

G P Homecare Limited

Radis Community Care (Ryfields Retirement Village)

Inspection report

Arena Gardens
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Warrington
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29 June 2022

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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 (Ryfields Retirement Village) is a domiciliary care service. It is registered to provide personal care to people living in their own homes, in an extra care housing village. Extra Care housing is specialised accommodation on a shared site or in a shared building. Not everyone who lived on the site needed support with their personal care. At the time of the inspection, the service supported 32 people.

People's experience of using this service

People's needs, and risks were assessed and managed safely. Staff had clear guidance on how to provide safe care. People's daily records showed that they received the support they needed.

People's medicines were managed safely, and records showed people received the medicines they needed to keep them safe and well.

People's support plans were person centred and contained lots of detailed information about the person and what was important to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were happy with the support they received and had no complaints. They said they felt safe with staff and that staff were kind and patient.

People told us they felt the service had a high turnover of staff and the manager acknowledged that some staff had left in the last 12 months. This had not impacted on safe staffing levels and we saw that people's visits were well planned to minimise any impact. This was good practice.

Staff were recruited safely and told us they felt trained and supported by both the manager, regional manager and the provider. They liked working for the service. When asked about the people they supported, they spoke about them with genuine warmth and it was obvious they knew people well.

Accident and incidents, including safeguarding events were appropriately reported and the manager had clear oversight of these, and the action taken. However, records of any actions taken were not always up to date and we spoke with the manager about this.

People's feedback on the support they received was regularly sought. Spot checks on staff practice were regularly undertaken to ensure people received good quality care.

Records showed that people's visits were consistent, with the majority of visits taking place at the times and

for the duration agreed. The manager said they tried their best to ensure the same staff supported people as much as possible. This is important as it helps staff and the people, they support to build positive relationships.

There was a range of audits and checks in place to check the quality of service provision. We have made a recommendation regarding the provider's medication audit. The audit needs to include a stock check of people's medication in their own home to ensure the right amount of medicines were available. The manager agreed to this.

The manager had clear oversight of the service and it was clear they were committed to and passionate about providing good care. The culture of the service was open and transparent and staff morale was good.

The delivery of the service promoted good outcomes for people through robust person-centred planning, responsive delivery, liaison with other external agencies in support of the person's health and well-being, and good governance.

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

Rating at last inspection

The provider of this service changed and was re-registered with us on 14 September 2020. This was the first inspection.

Why we inspected

This was a planned inspection following their registration with CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service 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 (Ryfields Retirement 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

This inspection was undertaken by two inspectors 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 service.

Service and service type

The service provides personal care to people living in an 'extra care' housing village. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is 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 the support they received.

Registered Manager

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. The service had a registered manager in post.

Notice of inspection

This visit was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection and used this information to plan our inspection. The provider was not required by CQC to submit a Provider Information Return prior to this inspection.

During the inspection:

We spoke with five people who used the service and one relative. We also spoke with the regional manager, the registered manager, a team leader and a care assistant.

We reviewed a range of records. This included four people's care records and a sample of medication records. Four staff files, staff training and supervision records and relating to the management of the service.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Systems were in place to ensure risks to people's health, safety and welfare were assessed and managed safely. This included detailed care plans and risks assessments that guided staff in the delivery of person-centred support.
- Accident and incidents were recorded and investigated thoroughly, however some records had not been updated to include the action taken by staff to support the person after the incident. We drew this to the manager's attention.
- People told us medical support was sought immediately if they were unwell or had an accident. One person said, "We are very safe here. If we aren't well or have a fall, they call an ambulance and make sure we are ok".

Systems and processes to safeguard people from the risk of abuse

- Safeguarding events were identified and reported appropriately. However, the action taken to subsequently support the person was not always fully documented. The manager acknowledged this and said this would be rectified.
- People told us they felt safe with staff. Their comments included, "Most of the staff are very kind – I couldn't fault them. Some go over and beyond, and I really appreciate it", and "The carers are lovely, I know a lot of them but not all of them".
- Staff knew what action to take to protect people from potential abuse.

Using medicines safely

- We had no concerns with the management medicines but recommended that the provider widened their medication audit to check the amount of medicines in people's homes matched what had been administered. The manager agreed to implement this.
- Staff had received training to administer medicines safely and had their competency checked. People told us they received the medicines they needed, and medication records were well maintained.
- There was a clear guidance in place to advise staff when and how to safely administer people's 'as and when' required medicines such as painkillers or prescribed creams.

Staffing and recruitment

- People felt there was a high staff turnover. The manager acknowledged that some staff had left their employment in the last 12 months which may have contributed to this feedback. Staffing levels were however safe and people's support was well planned and organised.
- Staff were recruited safely with appropriate pre-employment checks carried out prior to appointment. This

helped ensure they were suitable to work with vulnerable people.

Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection being spread.
- All staff had received infection control training and had access to personal protective equipment (PPE).

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

- People's needs were fully assessed and took into account their physical, mental and social needs.
- People's food and drink needs were assessed with their preferences noted for staff to be aware of. Records were maintained of what support had been provided in relation to eating and drinking.

Staff support: induction, training, skills and experience

- The majority of people we spoke with felt staff had the skills and experience to support them.
- Staff received an induction and training to do their job. Additional specialist training such as catheter care was organised as and when required.
- Staff we spoke with said they felt well trained and supported to do their job role. Records showed staff received regular supervision and had an appraisal of their skills and abilities.
- Regular spot checks on staff practice were undertaken to ensure staff had the right skills and knowledge to provide effective care.

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

- The service worked with other health and social care professionals in support of people's needs. For example, local GPs, district nurses and occupational therapists.
- People had access to a gym in the extra housing facility to support their fitness and staff helped people with their mobility by ensuring they had access to any specialist equipment they needed.

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 MCA 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.

- Staff had received training in the MCA to ensure they understood people's legal right to consent to their care.
- People were involved and consulted on all decisions about their care and support. Consent was recorded within people's care plan files.
- Where staff had concerns about people's capacity to make decisions, advice and support had been sought from social workers involved in their care.

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; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's individual needs including their equality and diversity was assessed and their support was tailored to meet these needs. Equality and diversity training was provided to staff.
- People told us that staff were kind, respectful and patient during their support. Their comments included, "Most of the staff are very kind – I couldn't fault them. Some go over and beyond, and I really appreciate it", and "The carers are good and most of all I love a bit of company, so I enjoy seeing them".
- Staff were provided with information on what people could do independently and what they needed help with guidance on how to support each person's ability to be independent.

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

- People had consented to and were involved in the planning of their own care.
- People's views about the support they received was regularly sought. All of the feedback records we reviewed were complimentary about the service and the staff team.

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 meet people's needs, preferences, interests and give them choice and control.

- Information about people needs and care was very person centred. It was clear the person and their family had been involved in planning their own care. There was lots of detailed information about the person as an individual and what was important to them in their day to day life.
- Staff were knowledgeable about people's needs and the person they were caring for. They spoke about people with affection and it was obvious that they cared for the people they supported.
- Records showed that the majority of people's visits took place on time, and for the duration agreed.
- The manager told us they tried their best to have the same staff supporting people as much as possible. This was good practice as it helps to support positive relationship building between people using the service and staff.

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.

- The service complied with the Accessible Information Standard.
- People's communication needs were identified and explained in their care plans for staff to be aware of.

Improving care quality in response to complaints or concerns

- People received a copy of the complaint's procedure, amongst other literature about the service when they first started to receive support.
- People told us they were happy with their support and had no complaints. Their comments included, "If I had a complaint, I would find the manager, but I don't have any complaints" and "I've never made a complaint because I've got nothing to complain about".
- Records showed that any complaints received were investigated and responded to in full by the manager.

End of life care and support

- No-one using the service was in receipt of end of life care and support at the time of the inspection.
- People's care files contained details of any advance decisions made in respect of their end of life care. For example, 'Do not Resuscitate' decisions or, emergency health care plans.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working with others

- People's support plans were person centred and staff knew people well. This maximised good outcomes for people.
- People's support was provided in conjunction with other health and social care professionals including local GPs, district nurses and people's families to promote good outcomes.
- The culture of the service was open and transparent. Good staff practice was underpinned by regular spot checks; supervisions and appraisals with people's feedback regularly sought and acted upon. These helped instil a culture of continuous learning and improvement.

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

- The manager had robust oversight of the service and it was obvious they were committed to and passionate about providing people with good care.
- Staff morale was good. Staff felt the manager was supportive and approachable. One staff member told us that the manager was, "Brilliant, she is amazing".
- There was a range of audits and checks in place to ensure people received high quality support. Where issues had been identified, these had been acted upon.

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 manager and provider understood their obligations to be open and honest with relevant persons when things went wrong.
- Notifiable incidents were reported to CQC correctly. External agencies such as the Local Authority Safeguarding team were also liaised with appropriately as and when required.

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

- People's equality needs were assessed and included in their support plans
- People using the service were regularly asked for the feedback and involved in the service via spot checks and monitoring visits which enabled people to share their views.
- Staff meetings took place regularly to enable staff to share their views and suggestions.

