

G P Homecare Limited

Radis Community Care (Dorothy Terry 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

Radis Community Care (Dorothy Terry House) is an extra care service providing personal care to people who live in their own flats in one adapted building. The building is owned by a housing agency and Radis Community Care are commissioned to provide personal care to the people living there. At the time of our inspection there were 19 people receiving the regulated activity of personal care. Support was individually tailored to people's assessed needs with the aim to help people to maintain independent lives and remain in their homes.

Not everyone using Radis Community Care (Dorothy Terry House) receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

People's care and support was person-centred and reflected people's preferences. Staff provided care that was respectful of people's dignity, privacy and human rights. 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 protected from the risks of COVID-19 by effective infection control procedures. Staff had training in relation to COVID-19 and had access to sufficient supplies of personal protective equipment (PPE). The registered manager and provider ensured that infection control procedures reflected current government guidance.

Staff had the training, skills and knowledge to meet people's needs and preferences. Staff told us that they felt supported in their roles and where additional training or support was identified as being needed this was provided. There was regular involvement from health and social care professionals. People and professionals spoke positively about the care and support that staff provided.

Staff told us that the management of the service had improved. The registered manager told us about their aspirations for the service to be a leading service in the area. People spoke positively about the changes that had taken place since the registered manager had started. There were comprehensive systems of governance and oversight.

People's care plans were personalised and reflected people's own individualities and interests as well as their specific health needs. Work was underway by the registered manager and activities co-ordinator to review people's personal histories and improve how they reflected people's life stories.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 24 July 2015.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This was the first inspection for this service under the current provider.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 (Dorothy Terry 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Radis Community Care (Dorothy Terry 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 March 2022 and ended on 30 March 2022. We visited the location's service on 28 March 2022.

What we did before the inspection

We reviewed information we had received about the service for example; notifications. Which contain information about important events the service is required to send us by law.

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people that used the service, five care staff, the registered manager and the area manager. We reviewed a range of records. This included four people's care records, medicine records, and records relating to the quality assurance of the service, including audits and training 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 of 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

- People were kept safe from the risk of abuse. Staff had knowledge of what to look for regarding abuse and felt supported to raise any concerns they may have about the people they were supporting.
- People told us that they felt confident to raise any concerns or worries they may have about their own safety or that of others. One person said, "I would tell [registered manager] and she would do something about it." Another person said, "Staff keep me safe."
- The provider had a safeguarding and a whistle-blowing policy to ensure staff could report any concerns in a confidential manner. Staff told us that they felt confident to Whistle-Blow if they felt they had to.
- Safeguarding training was provided and completed by all staff. Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.

Assessing risk, safety monitoring and management

- Risks to people's personal safety were assessed, monitored and managed effectively. Each person's care plan included detailed individual risk assessments. Staff told us care plans and risk assessments were clear and easy to follow. However, we did identify one person's details about their epilepsy management did not contain enough personalised information. Information related to general guidance about managing epilepsy and did not detail what their individual seizures looked like. The registered manager took immediate action to review this and gather further information.
- Although people had set hours of support every day, there was 24 hour support available, with an on-call system to ensure that people and staff had access to additional support if needed.

Staffing and recruitment

- People told us there were enough staff to meet their needs safely. One person told us, "You are never without support if you need it." Rotas that we looked at showed there were sufficient staff to ensure people got the support they needed. The registered manager told us they did not use any agency cover during the COVID-19 pandemic, as staff were always willing to cover unplanned absences.
- The provider used a dependency tool to assist with ensuring that there were the right staffing levels to match the needs of the service.
- The provider followed safe recruitment systems and processes. Comprehensive checks were made on prospective new staff including criminal record checks and previous employment references. We looked at two staff recruitment files and found appropriate checks were carried out prior to employment.

Learning lessons when things go wrong

- The provider had systems to learn lessons and identify actions to improve the service when things went wrong. The management team had oversight of any accidents, incidents or concerns to ensure there was a system to identify any actions to follow up and reduce the risks of reoccurrence. Any actions or trends were discussed and shared with staff through staff communications and staff meetings.

Using medicines safely

- Staff had training in medicines before they were able to administer medicines. There were comprehensive policies and procedures to ensure that people received their medicines safely.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.
- Medicines were stored safely and securely.
- People had risk assessments around medicines to assess the level of support they needed to ensure they had their medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care was delivered in line with the principles of the mental capacity act and best practice guidance. One person told us, "They always ask me before doing anything."
- All staff had received training around the mental capacity act and understood their responsibilities to ensure people's choices were respected.
- No one using the service at the time of the inspection was subject to any community Deprivation of Liberty Safeguards (DoLS).

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans detailed people's needs and wishes and what support was needed to meet their needs. It included relevant assessments of people's communication support and sensory needs.
- Care plans focussed on what people could do and strategies to maintain people's independence. For example, one person told us, "I want to stay as independent as I can. I have 1:1 support if I ask, I know they are there if I start to struggle."

Staff support: induction, training, skills and experience

- Staff told us they received the support, training and supervision to enable them to carry out their roles safely. One staff member said, "The quality of support we get now has improved massively." Another member of staff said, "I have never felt more supported in any job I have done." Staff were able to access regular supervision and told us they felt they were able to discuss anything with the manager at any time.
- New staff completed an induction upon commencement of their employment. This meant they had additional support, supervision and training before commencing their full duties as care staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to maintain their health and to access appropriate healthcare services when needed. Staff worked closely with doctors to ensure they were aware of any changing health needs.
- People's care records clearly documented people's healthcare needs and any involvement from healthcare services.

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 that they felt they were treated with respect and dignity from staff. Staff told us that their ethos was that everyone was equal and that they all had awareness and training in promoting equality and diversity. One member of staff said, "There should be no barriers for people."

Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence

- People had choice and control of their own lives and how the care was delivered. One person told us, "I want to maintain my independence with my medicines for as long as I can. I know staff will give me the help I ask for."
- People were encouraged to experience new opportunities and to maintain their own interests. The activities co-ordinator said, "I meet with the people all of the time and listen and act on their opinions of what they like to do." One person told me how they were teaching the staff how to play dominoes, a game they used to play and was special to them.
- People were treated with dignity and respect. Staff were discreet when discussing personal needs with people and maintained people's privacy. One person said, "They are really good to us. You couldn't ask for better."

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; 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

- People were treated by staff as individuals and care and support was tailored to ensuring people were well supported as they liked. The registered manager told us that they were flexible with call times as staff recognised that sometimes people may want a lie in or to do something different. The registered manager said that having staff on site at all times meant they were able to do this and felt this reflected care and support that was moulded around what the person wants.
- People had detailed personalised care plans and assessments. Staff told us that this information was clear and enabled them to provide person centred care. The activities co-ordinator had started some work to further improve the way the care plans were written so that they could become even more individually tailored to people's specific identities.
- We discussed with the registered manager the potential benefits for people to have key workers as this was not something that was currently in place in the service. The registered manager told us they would consider this to improve consistency and further enhance positive relationships between staff and people.
- Staff promoted and supported people to enjoy activities and socialise within the service. One person said, "I love the company and chat with staff and other people." There was an extensive array of different activities offered on a daily basis ranging from singing and dancing, through to exercise and quizzes. One person told us how they used to be a member of the rock choir and now had been given the role of developing a service choir consisting of people living at the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Management and staff understood people's communication needs and preferences. Information was available in a variety of formats to assist people with their understanding. We saw that staff took time to make sure that people were able to express their wishes.
- Staff were aware of people's communication needs and how to offer them support in ways to express themselves. For example some people were confident to raise their wishes to staff and engage in group settings. For some people they were less confident to raise their wishes in a group setting, staff took the time to sit and talk with people on 1:1. The activity co-ordinator said, "It is really important that everyone has the

opportunity to have a say in what we do."

Improving care quality in response to complaints or concerns

- People had access to the complaints process. One person said, "I would complain to the manager or staff." There was a comprehensive complaints procedure that ensured complaints were received and actioned in a timely manner.

End of life care and support

- Staff were not currently providing end of life support, however, where known people's end of life wishes were recorded in their care records. The registered manager had identified that there needed to be fresh discussions with people about their end of life wishes and this was going to be a priority.

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

- The registered manager actively engaged with the people at the service to develop and improve the service. There were regular meetings with people so that ideas and comments could be gathered by the registered manager.
- People we spoke with told us they were happy with the care and support they received. One person said, "It's everything to me, it is great."
- Staff demonstrated good knowledge of people's needs and interests. The registered manager told us that they wanted to have a culture that was completely open and ensured the person was completely at the centre of everything.

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

- The registered manager understood their responsibilities to report any safeguarding incidents to the relevant agencies such as the local authority and CQC.
- The registered manager had oversight of the day to day working of the service and staff performance and took action to address issues when this was required.
- Governance and quality assurance systems were effective, and there were audits, checks and monitoring of areas of care such as medicines, falls, training and infection control. Where actions were needed to improve the outcomes for people this had been identified and actioned. For example, where monitoring of falls had identified potential risks with the flooring, this had been changed to laminate and as a result there had been a reduction in falls.

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 registered manager had worked to ensure transparency and honesty throughout the service. They contacted other agencies with any concerns or at times when safeguarding incidents had occurred. Staff told us they felt supported to raise concerns and knew how to whistle-blow and how to raise concerns with the local authority and CQC.

Working in partnership with others

- The service worked in partnership with other professionals and agencies, including healthcare and local

community services and resources. The service also held community events to encourage the engagement of the community with the people who used the service, one method they used were service open days, coffee mornings and fetes.