

G P Homecare Limited

# Radis Community Care (Childwick House)

## Inspection report

Childwick House  
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Date of inspection visit:  
01 July 2019

Date of publication:  
16 August 2019

## 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 (Childwick House) 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 rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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.

In August 2018 Radis Community Care (Childwick House) took ownership of the care contract which was previously provided by another care provider. At the time of our visit there were 25 people in receipt of the regulated activity of personal care.

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

People were happy with the care and support they received from the care staff who visited them.

There were enough staff to make sure that people were safe, and their needs met in a timely manner.

People were supported to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported by staff who had received training and support to carry out their job roles effectively.

Staff were kind, caring and promoted people's dignity.

Information from audits, incidents and quality checks were used to drive continuous improvements to the service people received.

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

This service was registered with us on 19 September 2018 and this is the first inspection.

## Why we inspected

This was a planned inspection following the service's registration with the Commission.

## 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 (Childwick 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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection visit because we needed to make arrangements to meet people to seek their feedback.

Inspection site visit activity started on 1 July 2019 and ended on 5 July 2019. It included a visit to the provider's office location on 1 July 2019 to meet with people using the service, the provider and staff and to review care plans and other records.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. The registered manager had very recently left employment and the service was being managed by an acting manager who was

looking to apply for registration with CQC soon. A registered manager, along with the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We also spoke with five members of staff including the acting manager, the area manager, two team leader and a care worker. We spoke with a visiting healthcare professional.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 reviewed.

#### After the inspection

We looked at training data and quality assurance records. In the following days we left CQC contact details for additional staff and relatives of people who used the service to contact us with feedback, however we received no responses.

# 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.

### Assessing risk, safety monitoring and management

- People felt safe receiving support from care staff. One person told us, "I feel safe here, because if I press my [alarm pendant] the staff come quickly to see me." Another person said, "If I have any problems, I just call them and they turn up quickly."
- People were supported by staff who received training in safeguarding and were knowledgeable about the different types of abuse and how to report them.
- Each person's care plan contained information about their support needs and the associated risks to their safety. These included risks associated with mobility, nutrition and the person's home environment.

### Staffing and recruitment

- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs. One person said, "Care staff are so well organised and I know they will be here when they are supposed to be." Another person commented, "Staff do their best. They always turn up. They come as soon as they can."
- Recruitment practices ensured the relevant checks on new staff were completed before they worked with people in their homes.

### Using medicines safely

- The provider had systems and processes in place to make sure people received their medicines as they had been prescribed.
- People had their medicines administered by staff who had completed medicines training and had their competencies checked regularly. One person said, "I have a lot of medicines to take, they need counting every time. The care staff politely ask me to let them concentrate whilst they count, that's important."
- The provider ensured regular audits and spot checks of medicines were completed. Where an error had been identified there was a detailed procedure and follow up in place.

### Preventing and controlling infection

- The service had measures in place to manage the control and prevention of infections well.
- Staff were provided with personal protective equipment (PPE) as necessary, in order to prevent the spread of infection. This included disposable gloves and aprons.

### Learning lessons when things go wrong

- Where there were accidents and incidents, these were recorded and managed appropriately and the acting manager or provider detailed investigations undertaken and learning to prevent reoccurrence.

# 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 were assessed before they began using the service.
- Assessments had been completed in line with current legislation and good practice guidance and the information was used to create person centred care and support plans with people.

Staff support: induction, training, skills and experience

- People told us they felt their needs were met by staff with the right knowledge and skills. One person said, "Staff are well trained. Every now and again they go off on training even though they've been doing the job for years and years, they still go and do it again to make sure they are up to date."
- New staff completed a detailed induction and did not work unsupervised until they were confident they could do so. One person told us, "I do think staff are trained well. We had one new carer who wasn't sure and needed training, once they had it they were fine."
- Supervisions and appraisals were carried out with staff to ensure that they had the support and development they needed to care for people.

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

- People were assisted, when required with their meal preparation and staff took care to make sure people were provided with the support they needed with their meal.
- People were assessed for the risk of poor nutrition and information about any risks associated with eating and drinking were clearly recorded.

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

- People were supported to access healthcare services when they needed them. This included support from GP's and community nurses.
- A visiting healthcare professional was positive about the support people received telling us, "I think it's [the care provision] one of the top in the area. I have no concerns. Staff are very good, good at letting us know when to visit. I've never had a problem."

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

- Care records showed that people had consented to their care and our discussions with the registered manager and staff showed they understood the requirements of the MCA.
- We saw staff explain to people what they needed to do and sought people's consent before supporting them.

# 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 were supported by staff who were kind and caring. One person said, "The staff here are lovely, very respectful to me." A second person told us, "The staff are friendly and helpful, all of them. They always say, 'Is there anything else I can do for you?'. They help me the best they can." A third person commented, "Staff are respectful and know me. I am perfectly well treated here and I wouldn't want to go anywhere else."
- Our discussions with staff showed they knew people well, including their likes, dislikes and preferences and had used this knowledge to form positive relationships. This information corresponded with what people told us and their care records stated.

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

- People were supported to express their views and be actively involved in making decisions about their care and support.
- People's views were reflected and detailed in their care plans and they had signed these in agreement to their plan of care and support.
- People held up to date copies of their care plans in their own flats, so they could access them and check for accurate information.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity by talking to them in a polite and respectful manner, listening and responding appropriately to any requests. Staff respected the fact they were visiting people in their own home and were respectful of their right to privacy always knocking on people's front doors and waited to be invited in.
- People's care plans contained detailed information about their life histories from childhood through to employment and significant life events which helped staff to understand the person and what was important to them.
- Staff supported people to maintain their independence whilst providing support to ensure they remained safe. People's care records were clear about what they needed support with and what people could do independently for themselves. One person said, "The staff don't help me too much, they let me do things for myself still which is important to me."

# 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 we spoke with told us their individual needs and preferences were met and that staff were very responsive to them. One person said, "I get help when I want it. I have the [visit] time I like, I like to get up early." Another person commented, "Staff know me, if they do anything for me, they do it how I like. That's how I know they really know me."
- People had care plans in place that were personalised and detailed. They provided staff with guidance on how to respond to people's needs effectively and safely and according to their preferences.
- Details of specific care areas such as nutrition and mobility were included.
- Care plans also recorded how staff should support the person whilst still ensuring their independence.
- We saw in daily records that staff were following care plans, for example in people's daily routines or in supporting people in the way they had expressed and requested. Care plans were updated when people's needs changed.

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.

- Information was available in alternative formats such as pictorial format and large print to ensure that this was available to people in a way they could understand and access.

Improving care quality in response to complaints or concerns

- People told us that they felt comfortable to approach and speak with staff about any concerns or worries. One person said, "Complaint? I could easily speak to any of the staff, but I haven't had to."
- There was a suitable complaints procedure and policy in place which people were aware of. This meant people and their relatives had access to information about how to make a complaint should they have had one. There had been no complaints since the provider took over the contract in August 2018.

End of life care and support

- There was no one receiving end of life care when we visited the service, but this had been provided in the past to people who wished to remain at their home at Childwick House.
- People were supported to stay in their own home at the end of their lives if they chose to do so and staff provided support as people requested.

# 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

- People and staff spoke highly of the service and care provision they received and told us they would recommend it to other people. One person said, "I am happy with my care, it's the best thing I ever did." Another person commented, "I'm very happy here. If this is my final place and move, then I'm very happy. The care staff are very good."
- Staff knew people and their backgrounds well, which enabled positive relationships to develop and contributed towards good outcomes for people.

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 acting manager and providers understood the legal requirement and were open and honest about the care and support people received.

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

- The acting manager had only been in post for two weeks at the time of our visit, however they were familiar with the provider company having worked for the wider business for two years.
- The acting manager had identified that improvements were needed to communication within the staff team to ensure that all information was being shared appropriately. They told us as a result they were planning on spending more time at the service whilst the team adapted to the management changes.
- The provider had effective quality assurance systems in place. This enabled the acting manager to identify where improvements were needed.

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

- Staff told us they felt listened to and the acting manager and team leaders were approachable to discuss any concerns they had. One staff member told us, "I've found if I've needed help, there is always someone there. I can always ask for help and the senior staff are approachable."
- A formal survey looking at people's views on the service was due to be commenced as the provider had been providing the care for almost one year. The aim of this was to promote an open and transparent culture within the service.

Regular quality monitoring visits were undertaken to seek people's feedback about their care and the staff

that supported them. This enabled the acting manager and senior staff to take action based on people's experiences and feedback.

#### Continuous learning and improving care

- The management team identified areas for improvement through their quality assurance systems which were in place to monitor the service delivery.
- Systems were in place to monitor and evaluate care provided to people. Any incidents or accidents and notifications were reviewed by the provider's senior management team. This was to analyse and identify trends and risks, to prevent re-occurrence and improve quality.

#### Working in partnership with others

- The acting manager and staff team had built up positive relationships with other health professionals such as the community nursing team. We received positive feedback about the service and the joined up working in place.