G P Homecare Limited

Radis Community Care (Droitwich Supported Living)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Radis Community Care (Droitwich Supported Living) is a supported living service registered to provide personal care to younger and older adults living with a learning disability and/or autistic spectrum disorder, and/or mental health in their own homes.

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 the inspection 25 people were receiving support with personal care in five different 'supported living' settings with 24 hour support.

People's experience of using this service and what we found
Right Support
Staff supported people with their medicines in a way that promoted their independence, however, we identified some areas of improvements which were required to further reduce the risk of people experiencing harm. The service supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff supported people to achieve their aspirations and goals. People were supported to personalise their rooms. The service made reasonable adjustments for people so they could be fully in discussions about how they received support, Staff enabled people to access specialist health and social care support in the community. Staff communicated with people in ways that met their needs.

Right Care
People's care, treatment and support plans reflected their needs and this promoted their wellbeing and enjoyment of life. The registered manager was planning to develop these further, so staff had the full range of guidance they needed to reduce risks to people further. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols (add to or delete as appropriate) could interact

comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them.

Right culture
The registered persons needed to improve their service checks to ensure they had clear oversight of the service. Where people received support from a consistent staff team, staff knew and understood them well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them, including advocates, were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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 21 July 2021 and this is the first inspection.

Why we inspected
We undertook this inspection to assess that the service is applying the principles of Right Support, Right Care, Right culture.

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 and will take further action if needed.

We have identified breaches in relation to people's safety and how the service is managed at this inspection.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Radis Community Care (Droitwich Supported Living)

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 Health and Social Care Act 2008.

Inspection team
The inspection team consisted of two inspectors.

Service and service type
This service is a supported living service. It provides personal care to people living in their own houses and flats. Where people received support in supported living settings, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 22 June 2022 and ended on 14 July 2022. We visited the office location on 29 June 2022 and 01 July 2022.

What we did before inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We made observations of people and how they expressed themselves. Some people were able to verbally communicate their care needs. We spoke with four people who used the service and six relatives about their experience of the care provided.

We spoke with 11 members of staff including the registered manager, the provider's representative, a service manager, seniors, team leader, support workers and agency staff.

We reviewed a range of records. This included six people's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including incidents and accidents, safeguarding, audits, complaints and compliments and policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and policies and procedures.

Requires Improvement

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 requires improvement. This meant 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.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicine management required improvement. We found the provider had not effectively managed the risks to other people. This was where people were supported to manage and store their own prescribed medicines.
- The provider did not have an effective system in place to ensure people's medicines were safely managed when they chose to spend time away from their homes. This increased the risk for people requiring immediate access to some of their medicines. For example, if people suddenly became very ill, they may not have these medicines available when they needed them.
- Staff competency to administer medicines was not robustly undertaken. For example, staff competency assessments were not fully completed. In addition, evidence was not available to confirm staff had their competency rechecked, after medication errors had happened.
- Regular medicine audits had not always been carried out. Where audits had been carried out, they were not robust enough to identify the concerns we found.
- People told us they were confident to let staff know their views on how they wanted their safety to be managed. For instance, how they wished to balance risks with their goals for personal growth. However, risk assessments and care planning arrangements required further development to ensure all staff were consistently guided to reduce people's risks further. For example, in relation to consistent and safe use of equipment.
- Other elements of people safety management required improvement. We found no harm to people, but people's fluid intake monitoring and oversight needed to be strengthened, so the risks of people experiencing dehydration were further reduced. In addition, people's safety could be further promoted by ensuring key information was also readily accessible in kitchen areas to guide staff when supporting people with choking risks.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate people's medicines and risks were managed in a consistently safe way. This was a breach of regulation 12 (Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We brought these concerns to the attention of the registered manager and provider's representative, who told us they would address these concerns without delay.
- Some areas of the provider's services managed medicines well, including some audits and medication reviews. For example, we found people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of

people with a learning disability, autism or both), and ensured that people's medicines were reviewed by prescribers in line with these principles. Records showed for one person there had been a significant decrease from four times a day medication to 'as and when required' medication administration.
● People's risks had been assessed. Staff who supported people regularly had a good understanding of how to care for people to mitigate their risks.

Staffing and recruitment
● There were enough staff. We saw people did not wait long for staff to support them.
● People, relatives and staff told us some people benefitted from having regular care staff who knew them, and their safety needs well.
● Some staff told us there had been occasions where they had been busy, owing to other staff not attending their shifts as planned, and due to current permanent staff vacancies. However, staff told us they were aware recruitment for new staff had started and they were supported by a consistent group of agency staff in the meantime. One staff member said, "[Senior staff member] is trying their hardest to recruit." The staff member told us the way shifts were now managed and organised meant, "It feels better."
● Staff were recruited safely. All pre-employment checks had been completed prior to them commencing in post. This included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse
● People were kept safe from the risk of abuse. Staff were trained on how to recognise and report abuse. Staff knew what to do and to whom to report if they had any concerns about people's safety and were confident senior staff would address any concerns promptly.
● People had access to safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Learning lessons when things go wrong
● Incidents affecting people's individual safety were investigated and actions communicated to the staff team, so the chances of reoccurrence would be reduced.
● The registered manager and senior staff told us they would explore additional ways to analyse such incidents. This would help them to spot trends and patterns across the service, so appropriate action could be taken to reduce risks to people further.

Preventing and controlling infection
● The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
● Staff had access to the required personal protective equipment (PPE) and used PPE effectively and safely.
● The provider's infection prevention and control policy was up to date.
● There were no restrictions on visiting arrangements and people's friends and family were able to visit in line with current guidance.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and wishes were considered before they started to receive support from staff. Relative's told us their views were taken into account when their family member's care needs were initially assessed, and when these were reviewed.
- The provider had put in place a system to identify people's needs, so they would be able to check the service would meet them. There had not been any recent people joining the service, but the registered manager gave us assurances this system would be used in the future.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. These were informed by the views of other health and social care professionals.
- Care plans set out people's current needs, promoted strategies to maintain independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, and human rights.
- One relative told us, "Staff do have skills to help [person's name], the staff I have met have been good." However, other relatives expressed concern newer staff members may not have received the training required to support people effectively and safely. This included in relation to dysphasia training. Records showed staff had undertaken dysphasia training.
- Staff could describe how their training and personal development related to the people they supported. This included training to meet people's physical and emotional well-being.
- Agency staff were included in key training opportunities to ensure people's safety was promoted.

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

- Some people were involved in choosing their own food, shopping, and planning and preparing their meals.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.
- Staff who regularly cared for people knew some people required their meals to be a specific texture, so risks of them experiencing choking were reduced. This was recorded in their care plans. We found no evidence of harm to people, but risks when people were supported by agency staff could be reduced further,

by the registered manager ensuring this information was discreetly displayed in food preparation areas. The registered manager gave us assurances this would be done.

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

● People played an active role in maintaining their own health and wellbeing, where they were able to do so. For example, some people had worked with staff and other professionals to decide what equipment they wanted to monitor their health.

● Where people required more support from staff, people were referred to health care professionals to support their wellbeing and help them to live healthy lives. For example, where staff had any concerns people may not be eating enough to remain well after a period of illness, they agreed plans with people's GPs. We saw this had led to desired weight gain for people.

● Staff from different disciplines worked together as a team to benefit people. This included district nurses, speech and language therapists and mental health teams. Relatives were involved in supporting their family members to attend health appointments where people wanted this.

● People were supported to attend annual health checks, screening and primary care services.

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.

● People and relatives were consulted and included in the decisions about their day to day care.

● Senior staff worked with people, their families and other health and social care professionals where people were assessed as lacking mental capacity for certain decisions.

● Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented within people's care plans.

● Senior staff confirmed they would review where the outcomes of people's Court of Protection decisions were located, to make this information more accessible to staff.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People received kind and compassionate care from staff. Throughout the inspection we observed staff using positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff were mindful of individual's sensory perception and processing difficulties. Staff took the time to understand people's individual communication styles and communicated with people effectively, so they would know they were valued.

Supporting people to express their views and be involved in making decisions about their care
- Staff gave people time to listen, process information and respond to staff in their own time, so they were as involved as possible in decisions about their care.
- People were enabled to make choices for themselves and staff ensured they had the information they needed in a format they understood to support them to make decisions. For example, how people wished to spend their time.
- People, and where appropriate, those important to them, took part in making decisions and planning of their care and risk assessments.
- Staff supported people to maintain links with those that are important to them. For example, some people using the service had family regularly visit them, or they spent time visiting their relative's homes.

Respecting and promoting people's privacy, dignity and independence
- People gave us examples showing how their wellbeing had improved as a result of receiving support from Radis Community Care (Droitwich Supported Living). For example, increased confidence and skills to live independently.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and reflected their needs and preferences. Relatives were consulted when people's care plans were created and reviewed.
- Staff spoke knowledgably about tailoring the level of support to meet people's individual needs.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities and mental health needs were supported in ways which was comfortable for them.
- The registered manager and senior staff were further reviewing people's care plans to ensure they consistently provided staff with the level of guidance they needed to support people to achieve their goals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had individual communication plans which detailed effective and preferred methods of communication, including the approach to use for different situations. For example, one person's care plan explained how they benefited from using objects of reference. These are objects which can be used to represent an activity, person, or place. People's care plans also referenced Makaton, which is speech with gestures and symbols or pictures, to support communication, understanding and to help the person to know what was likely to happen during the day.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported to do the activities they wanted on a regular basis, such as volunteering in local charity shops, attending college and spending time with those that were important to them.
- One relative told us their family member did not have access to the breadth of activities on a regular basis that they would like. The family said they were working with health and social care organisations to resolve this. Other relatives told us their family members were supported to try new things and continue to do the things they enjoyed.
- People were encouraged and motivated by staff to reach their goals and aspirations. For example, staff

had worked with one person, so they had been able to successfully reconnect with family members.

Improving care quality in response to complaints or concerns

● People, and those important to them, knew how to raise any concerns or complaints.

● Staff had the knowledge to explain to people when and how their complaints would be addressed. Staff were confident senior staff would take action to resolve any complaints.

● The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

End of life care and support

● Staff provided us with examples of when they had supported a person with their end of life wishes. They had worked with the person and other health and social care professionals to ensure the person's care needs and wishes were met. This included identifying what funeral arrangements they wanted, ensuring they had access to their favourite music, clothing and personal items.

● The registered manager advised us they intended to provide additional end of life training for staff and to introduce a separate end of life care plan when appropriate, so staff would have easy access to the guidance they required to support people at the end of their life.

Requires Improvement

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 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; 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 and provider did not always have the a clear understanding of people's needs and oversight of the services they managed. For example, checks had not always been consistently and regularly carried out on people's care, to identify any concerns and address them promptly.
- Some people had received consistently good delivery of care. For other people, this had not always been achieved. This was due to staffing vacancies and lack of staff oversight in some areas of the service. One relative told us, "[It's] not good. There were problems with how it was set up. I do think some managers have tried to make a difference, but [they] are not supported up above."
- Governance processes had not always been effective in holding staff to account, and reducing risks to people in a timely way. The provider's systems had not always identified or driven through improvements required in relation to the concerns we found at this inspection. This included medicines management, fluid intake monitoring arrangements, and guidance to ensure people's risks were consistently reduced through appropriate use of equipment.
- The provider had recently recruited a senior staff member for the services. Relatives and staff told us this was starting to work well. More time was required to ensure positive changes planned will be embedded and both the registered manger and provider have clear oversight of the care provided.

We found no evidence that people had been harmed however, the provider had failed to have effective governance systems in place to assess and monitor the quality of the service to identify shortfall and to ensure compliance with regulations. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with understood their day to day roles and how to care for people. Some staff told us they were able to gain advice promptly from the registered manager, other staff said newly introduced senior staff were available to support them.
- The registered manager and senior staff understood what key events needed to be reported to other organisations and knew the importance of being open and honest in the event something went wrong with people's care.

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

● For some people, there had been multiple changes to the senior staff providing leadership to the service. The lack of consistency of leadership meant the provider and registered manager had not always been alerted to the culture across the service. However, relatives told us the new senior staff recruited were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. One relative told us, "Since the [new senior staff have been appointed] I have more faith any issues we have will get resolved. They have good [senior staff] now."
● Other people had received care from a consistent senior staff team. For example, one relative explained the registered manager had supported their family member well before they started to receive care. The relative said, "I can't fault [registered manager's name]. [Person's name] is lucky to [receive care], they are in a familiar area and they like staff."
● Staff felt able to raise concerns with managers without fear of what might happen as a result.
● Staff told us the way they were now managed by senior staff and the registered manager guided them to focus on people. One staff member said, "If I ask questions, I always get answers. I love [senior staff member's name] to pieces. They are making good changes and it is working."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People gave us examples showing their suggestions had been listened to. This included how people wanted to be supported to maintain their independence.
● Relatives gave us examples where they had made suggestions to improve their family member's care, and we found these had been acted on. For example, in relation to people's dietary requirements.
● Senior staff were mindful of the impact of the changes in leadership and planned to meet with people to discuss their care experience and to provide reassurance to them.
● The service worked in partnership with other health and social care organisations, which helped to improve their wellbeing. Staff also advocated for people to progress housing management and tenancy concerns.

Continuous learning and improving care
● The registered manager checked individual accidents and incidents to see if learning could be taken from them. However, patterns and trends were not analysed. Doing this would promote further understanding and learning from incidents. The registered manager gave us their assurances they would start to do this.
● There had been changes to the provider's staff supporting the service and with responsibilities for overseeing the quality of the service. These changes will require time to embed, and to drive improvement in the outcomes for people in receipt of care.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to reduce potential risks to people in relation to medicines administered and to ensure people's risks were consistently managed.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Checks undertaken had not been consistently and regularly carried out on people's care, to identify any concerns and address them promptly.