

G P Homecare Limited

# Radis Communiy Care (Willowmere)

## Inspection report

East Road  
Middlewich  
Cheshire  
CW10 9HW

Tel: 01606832998  
Website: [www.radis.co.uk](http://www.radis.co.uk)

Date of inspection visit:  
14 December 2021  
20 December 2021  
10 January 2022  
11 January 2022

Date of publication:  
11 February 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Radis Community Care (Willowmere) is an extra care service consisting of 71 apartments accommodating people within a large purpose-built building. At the time of the inspection 26 people received personal care.

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

Medicines were not always managed safely. Records did not always accurately reflect the prescriber instructions. Actions were taken to respond to our findings to improve this.

We have made a recommendation about rostering of care visits to ensure people's care was delivered at times which met their individual needs and preferences.

Other areas of people's care was safe. Risk assessments and appropriate care plans had been developed to meet people's needs. Staff were also recruited safely.

People received a caring service and felt supported and valued as individuals. People told us they were treated with respect and staff upheld their dignity during care visits.

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 involved in developing their care plans which were person centred and changes were made as people's needs changed.

The service was well-led and staff felt supported. The provider worked with other professionals and organisations to ensure positive outcomes were achieved for people.

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 13 March 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection to provide the service with its first CQC 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** 

# Radis Communiy Care (Willowmere)

## **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

This inspection was completed 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 care service.

#### 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 had 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.

#### Notice of inspection

We gave the service notice of the inspection. This was because we wanted to gather information about the service before visiting. We also needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 14 December 2021 and ended on 13 January 2022. We visited the office

location on 11 January 2022.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

Prior to visiting the office location, we obtained and reviewed information from the registered manager. This included staff records, care records, provider policies and quality assurance records. We spoke with three people who used the service and five relatives by telephone about their experience of the care provided. We also received feedback from the local authority and a number of professionals who work with the service.

During the visit to the office location we spoke with one person who used the service and six members of staff including the area manager, a support manager, registered manager, team leaders and carers.

Throughout the inspection, we reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke with two staff members by telephone.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicine records did not always accurately reflect prescriber instructions. For example, one person did not have all their prescribed creams accurately recorded and another person's prescribed dose of one medicine was incorrect. Although some information was missing, there was no evidence that people hadn't received their medicines as prescribed. The registered manager put actions in place to review and rectify records.
- Other medicines were managed safely; people confirmed this. One person said, "They [Staff] do medications for [name] and it is all written up in the care plan."
- Medicines were only administered by staff who had the correct training to do so. Regular checks on the competency of staff to administer medication were undertaken.

### Staffing and recruitment

- We received mixed feedback about the timings and length of some care visits. Some people were happy with arrangements, however, other comments included, "The problem is it is the time they come," and "[Name] has an issue on a morning as sometimes they are very early or late."

We recommend the registered manager reviews the current rostering system to ensure it meets the needs and wishes of people receiving a service.

- Some staff also described disparities in the way care visits were planned, known as 'runs' and told us some runs contained more care visits than others. We were told this meant staff had less time to take breaks between calls on some shifts.
- We reviewed rosters and how care visits were planned and monitored. We found rosters considered the impact of the busier 'runs' on staff, however the registered manager told us they were reviewing the current system. Care visits were also closely monitored through an electronic system and reports were shared with the local authority for monitoring purposes.
- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they started employment.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse. Staff received training and understood the actions they must take if they felt someone was being harmed or abused.
- Referrals had been made to the local authority safeguarding team when abuse had been suspected and investigations had been completed.

- There was a system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed on a regular basis by the registered manager. This enabled them to analyse trends and identify any lessons learnt.

#### Assessing risk, safety monitoring and management

- People told us they received safe care at the service. Comments included, "I feel she is safe because people [Staff] keep an eye on her and check her," and "I feel safe because [Staff] are good carers."
- People's needs were appropriately assessed; care plans had been developed to minimise any risk to people's health and wellbeing.
- Risk assessments were also in place for people's home environments; indicating potential hazards to others.

#### Preventing and controlling infection

- Systems were in place to protect people from the risk of infections. Staff used personal protective equipment (PPE) such as gloves, aprons and facemasks when providing personal care.
- Staff told us they had access to adequate supplies of PPE and were able to explain when and how this was used.
- Staff had also completed training and received regular guidance from the provider to ensure safe practices were followed during the COVID-19 pandemic.



# 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 received a service. This information was used to develop risk assessments and care plans which reflected current standards and best practice guidance.

Staff support: induction, training, skills and experience

- Staff completed an induction and received the training they needed to support people.
- Staff received support through supervision and observations of their practice.
- People told us they felt staff were well trained. Comments included, "When [staff] first started they needed to watch to learn," and "They are well trained and always nice and helpful."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of people's nutritional needs and had clear information with regards to this.
- Staff worked with other agencies to ensure people received consistent, effective and timely care. People had the equipment they needed and professional guidance was reflected in people's care plans.
- People confirmed they were supported to access their GP and other health services when required. One family member told us, "Mum had a fall and they rang me straight away. They rang the paramedics and then took her to hospital."

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.

- The service was working within the principles of the MCA. When appropriate, capacity had been assessed;

people had signed their care plans to confirm they agreed with the care they received.

- When people had put legal arrangements in place such as power of attorney, this was clearly documented in care plans.

# 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

- We observed warm and friendly interactions between people and the staff who supported them. Staff spoke to people in a respectful manner.
- People spoke positively about the care they received. Comments included, "I am pleased with the care, no complaints," and "They understand me and are marvellous with me. I am on oxygen and they give me a break when they are dressing me to get my breath."
- Staff considered characteristics protected under the Equality Act 2010. Religious and cultural needs were identified when developing care plans.

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

- Records demonstrated people were involved in decisions about their care. Where appropriate, family members were also involved.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to do as much as they could for themselves. One person confirmed this and said, "They do encourage me to be independent and I try to do things."
- People's privacy and dignity was also respected. One person told us, "They knock first and if I can't get to my fob first they will use theirs," and "The carers have a fob and knock first and shout hello."
- Personal information was kept secure and confidential at all times.

# 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 which reflected their needs and preferences. Care plans were person centred and people confirmed they had been able to discuss their care needs and wishes. One family member told us, "They understand her well and know her needs. The carers [Staff] really do care and go the extra mile."
- Care plans were reviewed on a regular basis and updated in response to changes in people's needs.

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 communication needs of people were assessed and reflected in their care plans.
- Information about services people could access was displayed in the reception area of the building.

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

- Social and cultural interests of people were considered when developing care plans. People described some of the activities they enjoyed.
- On-site activities were available for people to access. This reduced the risk of social isolation. People told us they enjoyed these activities.

Improving care quality in response to complaints or concerns

- There was a system in place for responding to complaints which was made available to people in the service user guide.
- People confirmed they were aware of who to speak with if they needed to raise a complaint.
- Records demonstrated the actions taken by the registered manager in response to any complaints received.

End of life care and support

- At the time of the inspection, nobody was being cared for at the end of their life. Where appropriate, care plans contained information about people's wishes and feelings in respect of this aspect of their 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems to monitor the quality of care being delivered were in place. Audits and other checks completed by the registered manager, provider and senior care staff identified improvements. Further development was needed for some staff when undertaking medication checks. We discussed this with the registered manager who told us they would provide additional training and support.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.

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

- Most people told us they received a person-centred service. Records demonstrated the registered manager had taken action in response to any complaints raised about the service. Comments included, "[Name] is very good and does come back to me and act on things," and "[The service] is well run and organised and I would definitely recommend it to anyone."
- The provider and registered manager demonstrated an understanding of their responsibilities under duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People confirmed that they were encouraged to offer feedback about the service through regular contact and surveys. Comments included, "They have meetings where you can voice your word once a week and then they try to do something about it," and "Sometimes they send a survey out to ask our views".
- The service worked closely with the on-site housing provider and external professionals to ensure good outcomes were achieved for people. Positive feedback was received about these working relationships.