

G P Homecare Limited

# Radis Community Care (Heathcote House)

## Inspection report

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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

Heathcote House is an extra care housing service providing personal care to people. The service is a purpose built accommodation over two floors to support people to live independently. There are gardens and communal areas for people to use and enjoy while living in their own flat. The service can support up to 24 people and there were 24 people living at the service at the time of the inspection.

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.

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

People were safeguarded from the potential of harm and their freedoms protected. Staff assessed potential risks to people and supported people to reduce the risk to them. People received their medicines as prescribed and were supported by staff as per the guidance in their individual care plan.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs. All staff received supervision and appraisals to support them to develop their skills.

Staff sought people's consent before providing care and support. 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 were treated with empathy and understanding. People's rights to privacy were respected by the staff who supported them to maintain their dignity and independence. People were supported to express their views and encouraged to be actively involved in making decisions about their care needs.

Individual care plans were based upon an assessment of their needs which was regularly reviewed with them. The care plan included personal details about the person's choices and how they wished to live and be supported. People using the service were aware of the complaints process and were confident about approaching the staff if they needed to.

There were effective auditing systems in place to monitor the quality of the service provided. The views of people about the service was gathered and used to support service development. The service worked closely with other professionals as required to support people using the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update) This service was registered with us on 10/10/2018 and this is the first

inspection.

The last rating for this service was Good (published 19 January 2017). Since this rating was awarded the registered provider has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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 (Heathcote 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

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

The service did not have 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. The manager of the service was in the process of applying to become the registered manager.

#### 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.

### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local branch of Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. and the local authority for information about the service. We looked at the information we held about the service. This included notifications received from the provider about accidents/incidents and safeguarding alerts, which they are required to send us by law. We used all of this information to plan our inspection.

### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with the area manager, manager of the service, a senior care staff member and a care assistant. We reviewed a range of records. This included four people's care plans and multiple medicine records and audits. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

### After the inspection

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

# 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.

Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with told us they were confident the staff kept them safe. One person told us, "I am safe because there are always staff here and if I call them, they do come to help me."
- There were effective processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents. A member of staff told us, "The safeguarding training was very good and I know how to report a safeguarding matter."

Assessing risk, safety monitoring and management

- The manager carried out a risk assessment when first meeting the person to determine if the service could support at the person to live Heathcote House.
- Each person's risk assessment was reviewed regularly on a planned basis and as required.
- As risks were identified they were recorded and used to inform changes to people's care plans.
- The staff were knowledgeable about the potential risks to people and actions they could take to help to keep them safe.

Staffing and recruitment

- The service had a robust recruitment policy in place. This included seeking references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.
- The manager calculated the number of staff required to be on duty at anytime to support people to meet their needs from the designated care hours for each person. People told us that staff responded quickly when they were summoned by the call bell system.
- There were staff available throughout the night to support people as necessary.

Using medicines safely

- People received their medicines safely and as prescribed. One person told us, "The staff do all my medicines which is a relief, the ordering the lot."
- Staff had received training on how to manage and administer prescribed medicines safely.
- There were systems to ensure that medicines were managed appropriately. We saw daily records were maintained by staff showing when people had received their medicines as prescribed. The manager carried out audits of medicines administration so that they could identify any errors and take corrective action.

### Preventing and controlling infection

- Staff informed us that they had received training and understood how to protect people by the prevention and control of infection.
- The service had an infection control and hygiene monitoring process in place and staff informed us that they had enough equipment for infection control purposes.

### Learning lessons when things go wrong

- There was a process to identify where any mistakes made and action plans to mitigate future occurrences were put in place. People and staff were consulted throughout and informed of any actions.
- The area manager explained all accidents, incidents or 'near misses' were analysed.
- The manager informed us that they would hold team meetings and debrief sessions after an event to support staff and share any lessons learnt with regard to how the service could be improved.



# 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 were involved in planning their care and support. A person told us, "I agreed with the social worker the help I needed and this was agreed with the staff."
- People's assessments included advice from other professionals and how the staff could support people to achieve their agreed goals.
- Care plans were divided into sections and information recorded explained how the care was to be achieved while also taking into account people's choices. The care plans were reviewed at pre-set dates and also if in response to any events.
- The time people were to be supported were recorded as was the length of time in the person's care plan. One person told us, "It is reassuring that if I needed help in an emergency there are staff here all the time to help."

Staff support: induction, training, skills and experience

- Staff had received training and had the skills they required to meet people's assessed and individual needs. We saw that further update training was planned.
- There were staff training plans in place which were reviewed and frequently updated. A staff member told us, "I enjoyed the training and it has given me the confidence to care for people."
- Staff informed us they had regular supervision meetings with their manager to support their development. The manager told us they also received support and supervision from their manager.

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

- People were supported with their nutrition needs as per their care plan.
- One person told us, "I am quite independent with food and can manage to things for myself." Another person said, "I can do breakfast and snacks myself but the staff do my main meal."
- A member of staff informed us that all the staff spoke with people regularly about their nutrition needs to determine if there were any changes to the care plan required.

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

- The staff supported people with their health care needs by discussing and recording information and supporting people to attend clinics and GP appointments.
- The staff understood people's individual health needs and the importance of raising concerns if they noticed any significant changes.

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.

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.

- Staff explained, how they gained consent from people before supporting people with their care needs.
- Members of staff we spoke with told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty. Further training was planned to take account of Liberty Protection Safeguards.

# 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 told us staff treated them with understanding and kindness. One person told us, "The staff are lovely and treat me well."
- People were encouraged to express their views on how they preferred to receive their care and support. The information had been clearly documented in people's care plans. One person told us, "I have never needed help before, so this was all new to me and the staff are considerate and understanding."
- We observed caring interactions between people and staff throughout our visit. Staff did not assume what drinks people wanted but asked and enquired if they wished to have milk, sugar and biscuits.

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

- Each person had a person-centred care plan which had been written with them and was reviewed with them and their family involvement if they so wished.
- People told us they made decisions about their daily lives, including where they wished to go out or come for afternoon tea with the other people living at the service or stay in their own flat.
- One person told us, "We look at my care plan every so often to check all is fine."

Respecting and promoting people's privacy, dignity and independence

- Each person's care plan had been written to explain how to support the person.
- We saw in people's care plans time had been taken to explain the support the person needed while also recording their preferences about what they like to do for themselves.
- A relative informed us the staff were understanding and supported their relative to maintain their independence. They told us, "The whole package of support means they can enjoy their life now and not be worried about the household chores they were starting to struggle with."
- Staff knocked on people's doors and waited to be invited in to preserve their dignity and privacy while also showing respect. A member of staff told us, "People do know when we are coming because it is in the care plan but it is their front door and we always knock to be invited to come in."

# 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 received personalised care that was responsive to their assessed needs. A person told us how staff supported them to with washing and dressing. They said, "I do as much as I can and staff help me with the rest."
- People told us they had support from consistent staff they knew, and hence received a personalised service from a known and trusted member of staff.
- Staff told us how they had enough time to read people's care plans and could built up a rapport with them as they knew their hobbies and interests, what they found difficult and how to support them with those issues.
- We found staff knew people well and were focussed on providing personalised care and what action to take should a person be upset.
- Staff told us about equality and diversity and understood the importance of relating this to people they supported. Care plans we looked at included people's interests, hobbies and cultural wishes and ways in which the staff would support them.
- Care plans were reviewed monthly to determine if any changes were needed or more frequently as a result of a significant event.

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 identified people's information and communication needs by accurately assessing their needs and collecting information from relatives and referring professionals. A member of staff explained how they supported their verbal communication with non-verbal communication so that the person understood them.
- People's care plans were designed in line with the AIS.

Improving care quality in response to complaints or concerns

- There was a procedure in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service.
- Some people using the service told us they had experienced problems with the heating and hot water. The care staff explained that they recorded this information and reported it to the housing provider and had arranged weekly meeting so that such matters could be monitored and people informed of the resolutions.

- One person told us, "I am fine no problems, I know some people are having problems with the water but I am fine." A relative said, "No complaints I am content with the service." Another relative informed us they has not made a complaint but had asked for a meeting with the service and local authority to resolve an issue.

#### End of life care and support

- There were no people using the service that required this level of support.
- The manager explained to us that they did speak with people about their end of life wishes and these were recorded if the person wished. Care plans included information about people's plans and wishes should they require end of life care.

# 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

- One person told us, "I am quite happy here, I like the company, I was becoming a lonely and I really can do as I wish here."
- People, their relatives as invited, and staff were involved in making decisions about how the person-centred planning was promoted. A relative told us, "We come to the reviews and we do speak in between times with the staff as needed."
- We saw copies of meetings with people, showing how they were consulted on the care and support they received.
- The manager had commenced carrying out surveys with people using the service, relatives and staff to determine if any improvements could be made.

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

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

- The service did not have a registered manager at the time of our inspection. The manager has applied to the CQC to become the registered manager of this service.
- Staff said they were listened to by the manager. They were clear about their roles and responsibilities towards people living at Heathcote House. They felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
- Staff understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing concerns raised at the service.

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

- Staff took the time to inform people of the local amenities which they could visit and enjoy. During our

inspection we saw people leaving the service to visit shops and local resources.

- Care plans contained information about how to contact the manager should the need arise.
- The manager and senior staff undertook some care visits themselves, including when new people started using the service to build up a relationship and identify any additional support which may not have been apparent in the initial assessment.
- The staff we spoke with told us they were supported and worked together as team. One staff member said, "Really nice team to work with we help each other and that is promoted by the manager."
- Staff informed us that they were consulted by the manager and contributed towards the running of the service. They used one to one meetings and staff meetings to talk with the manager about their ideas for the development of the service which were welcomed.

#### Continuous learning and improving care

- Quality assurance and audit systems were in operation for monitoring the service. The service had effective systems in place for reviewing care plans, risk assessments and medicine recording sheets.
- Areas for learning and service improvement were shared with staff during supervision and team meetings.
- The provider used feedback from people and staff to develop the service.

#### Working in partnership with others

- The service informed us they worked closely with other organisations to develop the service they provided.
- The service sought the advice of various professionals as appropriate to plan and review the care provided to the people using the service.