

G P Homecare Limited

Radis Community Care (Chesil Lodge)

Inspection report

Chesil Street
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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 (Chesil Lodge) provides personal care and support to people living in 'extra care' housing. Extra care housing is purpose-built or adapted 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 services.

At the time of our inspection the service was providing a service for 40 people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

People's experience of using this service:

People received safe care and risks to people were assessed and there were corresponding care plans to mitigate these. People said they felt safe with staff. Staff had a good awareness of people's rights regarding safeguarding procedures. The local authority safeguarding team confirmed the provider had worked closely with them to make improvements in order that people received safe care.

People received individualised care and support which was person-centred. Each person or their relative said they were very satisfied with the service provided. People told us their care needs were discussed with them, so they got the care they needed. One person, for example, said, "They (staff) always make me feel safe. They put you at ease. They make sure you don't lose your dignity." Staff provided support to people at the agreed times. People were provided with a pendant or watch to alert staff if they needed assistance; people confirmed staff responded promptly when they used this facility.

People said how pleased they were to live at, and, be supported at Chesil Lodge. For example, one person said, "I love it. It's wonderful. I've never been so happy." Another person said, "It's a very nice place to be."

People were supported with their medicines and health care needs.

Staff were trained and supervised. Staff felt supported and said they worked well as a team. The provider had plans to further develop staff skills and training.

People had consented to their care and said they were involved in the assessment and review of their care.

People said they had good relationships with the staff who they valued. For example, one person said of the staff, "I love them. They are very good to me." We observed people and staff talking together, sharing experiences and chatting. Staff treated people with kindness and respect as well as promoting people's dignity and privacy.

People said they were supported to maintain their independence. The provider encouraged people to set up their own meetings to discuss activities and religious observances.

The provider had a system for dealing with complaints which included acknowledging any complaint, investigating and responding to complainants. These were used to improve the quality of care.

The views of people and their relatives were obtained using survey questionnaires and the results of these were used to make improvements.

The local authority who commissioned services from Radis Community Care (Chesil Lodge) said the current management of the service had made improvements to the quality of the service following a period of initial problems after the service started in January 2019.

There were systems of audit and monitoring to check on the safety and quality of the service along with plans to develop and improve. Incidents were reviewed so that lessons could be learnt. There was an open culture where the registered manager, staff and provider worked with other agencies, as well as listening to people and staff, as part of continuous learning and improvement.

More information is in the full report below.

Rating at last inspection: This was the first inspection of the service.

Why we inspected: This was a planned inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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 (Chesil Lodge)

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 completed by one inspector.

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 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 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to facilitate the inspection.

What we did before the inspection

We reviewed information we had received about the service. This information helps support our inspections.

We used all of this information to plan this inspection.
inspection.

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 spoke to a member of the local authority who had a role in safeguarding investigations at the service and in reviewing the quality of the care.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, the provider's area manager and care staff. We observed staff and people in the extra care housing communal areas and in people's accommodation.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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 continued to seek clarification from the provider regarding policies and procedures and care of people.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding procedures and had a good knowledge of identifying and reporting any suspected abuse.
- People said they felt safe with the staff. For example, people said there were staff on the premises 24 hours a day which reassured them. People also said staff responded promptly when they requested assistance via the call point pendants they wore.
- The provider had policies and procedures for safeguarding people and made appropriate referrals to the local authority safeguarding team. The local authority safeguarding team told us there had been several incidents looked at under the safeguarding procedures and that the provider worked with them to resolve any issues in order that people were safely care for. There were no current safeguarding cases at the time of the inspection.

Assessing risk, safety monitoring and management

- Assessments of risk to people were carried out. These included a range of areas such as risks to people and staff in people's accommodation, risks of falls, risks in food preparation and risks to skin damage due to prolonged immobility. There were corresponding care plans with action for staff to take to mitigate identified risks. Records showed people were consulted about the risk assessments and how they needed to be supported and had signed to acknowledge this.
- We noted one person who had mobility needs did not have a moving and handling risk assessment even though the assessment identified this was needed. There was also a lack of clear care plan guidance on how staff should support this person with moving and handling. The registered manager acknowledged this was an oversight and that this would be completed. This did not have any negative impact on the person who told us they were safely supported when needed.
- Safety in the event of the need to evacuate the premises was assessed for each person. There was a personal fire evacuation plan so staff knew how to support each person.

Staffing and recruitment

- The provider used an assessment tool to determine the staffing levels needed to meet each person's

needs. The registered manager said staffing provision was discussed with the local authority commissioners so that adjustments could be agreed and implemented.

- Sufficient numbers of care workers were provided to meet people's needs. The management team organised staff on a duty roster.
- People said staff arrived at the agreed times and that these could be adjusted to fit in with any appointments people had. People also highlighted the number of staff had increased from the time when the service first opened. A night time staff member was available if needed which people said gave them reassurance.
- Staff confirmed there were enough staff to meet people's needs.
- Checks were made that newly appointed staff were suitable to work in a care setting. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- The local authority informed us that improvements to the system of supporting people with their medicines had taken place following concerns about errors in the recent past.
- Nineteen people were supported by staff with their medicines. Details of the support people needed was recorded in their care plan.
- Staff were trained in handling and supporting people to take their medicines which involved an assessment and observation of their competency to do so.
- The provider had policies and procedures regarding the handling and administration of medicines.
- Records were maintained each time care workers supported people to take their medicines and showed people received their medicine when needed.
- People confirmed care workers supported them to take their medicine and completed a record when they did so.
- Regular audit checks of the medicine's procedures were carried out.

Preventing and controlling infection

- Staff were trained in food hygiene and infection control.
- We observed staff using disposable aprons and gloves to use when supporting people for the purposes of infection control and prevention. Staff also carried hand sanitiser gel with them at all times.

Learning lessons when things go wrong

- The provider had a system whereby accidents, adverse events and errors were recorded and reviewed. These included any additional action which may be needed to prevent a 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 and reviewed at regular intervals.
- People said they were treated well by staff and were involved in discussing their care needs. Each person said they had a copy of their care plan and a timetable for the times they received care.
- The provider had policies and procedures regarding equality and diversity aimed at ensuring people were treated equally. Staff told us they valued people as individuals and knew the importance of person-centred care whereby each person is treated as an individual.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively.
- People said they were supported by helpful and competent staff. For example, one person said, "The staff are extremely good," and another said, "The staff are very good. The care is first class."
- Newly appointed staff received an induction which they said prepared them for their job. This included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.
- There were records of staff induction, a staff handbook and an induction programme for newly appointed staff. The registered manager was vigilant in ensuring newly appointed staff were monitored and assessed as competent and that additional support was provided when needed.
- There was a programme of training for staff including courses considered mandatory for their job such as moving and handling, food safety and recording and reporting. Additional training was provided as people's needs changed such as in diabetes and Parkinson's Disease.
- Staff and the management team were supported to compete nationally recognised qualifications in care and management such as the Diploma in Health and Social Care. At the time of the inspection the two team leaders held level 3 in the Diploma in Health and Social Care and the Registered Manager was completing level 5 in management. None of the care staff were trained at level 2, but the registered manager informed us two staff were registered to start the course.
- Staff considered the training was good and they had opportunities to discuss their training needs with their line manager and any courses which would be beneficial to their work.

- Staff said they worked well as a team and communicated well.
- Regular supervision was provided to each staff member which was recorded.
- Staff said they were supported in their work and had good access to the management team.

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

- The extra care housing scheme had a restaurant where people could eat throughout the day. Some people had just one meal here and ate independently in their accommodation at other times. One person told us the food provision was, "An ideal arrangement," and another said, "I always have one main meal which is a full English breakfast."
- The provider told us none of the people required specific assistance to eat but some had special diets which the restaurant catered for. Staff also helped some people prepare their own food in their accommodation.

Staff working with other agencies to provide consistent, effective, timely care

- The staff worked well with other agencies who also supported people. These included health and social care agencies such as social services, occupational therapy services, community nursing teams, mental health service and dentists.
- People told us they staff helped them in ensuring they attended hospital appointments and made arrangements to adjust their care routines to fit in.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and had access to a range of healthcare professionals and services.
- People's health care needs were assessed and recorded so staff knew each person's health care needs.
- Staff supported people to attend appointments with health care professionals and people said staff advised them when they needed to have medical care.

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 Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such

authorisations were being met. There were no people subject to any restrictions on their liberty. The registered manager said any issues regarding people's capacity to consent to their care were discussed with the relevant social services' team.

- The provider confirmed each person who received personal care had capacity to consent to their care. Records showed this was identified and people had consented and agreed to the content of their care plans and assessments.
- Staff were trained in the principles of the MCA and said they knew the importance of seeking people's consent before they supported them.
- People said their care needs were discussed and agreed with them and that they were consulted about their care at regular intervals.

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; equality and diversity

- Staff demonstrated they had values which promoted equality and diversity, where people were treated equally and as individuals.
- People said the staff treated them well. For example, one person said of the staff, "The staff are very nice. Very friendly. Helpful and kind." Another person said the staff made them feel positive and valued, "I have a good relationship with them. They're always smiling and happy. I feel happy in their presence."
- Staff and people confirmed they had built good working relationships. One person said they enjoyed talking and joking with the staff. We observed staff and people together. People were comfortable approaching staff who responded in a friendly and warm way. Staff and people chatted together.
- Staff told us of the values which underpinned their work with people, which included treating people with respect, compassion and promoting people's well-being and dignity. People confirmed staff ensured their dignity was upheld. Staff also said it was important to listen to people, to treat them as individuals and in an inclusive way.

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

- People said they were fully involved in discussions about their care and took part in the initial assessment of their needs and ongoing care reviews.
- People's assessments and care plans showed they were consulted and involved in decisions about how they were supported. People confirmed they had a copy of their care plan and had signed to agree its contents. People also said there were regular reviews of their care and that they were involved in any decisions to change the arrangements.
- Records showed people were fully consulted at regular intervals about their care and were asked about their care such as whether staff showed them respect and addressed them correctly.
- People confirmed they were able to make choices such as when the times they were supported by staff and that this was flexible to fit in with their lifestyle.
- The registered manager told us arrangements were made for befriending services when it was identified people would benefit from someone to talk with.
- People had set up their own groups such as an activity committee and a group to share religious observances.

Respecting and promoting people's privacy, dignity and independence

- People said staff ensured their privacy and dignity was always upheld, including when they received any personal care.
- People said staff always rang the bell of their accommodation and waited to be asked in. We observed staff following this procedure.
- Care records included details about those areas where people could maintain their independence. Care was provided at times when people needed assistance and when people were able to be independent.

Is the service responsive?

Our findings

Responsive – this means that services 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 meet people's needs, preferences, interests and give them choice and control

- People said they received the care and support they needed, which also reflected their preferences. People also said the care was responsive to their changing needs and choices. For example, one person said, "The staff help with everything. I can do quite a bit myself, but I like to have someone there."
- People received personalised care that was responsive to their needs. Each person's needs were assessed and reviewed on a regular basis.
- Assessments of need were comprehensive and covered health needs, emotional needs, personal care, nutrition and hydration, communication, religious and spiritual needs and social and recreational needs. Details about people's life history were also included.
- Care plans were individualised to show care was provided on an individualised basis. There was a record of what the person wanted to achieve. People confirmed care was provided as set out in the care plan. People said staff paid attention to detail when they were supported. This included one person who said they liked to talk to a specific staff member about what to wear; the staff member was described as "marvellous."
- We saw each person had a device for summoning help and people said this made them feel secure and staff always responded promptly. For example, one person said, "I feel I can always ring them. They always come and are happy to oblige." Staff were provided with a mobile phone, so they could communicate with each other when attending to people in different parts of the building.

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 provider did not have a specific policy regarding the AIS, but information was provided to people in a format they could understand. For example, one person said equipment used for bingo was adapted so they could understand and take part.
- People's communication needs were assessed and details about how staff should communicate with people were recorded.

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 supported with social needs, such as activities. There was an activity programme displayed in the hall of the building. People said they enjoyed the activities and that there was a social activities forum which people ran themselves to discuss what they liked to do. One person told us they hoped the provision of activities could be extended and that they enjoyed cream teas together in the communal area. One person told us how a member of staff had taken them out in the staff member's own time which they were very grateful for.
- People had opportunities to meet and socialise in the restaurant and communal areas. People said they liked the opportunities to meet other people. For example, one person said they took enjoyed meeting other people in the housing scheme and another person said there was a good camaraderie between people in the scheme.

Improving care quality in response to complaints or concerns

- People's complaints and concerns were listened to and responded to improve the quality of care.
- People said they knew what to do if they had a complaint and said they would speak to the registered manager or deputy manager.
- Records were maintained of any complaints made. There have been 16 complaints since the service opened in January 2019. There was a record of each complaint, an acknowledgement to the complainant, an investigation report and a response of the findings to the complainant.

End of Life Care and Support

- There were no people in receipt of end of life care.
- People's future wishes in the event of illness were discussed with them and recorded in an advanced care plan.

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

- Staff described the importance of providing person centred care and of treating people as individuals.
- Staff said the registered manager was available, approachable and listened to any concerns or suggestions. For example, one member of staff said, "There are always opportunities to raise anything we want. The manager is open and always ask us about any concerns. We know we can use the whistle blowing policy if we need to."
- Regular staff meetings took place which staff said gave them a chance to discuss any concerns and changes at the service.
- People also said they felt able to raise any issues they had. Care records showed people were asked about their care and if they were satisfied with the service.
- The culture of the service encouraged and enabled people to make their own decisions and to take an active part in social and cultural events.

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; Continuous learning and improving care.

- The provider had a duty of candour policy and the registered manager and staff were aware of the need to be open and transparent when dealing with any complaints or concerns.
- Staff told us they were able to raise any concerns and contributed to decisions about people's ongoing care needs
- Staff said they worked well as a team and there were good communication channels between the management team and care staff
- The local authority commissioners told us the registered manager had worked with them in an open and transparent way to make improvements to the quality of the service.
- Accidents and incidents were reviewed and recorded. Any improvements or actions or lessons learnt were recorded. Staff said they were updated about any changes to people's care either by the care plans or staff meetings.
- The provider and registered manager used a number of audits and monitoring systems to check on the

quality and safety of the service. These included an internal monitoring every three months, a monthly audit by the area manager and an annual quality assurance assessment and report. There were action plans and a service development plan to make improvements to the service. A record was made to show progress and completion of any action plans.

- The service was audited as part of the local authority quality outcomes assessment. A member of the local authority told us the registered manager and provider had worked with them to address concerns regarding quality and safety and were satisfied with the action taken.

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

- People and their relatives spoke highly of the registered manager and management team. For example, a relative commented of the registered manager, "She shows exceptional caring commitment and good organisational skills which I observed over a long period of time .She shows great empathy for her clients."
- As well as the registered manager, the service had two team leaders to take on management responsibilities.
- The registered manager was aware of their roles and responsibilities and attended management training courses and had links with the Skills for Care network regarding standards for training staff.
- Staff were supported, trained and supervised. The registered manager said specific staff were due to attend training in order to take lead responsibilities in areas such as dealing with falls, called a "Falls Champion."
- Regular staff meetings took place where the needs of people and any changes in the organisation could be discussed.

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

- Quality assurance survey questionnaires were used to obtain the views of people about the standard of care. These were collated into percentage results. The last survey took place in 2019 when 89% of people said the care had a positive impact on their lives. Only 40% of people said staff arrived on time and there was an action plan to address this. At this inspection people told us staff arrived on time and as agreed.
- People were able to get involved in the activity groups and in organising their own events such as activities and religious observances.
- There were no satisfaction surveys for staff although staff said they felt able to raise and discuss any concerns or operational matters.
- Staff demonstrated they treated people as individuals irrespective of their needs or age and were committed to involving people in the service and in decisions about their lives.

Working in partnership with others

- The provider worked well with other organisations. This included joint working regarding people's care.
- The local authority commissioners told us the provider worked well with them to address concerns and during a quality review.