recurrence. For example, lessons learned had been shared with staff and individuals had their training refreshed and competency reassessed.

Preventing and controlling infection

- People, relatives and community professionals consistently told us the service was kept clean.
- Staff maintained high standards of cleanliness and hygiene, which reduced the risk of infection, in accordance with provider's policies and procedures, based on relevant national guidance.
- People told us that staff consistently adhered to the provider's infection control policy (IPC) and used personal protective equipment (PPE) whenever required. One relative told us, "The carers [staff] always use their gloves, aprons and masks" and continued "They [staff] are very respectful and good at infection control, as they always use wipes to wipe door handles and other things that they have used."
- Staff had effectively communicated and reassured people and family members about the reasons for staff wearing PPE.
- Staff had identified the need for suitable bins to be placed within people's homes to accommodate the appropriate disposal of used PPE and for the disposal of continence products. The provider was currently engaged with the provider of the accommodation and residents, to implement this suggestion.
- Staff had completed food safety training and people told us correct procedures were followed wherever food was prepared.

Learning lessons when things go wrong.

- There was an open and honest culture to reporting incidents. For example, one staff member told us how they had been encouraged and supported with their personal development after a medicines error.
- Staff told us they had no concerns reporting any incidents that took place and the registered manager always listened. However, some staff told us the management team had not always given feedback about incidents reported and action taken.

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.

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

- The governance framework within the service did not consistently ensure that staff responsibilities were clearly defined and understood. Staff told us that they were unsure about the roles and responsibilities of the recently appointed team leaders and were not confident the current management team had the skills and experience needed to lead effectively.

- People and relatives consistently made positive comments about the management of the service.

However, one person and a relative thought the management of the service was disorganised and relied on the dedication of regular staff to ensure people's care was delivered effectively.

- The provider could not assure us that quality assurance arrangements were applied consistently. Team leaders and the registered manager were not clear how to effectively operate the provider's quality assurance processes. For example, the team leaders had completed thorough audits of MARs and daily notes. However, there was no evidence recorded within the audits or action plans, to demonstrate issues identified had consistently been addressed. We checked and confirmed that some deficiencies identified within the audits had been addressed, though action taken had not been linked to the audits.

- The registered manager had not identified the fact that audits had been completed but no action recorded.

- The provider's compliance team had completed a six-monthly quality assurance audit on 23 November 2020. The registered manager was in the process of completing an action plan to address identified deficiencies. However, the internal audit systems at the service had not identified the deficiencies found during the inspection. The area manager had also recently completed a quarterly assurance audit.

The registered person had failed to operate assessing and monitoring processes effectively, to ensure compliance with the requirements and to improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance).

- Provider's audits identified that the registered manager had made significant improvements since their appointment in April 2020. For example, the service reliance on agency staff had reduced by 96 per cent since July 2020.

- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner, which meant that the CQC could check that

appropriate action had been taken.

- The registered manager understood their Duty of Candour, to be open and honest when things went wrong. Most relatives who had raised concerns told us the registered manager and provider had listened to their concerns, apologised where necessary and took swift action to address the concern. However, one relative told us they were happy with the quality of care being provided by regular care staff but had lost confidence in the management of the service.
- The registered manager used the learning from concerns and complaints as an opportunity for improvement.
- People had been provided with a copy of the provider's complaints policy, in a format which met their needs. People and relatives knew what to do and who they would talk to if they had any concerns. Most people were confident action would be taken if they did raise concerns.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.

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

- Staff were proud of service they provided and dedicated to the people they supported.
- However, the registered manager was aware and kept under review, staff morale adversely effected by repeated changes of provider and a division between staff groups, who were aligned to recently appointed team leaders.
- Most staff told us the registered manager was approachable and supportive. However, some staff told us they did not feel listened to, respected or valued by the team leaders.
- Staff told us they had not had a team meeting recently where these issues could be discussed due to the pandemic, which records confirmed. Staff had completed supervisions with the registered manager and team leaders, although these views had not been shared or recorded.
- The registered manager had identified that cooperative, supportive and appreciative relationships amongst different factions within the staff group and team leaders, needed to be developed, to assure the delivery of good quality, person-centred care. The registered manager had devised development plans for the team leaders and had scheduled individual staff supervisions and team meetings to address the staff culture.
- Staff consistently told us they communicated effectively with each other in relation to people's changing needs, to ensure they received appropriate care and support.
- People consistently told us that their regular staff worked well together and supported one another if they were busy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 understood their responsibilities under the duty of candour.
- People's and their representative's views were sought through their regular reviews and meaningful interactions with the staff team. The relative of a person with complex needs praised the staff for the inclusive way staff consistently considered their loved one's individual characteristics, whilst fully involving and consulting them about their care.
- Annual quality assurance reviews sent to people, relatives and professionals produced consistently positive feedback. Where people had given negative feedback, this had been explored by the registered manager and action taken to resolve the concerns.

Working in partnership with others

- Professionals consistently provided positive feedback about the person-centred approach of the registered manager and the staff's dedication to follow their guidance to meet people's needs.

- The registered manager had developed effective partnerships in healthcare working. Professionals described the registered manager as being open and honest, and receptive to their guidance.
- The local authority reported that the registered manager engaged well, seeking clarity and support when required.
- We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection. This consistently ensured people had access to the right support at the right time and achieved good outcomes for people.

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 registered person had failed to operate assessing and monitoring processes effectively to ensure compliance with the requirements and to improve the quality and safety of the service.