

G P Homecare Limited

Radis Community Care (Woodland Court)

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

The inspection of Radis Community Care (Woodland Court) took place on 18 and 19 September 2017. The service was previously inspected in February 2015 and was found to be compliant with no breaches of regulations at that time.

Woodland Court offers accommodation for older people requiring care and support to live independently. Individual flats or apartments provide independent living, while communal spaces are available with the opportunity to be part of a community. The registered provider is registered with the Care Quality Commission (CQC) to provide personal care for people living at Woodland Court. 36 people living at Woodland Court were receiving personal care services at the time of this inspection.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff had received safeguarding training in order to keep people safe and staff demonstrated a good understanding of what to do if they were concerned anyone was at risk of abuse. There were robust recruitment practices in place, which meant staff had been recruited safely. Risks to people had been assessed and reduced where possible.

Accidents and incidents were appropriately documented and records we inspected, and our discussions with staff, showed staff were aware of actions to take in an emergency. People had pendants they could press to request assistance and people told us staff responded quickly to such requests.

Staff were trained to manage and administer medicines to people and their competency was regularly assessed. People told us they had confidence in staff to assist them safely with medicines. Most of the records in relation to medicines we inspected were fully completed, however, some medication administration records were not fully completed and the registered manager took immediate action to address this.

People received effective care and support to meet their needs. People told us they felt staff had the necessary skills and training to provide effective care and support. Staff told us they felt supported and we saw staff had received an appropriate induction into their roles as well as ongoing training, support and supervision.

Care and support was provided in line with the principles of the Mental Capacity Act 2005. We saw from the care files we reviewed, consent had been sought and obtained from people, prior to their care and support being provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this

practice.

People we spoke with told us staff were caring. Staff were enthusiastic and were motivated to provide good quality care. Staff explained to us how they respected people's privacy and dignity and the people we spoke with confirmed this happened. People were encouraged to maintain their independence.

Care and support plans were detailed and personalised, taking into account people's choices and preferences and people's needs were reviewed regularly. People were involved in their care planning and told us they could make their own choices. People told us the service was responsive and flexible to their needs.

Regular audits and quality assurance checks took place, in order to drive improvement within the service and feedback was given to staff in order to improve practice. Staff told us they felt supported. Complaints were managed effectively and responded to appropriately.

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.

People told us they felt safe and staff understood signs of potential abuse and could explain what action they would take if they had any concerns.

Risk assessments had been completed and measures were in place to reduce risks to people.

Staff had been recruited safely and staffing levels were appropriate to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff received an induction and ongoing training and people told us they felt staff were skilled and well-trained.

Care and support was provided in line with the Mental Capacity Act 2005 and staff had received training in this area.

Consent was obtained from people in relation to the care and support provided.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and they had positive relationships with staff.

Staff were motivated to provide good quality care.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People told us the service was flexible to meet their needs.

Care plans were personalised, enabling people to receive support that was appropriate for their individual needs and preferences.

Complaints were well managed. People told us they felt able to approach the registered manager with any concerns.

Is the service well-led?

The service was well-led.

People and staff told us they felt the service was well-led.

Quality assurance checks were in place in order to continually improve the service.

There was an open and transparent culture and the registered manager was receptive to feedback and keen to drive improvements.

Good ●

Radis Community Care (Woodland Court)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18 and 19 September 2017. The registered provider was given 24 hours' notice because the location provides a personal care service and we needed to be sure someone would be in the office. The inspection was carried out by an adult social care inspector. Prior to our inspection, we looked at the information we held about the service. We reviewed information we had received from third parties and other agencies, including the safeguarding and commissioning teams of the local authority.

The registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform and plan our inspection.

As part of our inspection we looked at four care files and associated records such as daily notes, food and fluid records and medication administration records, four staff files, including recruitment and training records, records relating to quality assurance and audits and policies and procedures. We spoke with six people who used the service. We also spoke with the registered manager, a team leader and three care and support workers.

Is the service safe?

Our findings

All of the people we asked told us they felt safe living at Woodland Court. One person told us, "I'm very safe here, yes." Another person said, "It feels very safe. You couldn't ask for a better bunch of girls [staff], they're so good." A further person said, "They [staff] use the track hoist to move me from my chair to this [meaning their wheelchair]. They know what they're doing. I feel very safe." This person added, "It's very secure here," and showed us how they used their control to open their door if they wished.

The registered manager and all of the staff we asked were able to demonstrate a good understanding of different types of abuse and were aware of signs that may indicate someone living in their own home, or in the community, may be at risk. Staff explained to us what they would do if they had any concerns that people were at risk of abuse and there was a safeguarding policy in place. This meant people who used the service were protected from the risk of abuse, because the registered provider had a policy in relation to safeguarding and staff were aware of this.

A range of risk assessments had been undertaken such as those in relation to the environment, food preparation, administration of medicines, fire and electrical safety. Specific risks were also assessed in relation to each individual. Some people had bed rails in place. The associated risks had been assessed and people formally consented to the rails being in place. One person's actions posed a smoking related fire risk to themselves and others. The registered manager had worked with the person, liaised with the fire service and introduced measures to reduce associated fire risks and this had been recently reviewed. Having risk assessments in place helped to ensure people could be encouraged to be as independent as possible whilst associated risks were minimised.

Care and support staff were given clear instructions on how to safely assist people to transfer and move. We saw moving and handling risk assessments and plans were in place. These identified the type of hoist which should be used, the make, type and size of sling to use as well as method of application. This helped to ensure risks were reduced and staff were given appropriate information to assist people to move safely.

The registered provider had an agreement with a local company to ensure equipment was regularly serviced. Regular safety checks took place on equipment in people's flats or apartments, such as bed rails. We saw any faults or concerns found were reported and acted upon. This helped to keep people safe because systems were in place to ensure equipment was safe to use. Fire action plans were in place for individuals. These further helped to keep people safe because they detailed how to support individual people in the event of a fire or other emergency.

Access to individual flats or apartments was secure and a fob was required to gain access. A system had been installed which enabled people who lived at Woodland Court, and who used wheelchairs, to access secure areas of the building by a sensor being placed at an appropriate height.

Staff were able to confidently tell us the actions they would take in an emergency, such as a person falling or not answering their door or in the case of a medication error. Records showed appropriate actions were

taken following accidents or incidents and referrals were made to other health care professionals when appropriate. We saw staff made referrals on behalf of some people, with their consent, and other people were supported to contact health care professionals themselves if they preferred. This showed people were supported in a way which meant they could retain their independence.

We looked at whether staffing levels were appropriate to meet people's needs. The team consisted of the registered manager, a senior team leader, two team leaders, care and support workers and a housing support worker. Staff rotas were planned two weeks in advance and each member of staff had a work-sheet for each day, which listed their calls and times. The care worker then wrote the actual times on the work-sheet. The registered manager explained this was then analysed and this meant, if a person was regularly requiring more or less time, their support needs could be reviewed. People told us staff responded to requests for assistance swiftly. One person told us, "I have a pendant and they come as soon as I press it." Another person laughed and said, "Sometimes when I press my pendant, they're so quick I think, 'Were they stood right outside, waiting for me to press it?!'" All of the staff we asked told us they felt there were sufficient numbers of staff to keep people safe.

We inspected four staff recruitment files and found safe recruitment practices had been followed. For example, reference checks had been completed, identification had been verified and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

People were assisted to take their medicines by staff that had been trained to do so. Medication Authorisation Forms showed people were involved in an assessment of their needs in relation to the support they required to take their medicines. These included an assessment of associated risks and considered the individual's needs in relation to medicines management.

We looked at records of how medicines were managed. Most of the medication administration records (MARs) we sampled had been completed clearly, completely and accurately. However, we noted some people had been prescribed PRN or 'as required' medicines and, where a person had been prescribed one or two tablets to be taken at each administration, one of the records we sampled did not show the actual number of tablets administered. PRN protocols were not in place for some 'as required' medicines. PRN protocols help to ensure these medicines are administered appropriately and at safe intervals. When we highlighted this to the registered manager, they took immediate action to address this.

The people we spoke with told us they had confidence in staff to administer their medicines safely. One person said, "I know what I take anyway, but they always get it right, no problems." We saw MARs were returned to the office weekly and were audited by a senior carer. Records showed actions were taken, for example when a member of staff had not completed a MAR correctly. This showed actions were taken to improve records as a result of the audits.

People told us staff wore personal protective equipment (PPE) when providing personal care and all of the staff we asked told us they had access to adequate supplies. This helped to prevent and control the risk of the spread of infection.

Is the service effective?

Our findings

We asked people whether staff were effective in their roles. One person told us, "Top marks from me. I couldn't ask for better. My family considered moving me to be nearer to them but I know I wouldn't find anywhere better." Another person told us, "Oh yes, staff know what they're doing."

People told us they felt staff were well trained and they had confidence staff knew how to use equipment safely. One person said, "I know all the staff. They arrange for any new ones [staff] to shadow the others. They're all well trained."

New staff shadowed more experienced members of staff when they initially commenced employment. Induction records showed different competencies were signed off by a more senior member of staff. The records we reviewed showed new staff had completed the Care Certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

The staff files we reviewed and the training matrix showed staff received essential training in areas such as the Mental Capacity Act 2005, administration of medicines which included a knowledge check and competency test, dementia awareness, safeguarding, equality and diversity, dignity in care, risk assessments in the home and food safety.

All of the staff files we reviewed showed staff had received moving and handling training. Team leaders had received additional training to enable them to assess people's moving and handling needs more effectively. A member of staff told us, "If I felt I needed more training, say moving and handling training or I wasn't sure about a piece of equipment, I'd just ask. I know they'd arrange it."

The registered manager told us staff received supervision every three months, as well as an annual appraisal. All of the staff we spoke with told us they felt supported and received regular supervision. Staff told us, and records showed, care and support staff were regularly observed and competency checks took place. Supervision then followed the checks and any issues were raised with the staff member as well as recognition and praise being given.

We looked at whether staff communicated effectively with people. In one of the care records we reviewed, we saw a specific communication chart had been devised for the person. This included information relating to the person's specific way of communicating and what staff should do in certain circumstances. This meant staff had been provided with relevant information to support the person appropriately, taking into account the person's specific communication needs.

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. The registered manager and the staff we spoke with demonstrated a good understanding of the MCA and had received training in this area. The care plans we sampled showed people's mental capacity had been considered.

The registered manager was aware of people's right to make their own choices and was able to provide examples where people had been assisted to make their own choices, with support, in the least restrictive ways. A person living at Woodland Court sometimes chose to leave their home wearing attire which may be considered as inappropriate by some people. The registered manager had worked with the person and agreed to place contact details for Woodland Court in the person's belongings so the person, or others, could contact staff at Woodland Court in order for the person to be assisted home if the need arose. This demonstrated the person was supported to make their own choice whilst provisions were made to help ensure their safety.

People had formally consented to their care plans by signing their care records and they were involved with reviews of their care. However, the registered manager had identified a person who was being provided with personal care sometimes lacked capacity to consent to this. A mental capacity assessment had been completed and a decision was made in the person's best interests, in consultation with the person, their family and other health care professionals where the least restrictive options were considered. This further showed the registered provider was acting in accordance with the MCA.

We looked at whether people were assisted to meet their diet and hydration needs. The previous inspection found some people's fluid intake was described in cups and did not take account of fluid remaining. We saw improved recording during this inspection. Food and fluid intake was recorded and monitored where appropriate. We saw records were up to date and included the amount of fluid offered (in millilitres) and the amount remaining.

Some people told us staff assisted them with meals. One person told us, "Staff make my breakfast. They make me what I want." Another person confirmed to us they chose their own meals, even though staff assisted them to make their meals. A staff member told us, "I always ask people what they want, yes. It's their choice. I encourage people to help if they can. If they can't, I keep them involved and talk through it."

Photographs of staff were displayed in communal areas within Woodland Court, along with staff names. Pictures of local areas were displayed on walls and photographs of people partaking in various activities were also displayed. There was access to private, well maintained, gardens.

Is the service caring?

Our findings

All the people we asked told us staff were caring and treated people with respect. Comments from people included, "Staff are friendly and lovely," and, "The staff are really lovely," and, "The staff are marvellous. Top marks from me and I'm sure everyone else will tell you that as well." One person said to us, "I can have a right laugh with the staff. They know me well." Another person said, "I'm very comfortable with staff yes. I joke about her [the registered manager] but she's really very good as well." Another person told us, "Staff are marvellous. I love it here."

Staff were motivated to provide good quality care and support and staff told us they enjoyed working at Woodland Court. One staff member said, "I love it. It's rewarding."

Staff we spoke with were able to provide examples of how they promoted people's privacy and dignity when assisting with personal care. The people we asked told us they felt their privacy was respected. A member of staff told us, "I always use towels to cover people so they're more comfortable. I ask people if it's okay if I help them. I always ask them. You have to think how you would feel." Another staff member said, "It might be daunting for people. You have to reassure people and try to make them comfortable. I talk to people and try to keep them covered up as much as possible." This demonstrated staff had empathy and understanding.

People were able to retain their privacy. We observed key-safes outside people's flats or apartments. People had provided authorisation for staff to access the key. One person we spoke with had a remote control and they used this to open their door when staff pressed the bell. This showed people's privacy to their own flats or apartments was respected.

Staff understood how to ensure people were treated with dignity. One person told us, "Staff know I need my hearing aids in so they make sure they do that first thing." A recent dignity awareness day had been held at Woodland Court. We saw photos in communal areas showed people and staff had been involved in the day, exploring dignity issues. All of the care records and daily records were written in a professional, respectful manner and indicated staff treated people with dignity.

People's needs were considered in terms of their culture and religion. We saw information pertaining to people's religion, cultural and spiritual identity was included in care plans. The registered manager told us of occasions when people had been assisted to celebrate particular religious festivals. A religious leader visited Woodland Court regularly.

The care plans we inspected showed consideration was given towards people's independence. For example, one plan stated, 'I will dress myself. Staff to assist if needed. I will brush my teeth if staff get me a bowl and I will comb my own hair. Staff to ask me my choice of meal.' This showed, at the care planning stage, people were encouraged to maintain their independence. A member of staff told us, "I always encourage people to help themselves first. People can lose the ability if you take over." This showed the staff member understood the importance of people retaining their independence.

Some people had 'do not attempt cardio-pulmonary resuscitation' orders in place. Staff were aware of which people had these in place and understood the relevance of these. This meant people's wishes, in relation to being resuscitated, could be respected. However, end of life wishes and choices were not consistently discussed with people and we did not see any end of life care plans in the records we reviewed. The registered manager was aware of this and identified this was an area for development, particularly for people without family members. The registered manager told us they were considering the most appropriate, respectful ways to develop this.

Is the service responsive?

Our findings

People told us staff were responsive. One person told us, "They're very accommodating. We went to [Name] fish and chip shop. They arranged a minibus with wheelchair access too so we could go. It was lovely." Another person told us, in relation to the support they received, "I didn't want them calling and half nine or ten at night. It was too late for me so they come early now. It works well." This showed staff were responsive to people's needs.

We inspected four people's care records. People's care needs were assessed and reviewed regularly. All of the care records we sampled were up to date and contained relevant information. Care plans contained information to enable care and support staff to provide effective, personalised care and support. Records showed people were involved in the development of their care plans. In a recent survey, analysis showed all of the people who completed the survey indicated their views were listened to.

Care plans were written in the first person and included information such as, 'What's important to me,' and, 'Important people in my life,' and, 'My hobbies and interests.' Including information such as this in care plans enables care staff to provide a personalised care and support service.

Care records consisted of an assessment of need with specific outcomes the person wanted to achieve. Information was then included regarding how the person's individual needs would be met, and by whom. The records we reviewed were personalised and included specific information relating to the individual. For example, one care plan stated, 'I would like support staff to greet me on arrival. I would like them to support me into the bathroom. I like staff to wash, dry and apply cream to my legs first and then leave me in private.' This level of detail in care plans helped to ensure staff were able to provide effective, personalised care and support to people living at Woodland Court.

We looked at four people's daily records, which care and support staff had completed in order to record the care and support that had been offered and provided. The records we sampled showed care and support was being provided in line with the person's care plan.

All of the staff we asked told us they read people's care plans regularly. One staff member told us, "I read them constantly to see if there are any changes. You have to. Everything we do is person-centred." Another staff member said, "I can't tell you how often I've read them. There's a profile and it even tells you how the person likes their drink making and their likes and dislikes and what you need to do for them. I still ask them though." This showed staff read important information in people's care plans in order to provide personalised care and support.

People were able to live independently in their own flats or apartments, whilst accessing a range of activities at Woodland Court, such as coffee mornings, movie afternoons, bingo, games, gardening, exercise, health eating sessions and accessing local amenities. One person told us, "Last week me and three others, we all went to the park on our scooters and had ice cream. It was lovely." Another person told us, "There are lots of activities to join in if you want. I have lots of friends here." A further person confirmed, "They tell you what

activities are going on and I join in what I want. They're always asking me if I'm happy."

In communal areas of Woodland Court we saw a tenants' suggestion box and contact details for a national charity for older people, as well as details for people to contact the Care Quality Commission if they had any concerns or feedback about the care provided for people living at Woodland Court. A person we spoke with told us, "I don't need to, but I'd complain if I wasn't happy, yes." We looked at how complaints and feedback were managed. Records showed complaints received were acknowledged, investigated and responded to by the registered manager, with an apology. Actions were taken to improve the quality and safety of service following any concerns or complaints. In a recent survey, analysis showed all of the people who responded indicated they felt their concerns were listened to and they were satisfied with the outcome.

Is the service well-led?

Our findings

The service had a registered manager in post, who was registered with the Care Quality Commission (CQC) to manage the service. The previous inspection ratings were displayed. This showed the registered manager was meeting their requirement to display the most recent performance assessment of their regulated activities.

One person told us, "It's really well run. They've thought of everything here." Another person said, "[Registered manager] is really good. She'll talk to you and take the time." A further person told us, "If I had any concerns I'd speak with [registered manager]. She'd sort any issues out." This showed people had confidence in the registered manager.

All of the staff we spoke with told us they felt supported. A member of staff said, "The management's really good. I went through a bad patch and they were really supportive." Another staff member said, "[Registered manager] is really supportive and understanding. She's considerate to your personal circumstances as well. That makes you want to give more."

A care and support worker told us, "They [management] keep an eye on you. If you don't empty a bin even, you get told. But that's a good thing – because it's all about the people." Another staff member commented, "It's good team-work here. We all help each other out. It's well-led, yes." All of the staff we asked told us they felt there was an open culture and they felt able to share and learn from mistakes.

The registered manager told us they felt supported in their role, in terms of supervision, peer support and resources. We were told the registered manager was able to access support, "24/7" if they needed to. The registered manager attended regular forums for registered managers and home care providers. These provide an opportunity for peer support with the local area. The registered manager had developed a partnership with a local nursery, which meant local children were able to visit Woodland Court.

Regular team meetings were held and we looked at records of the last team meeting which had taken place during the month prior to this inspection. Items discussed included health and safety, answering pendant calls and communication. We noted the minutes recorded a new member of staff expressing to the team how caring staff were. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service.

Records showed three tenants' meetings had been held, prior to this inspection, during 2017. During the most recent meetings, tenants had expressed an interest in going to a local fish and chip restaurant. During our conversations with people living at Woodland Court, we became aware there had been a recent outing to a local fish and chip restaurant. This showed people's ideas and suggestions were listened to and acted upon.

Regular quality monitoring visits took place where people were visited and asked for their views. We saw people were asked questions such as, 'Does the carer show you respect?' and, 'Do they listen to your

requirements?' and, 'Do you have regular care workers?' All of the records we inspected showed positive comments had been received from people.

In addition, monthly quality checks took place in relation to the environment such as whether bins were emptied, waste removed, and work surfaces appropriately cleaned. Checks were regularly made to ensure care and support staff were carrying out duties as outlined in people's care plans and that daily records were completed.

Other audits, such as quality assurance audits, medication audits and care record audits took place regularly. We saw, in addition, an annual quality audit had taken place by a quality assurance officer. This audit had identified some areas for improvement which then resulted in an action plan. We saw actions had been taken to address the issues. This showed audits resulted in improved quality and safety of service.

The registered manager had received the results from a recent 'service user satisfaction survey' during our inspection. These had been collated and analysed by the registered provider. The purpose of the survey was to celebrate examples of good practice, individual care worker achievements and also address complaints and shortfalls in the service. The analysis showed positive comments had been received and, where areas for improvement were identified, this resulted in a service development plan, which consisted of actions to continue to improve the quality of service.