

G P Homecare Limited

Radis Community Care (School Gardens)

Inspection report

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Date of inspection visit:
11 May 2023

Date of publication:
31 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Radis Community Care (School Gardens) is an extra care housing scheme consisting of 60 individual apartments.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care, which is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. Staff were providing personal care to 6 people aged 65 and over at the time of the inspection.

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

People felt safe. There were processes in place to safeguard people from abuse. Risks to people's safety were assessed and reviewed.

People received their medicines as prescribed. Staff wore appropriate Personal Protective Equipment (PPE) such as face masks, disposable gloves and aprons to protect people from the risk of cross infection where needed. There were sufficient numbers of suitably trained staff to support people in line with their needs.

People's care needs were assessed and reviewed. Staff had completed training to know how to care for people effectively. Where necessary, people were supported and encouraged to eat and drink. Information sharing with other relevant professionals was robust and ensured people's health needs were monitored and met. People were supported to have maximum choice and control of their lives. Staff provided them with care in the least restrictive way possible and in their best interests; the policies and systems in the service promoted this practice.

People, their relatives and staff all spoke highly of the support they received from the management team. Feedback from people and relatives was received. There were quality assurance systems in place for the provider to continuously improve the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 July 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 20 and 21 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show

what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Radis Community Care (School Gardens) on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Radis Community Care (School Gardens)

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 1 inspector and 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service a 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at 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 reviewed a range of records relating to 4 people's care and support. These included people's care plans, risk assessments and medicines records. We also reviewed 3 staff recruitment files, 1 agency staff profile, quality assurance audits, incidents and accidents reports, and records relating to the management of the service. We spoke to 2 people using the service.

After the inspection

We spoke with 3 people and 4 relatives about their experience of the care provided. We also contacted 8 staff by email to seek their feedback. In addition, we contacted the local authority to obtain their views.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People now had individualised risk assessments in place. These detailed the specific risks posed to them and guidance for staff on how to manage those risks. Areas of risk included specific health conditions, use of catheter, eating and drinking, and falls.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by regular staff who understood their needs and could respond swiftly as and when people's needs changed. 1 person told us, "They (staff) recognise if there is something wrong with me. Once a girl (staff) noted change in my appearance. She said, 'I don't like it, I need to call 111' and the doctor was here in 30 minutes and left a prescription. There was no pharmacy open here on Sunday, and the girl collected it. Otherwise, I don't know what would happen to me."
- Care records were detailed and reviewed by office staff. Relevant information was shared appropriately to support people's safe care. Any accidents and incidents were reviewed and used to develop robust action plans.

Using medicines safely

At our last inspection the provider had failed to establish systems to demonstrate people were protected from the risks associated with medicine management. This was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Where people had their medicines administered by staff as part of their care and support needs, this was clearly documented. Staff were provided with appropriate information to ensure medicines were administered safely and effectively.
- Medicines were managed safely. The medicines administration records (MARs) we reviewed were all

signed with no gaps, which showed medicines were being administered as prescribed.

- Staff received training in the safe management of medicines and their competency was checked on a regular basis.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe. One person told us, "Yes, I feel safe. They (staff) know what they are doing." The person's relative told us, "Yes (person is safe), the pebble system is a lifeline for [person]. [Person] relies on the team as [their] safety net." The pebble system is a personal mobile alarm system.
- Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns. A member of staff told us, "I would write a report and document the version of events, with keeping it factual, with no opinions, with the date and time and hand over to the manager concerned. I would also raise it as a safeguarding to the local authority and complete an incident form."
- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols when required.

Staffing and recruitment

- The provider followed safe recruitment procedures to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff were in place along with appropriate references and proof of identity. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Appropriate risk assessments were in place where DBS disclosures were received by the service provider.
- People and their relatives told us staffing levels had improved and there were enough staff to meet people's needs. One person told us, "They have enough staff, however, 12 months ago this could be a completely different story."

Preventing and controlling infection

- People were protected from risks relating to infection control. Staff had access to personal protective equipment, such as gloves and aprons, when needed.
- Staff had received training in infection prevention and control. This supported good practice in reducing the risk of any spread of infection.
- The provider had a policy in place to promote effective infection control practices.

Learning lessons when things go wrong

- Processes were in place for staff to report any accidents and incidents and we saw forms were completed by staff when required. These were reviewed and overseen by the management team to ensure all appropriate actions were taken at the time and afterwards. Action was taken to reduce the risk of the same thing happening again. For example, people were referred to a falls team.
- Staff were confident to raise concerns, and recorded accidents and incidents. The registered manager had oversight of these to identify any patterns or trends and take any necessary action.
- The registered manager ensured there was a culture of learning within the service. They told us any learning from any incident, accident or complaint would be shared widely with the staff through staff meetings or supervision meetings.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were involved in the development of their care plans and made choices about how they wished to receive care and support. Assessments and care plans were reviewed regularly to ensure people's wishes and requirements were up to date.
- People's needs were assessed before using the service. As a result, the provider was able to find out whether they could meet people's needs or not.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, these were met. For example, needs relating to their religion, culture or sexuality.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were well trained. One person told us, "They have good staff here now. Now staff are well trained."
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Most of staff told us they were supported through regular spot checks and supervision meetings.
- Staff told us they feel supported by the registered manager. A member of staff told us, "My manager is always very supportive. If she's not on the premises and I have a query, I am always able to contact her. [Registered manager] definitely goes the extra mile, she makes sure everyone is happy."

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

- People's requirements regarding eating and drinking were assessed and documented in care plans. For example, 1 person's care plan mentioned the person was able to recognise coffee and sugar but unable to follow instruction on how to make a drink. It was also mentioned the person enjoyed bacon, eggs, toast and baked beans to enable staff to know their individual preferences.
- People were assisted to have enough to eat and drink where this was part of their care needs. Care plans included people's preferences and the support they may require with meals.
- People told us they were happy with the support they received with meals and drinks. 1 person told us, "I can't cook on my own so the girls do it for me and I like it."

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

- The registered manager worked with health and social care professionals when assessing people's needs,

or if their care needs changed.

- Where people required support from other professionals and such guidance had been provided, this was included in people's care plans.
- People were supported to access healthcare services to maintain their health and receive the treatment they needed. Contact details of the relevant professionals involved in people's care were available in their care plans.

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.

- Care plans contained relevant consent to care documents signed by the person or their legal representative.
- Staff had received training in relation to the MCA and had a good understanding of its principles. A member of staff told us, "My understanding of MCA is always presuming they (people) have capacity, I always support them to make their own decisions. Just because someone makes an unwise decision doesn't mean they lack capacity."
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. People and relatives told us staff sought consent before providing support.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had failed to establish robust systems were to demonstrate quality assurance and checks were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager was aware of their responsibilities regarding notifiable incidents as part of their regulatory requirements. They understood when notifications had to be submitted and all incidents had been submitted in a timely manner. The registered manager had also contacted the CQC regarding any notifiable incidents and asked for advice when needed.
- The provider had systems in place to monitor the service to help them identify where improvements could be made to ensure people were receiving the care they needed. These included checks on risks to people's health and well-being, care plan reviews, medicine records and spot checks.
- Where quality assurance systems identified issues, the registered manager acted upon people's feedback. For example, 1 person commented that staffing numbers were low and there was a high turnover of staff. When interviewed, this person told us staffing numbers had improved and the registered manager acted upon their feedback.
- Staff felt respected, supported and valued in their roles. A member of staff told us, "I feel fully supported by my manager at School Gardens."

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

- People and their relatives told us they had opportunities to be involved in the service and were able to give regular feedback about their care. One person's relative told us, "Communication from the manager goes over and beyond."
- The registered manager encouraged an open and positive culture. They were visible, approachable and took a genuine interest in people's lives. This helped ensure staff were supporting people live the lives they wanted to and achieve good outcomes.
- People and relatives told us the service was well-led. Feedback from people included, "I think things are

running quite well", and "It's well organised, really good."

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 was aware of their responsibility to be open and honest when things went wrong, to apologise when necessary and keep people and their relatives informed of actions taken following incidents.

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

- The management team and the staff team knew people and their relatives well. As a result, they developed relationships with people and helped them achieve good outcomes.
- The registered manager said they had an 'open door' policy and said staff knew they would be available to listen to any concerns of staff and to provide solutions to address these.
- People's protected characteristics were considered within the assessments of their needs and care plans.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it. Working collaboratively had provided staff with up-to-date professional guidance which supported them to provide better care and support.
- People's care plans clearly stated advice from other professionals. Staff were aware of this information and knew how they should support people in line with it.
- The registered manager was supportive of the inspection process and keen to take on board any suggestions and feedback offered. They were willing to drive further improvements of the service in order to support people to thrive and flourish.