

G P Homecare Limited

Radis Community Care (Park View)

Inspection report

Park View
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Date of inspection visit:

16 December 2022

09 January 2023

Date of publication:

09 February 2023

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Radis Community Care (Park View) is a domiciliary care service and extra care scheme registered to provide personal care to people living in their own homes. The service is registered to support people both older and younger adults, some of whom may have mental health needs, a physical disability, or were sensory impaired. The care agency can also support people with a learning disability and autism. At the time of the inspection 13 people were using the domiciliary care agency at the extra care housing scheme. The extra care housing scheme building had 34 flats with shared rooms, a restaurant and a shared garden.

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

Right Support:

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 systems in the service supported this practice. To enable people to have as much control over their own lives as practicable staff encouraged people to be as independent as possible. This support helped people to remain living in their own homes.

Staff understood the importance of listening to and respecting people's choice. They supported people who required assistance with their medicines to encourage the best possible health outcomes for them.

Staff had training on infection control practices, and we saw, and they told us that Personal Protective Equipment (PPE) such as disposal face masks, gloves and aprons were readily available and used.

Right Care:

Staff cared for people kindly. They understood and responded to people's individual care and support needs and wishes.

People's needs were assessed prior to them moving into the extra care housing scheme to ensure that if they required personal care support, staff could meet those needs.

Staff knew how to protect people from harm. They were trained to recognise, and report poor care or harm. Staff respected and protected people's privacy and dignity.

The management team and staff worked with other health and social care professionals to maintain people's well-being wherever possible.

Right Culture:

Staff told us the registered manager updated them on guidance and legislation updates. However, the registered manager was not aware that they needed to implement the guidance Right support, right care, right culture.

Staff were trained to support people. This included training on supporting people with a learning disability. People told us they could communicate with staff and the management team. They and their relatives, where appropriate felt involved in the agreeing their family members care decisions.

Incidents and accidents were documented, and action was taken when needed. This included staff supervisions to discuss safe medicines administration to try to reduce the risk of the recurrence of errors.

Audits were undertaken to monitor the quality of the service. Surveys were sent to people to ask for feedback on the service provided. Staffs communication was good.

We have recommended that the provider ensures that all registered managers are fully aware of all the guidance and legislation they should be working in line with.

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

This service was registered with us on 11 August 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 5 November 2019.

Why we inspected

This inspection was based on the service being unrated since the new provider registered with the CQC.

Recommendations

We have recommended that the provider ensures that all registered managers are fully aware of all the guidance and legislation they should be working in line with. For example, Right support, right care, right culture.

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 (Park View)

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

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 4 days' 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.

Inspection activity started on 16 December 2022 and ended on 9 January 2023. We visited the location's service on 9 January 2023.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 1 April 2022 to help plan the inspection and inform our judgements.

We reviewed information we had received about the service since they registered. 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 used telephone calls to engage with people using the service and relatives. We used our visit to the service to speak to staff. We also used electronic file sharing and our visit to enable us to review some of the documentation requested. This included documents within 7 people's care records and various medication records. We looked at staff recruitment, training and staff supervision. A variety of records relating to the management of the service were also reviewed.

We spoke with 2 people and 3 relatives of people who used the service about their experience of the care provided. We spoke with 6 members of staff including the registered manager, area manager, team leader and care staff.

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 under the previous provider we rated this key question good. At this inspection the rating has remained 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 to understand the importance of safeguarding people from poor care or harm.
- Staff confirmed they would whistle blow on colleagues if they had concerns about their conduct. A staff member said, "(I) would report to the manager. (I) could call the police or social services." They went on to tell us why they would whistle-blow. They said, "Not just in work but in life you should report concerns."
- People and relatives told us they and or their family member felt safe using the service. A relative said, "They do so much for [family member]. It is so nice to know [family member] is safe."
- The registered manager understood the requirement to notify incidents that had occurred to the appropriate organisations. This included the local authority safeguarding team and the CQC.

Assessing risk, safety monitoring and management

- Staff had identified and assessed people's individual and known risks. People's care records included guidance for staff on how to monitor these risks. This included pictorial information for staff on how to support people when using specialist moving and handling equipment such as hoists, slings and slide sheets.
- Information to guide staff would be updated when required. A relative said, "Reviews of [family members] care records happened after their recent fall. A lunch time call was put in place and all sorted out (by staff)."
- Staff had information to guide them on people's different health conditions. For example, what signs to look out for if someone was becoming unwell.
- Staff completed audits of people's daily diaries (communication logs). These were records to detail what tasks staff completed when they visited people. We found that staff had not always recorded that they had completed a bed rail check. The registered manager told us staff would be reminded to document these checks.

Staffing and recruitment

- There were enough staff to meet people's care and support needs. A person told us, "Timekeeping is good unless there is an emergency. Staff try to keep to time. There have been no missed care calls." Another person said, "They come on time. [They are] nice and friendly. They do what they are supposed to do."
- The registered manager told us, and records showed that new staff were recruited following a series of checks. Checks included staff members right to work in the UK and Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff were trained to administer people's medicines for those people who had been risk assessed as requiring this support. Staffs competency to administer people's medicines were checked by more senior staff.
- People and their relatives were happy with how they were supported by staff to take their medicines.
- As required medicines records included enough information to guide staff. This included body maps to show where to apply topical creams and body language that indicated a person may be in pain.
- Senior staff had audited people's medicine administration records (MARs). Where errors occurred, lessons learnt was shared with staff and any actions taken to minimise this occurring again.

Preventing and controlling infection

- Staff were trained and supported to promote good standards of infection prevention and control (IPC).
- People and their relatives were happy with how staff wore (PPE) and used it safely. A person told us about a recent outbreak of COVID-19 at the service. They said, "Staff were wearing their PPE such as face masks. They also took clothes away to be laundered in a special bag to prevent a cross contamination risk."
- The registered manager was up to date on government guidance about COVID-19. They told us the provider had asked staff to continue wearing face masks to help stop the transmission of infections.

Learning lessons when things go wrong

- The registered manager talked through the learning and actions. This included additional staff supervisions following a medicines administration error or near miss. A staff member said, "All incidents, accidents, near misses have to be recorded. (We use the) communication book to pass on learning, team meetings it is also discussed."
- Staff told us the expectation was for staff to notify the registered manager, management team of any incidents or errors. For example, a medication error. A staff member confirmed to us, "Lessons learnt reminders are for example MAR charts or entries in daily diaries being legible. (This) is talked about at staff 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 under the previous provider we rated this key question good. At this inspection the rating has remained 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

- The registered manager and staff team were not fully aware that the CQC guidance Right support, right care, right culture should be embedded into the service. Even though their CQC registration stated that staff could support somebody with a learning disability or autistic people.
- The registered manager showed us the copy of the CQC Right support, right care, right culture guidance on file and staff were trained to support people with a learning disability. However, whilst the registered manager and staff team encouraged and promoted people's individual needs and wishes. They told us they were not fully aware of all the principles within this guidance. The registered manager by the end of the inspection had read the guidance and told us how they would ensure the guidance would be embedded into the support given to people with a learning disability or autistics people.

We recommend that the provider ensures that all registered managers are fully aware of all the guidance and legislation they should be working in line with.

- The registered manager and management team reviewed the local authority assessment of a person's needs. This would help make sure that staff had the suitable training and knowledge to support the person safely and effectively.

Staff support: induction, training, skills and experience

- Staff received support via supervisions, appraisals and training in areas relevant to their roles.
- Staff told us they had an induction when new to the service. A staff member said, "Induction was shadow shifts. About 3 or 4 shifts until both (the registered manager and themselves) feel confident."
- Staff told us about their knowledge and training to support people, including people with a learning disability. A staff member said, "The resident is encouraged (by staff), re what [they] can do and when using their hoist. [Named person] uses the control. They are taking part in their own care."

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

- The extra care scheme had an externally run restaurant people could use. People could eat in the restaurant or make their own meals within their own flats.
- Staff supported people who required additional assistance with their meals to help where people had a risk of choking. A staff member confirmed, "We sit and watch [named person] and cut food up re Speech and language Therapist (SALT) guidance, (they) can't have mixed (food) consistencies."

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

- People made their own or were supported by their family to arrange health related appointments. A family member told us they were sure that staff would contact health professionals, such as the ambulance when needed. They said, "(Staff) go above and beyond... Staff were worried about [family member] so called an ambulance and waited with them holding their hand."
- Records showed us where staff had requested emergency support or worked in line with guidance from healthcare professionals such as speech and language therapists.
- Staff encouraged people to stay healthy by the safe use of equipment related to people's care, such as moving and handling equipment. There were pictorial prompts for staff to guide them on how to use the equipment safely in addition to their training.

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, and whether any conditions relating to those authorisations were being met.

- Staff respected people's choice. This included how they spent their time. Staff sought consent from people in a variety of ways. A relative confirmed, "Staff respect [named persons] choice and listen to the choice." Another relative told us, "Staff respect family members choice and listen."
- Some people had their decisions made by a court appointed deputy, such as a lasting power of attorney (LPA). These representatives made decisions that were in people's best interests. Staff were respectful of these decisions. However, whilst staff were aware of when there was an LPA in place, we found that sometimes within people's records this could be documented more clearly. The registered manager told us they would make this improvement.
- Staff had training in the MCA and had knowledge of what this meant when it came to supporting people. A staff member told us they would support a person who required assistance with making choices by, "Visual prompts to help people make choices."

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.

At our last inspection under the previous provider we rated this key question good. At this inspection the rating has remained 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

- Staff treated people with kindness and respected their choices. A person said, "The service is very good." A relative confirmed, "I can't fault them it is fantastic. I'm so happy [family member] has been in there a year. They do so much for (them)."
- Staff supported people with their individualised care and support in line with their wishes. A person told us, "I feel assured that staff are there when needed."

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

- The registered manager and staff involved people and where appropriate their relatives in decisions about their care and support. A person told us, "I am involved in agreeing the support needed. I ring them and (staff) come if needed." A relative confirmed to us, "Staff are flexible around care calls. You can ring and rearrange them."
- Where people were unable to sign to agree their care and support requirements, this was not always recorded alongside the reason why. The registered manager told us they would make this improvement.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence as far as practicable and remain living in their own home with assistance from staff where needed. A relative talked us through how staff had worked with their family member to build up trust and now the person was happy to be supported by staff with their personal care.
- Staff respected people's privacy and dignity. Staff told us they closed curtains and doors when carrying out personal care support. A relative confirmed, "[Family member] will now let staff bath them. Staff member [named] made them feel so relaxed and comfortable around being naked when bathed. They are really good with [family member]."
- Staff told us how they promoted and maintained people's privacy and dignity. A staff member said, "[We] shut the door, use a lot of towels, never uncover (person) completely if having a bed wash. When arriving, knock or ring the bell and announce you are coming in."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection under the previous provider we rated this key question good. At this inspection the rating has remained 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

- Staff delivered personalised care that respected people's choices and met their needs. Information to guide staff on people's individual preferences was included in their care records including the 'what is important to me' document. A staff member told us how they supported people with individualised care.
- People and relatives were positive about the support staff provided. People told us communication was good. A relative said, "I feel involved in the care decisions. [Family member] is now on a new medication so I went to see [named team leader] and they updated the MAR chart there and then. They quickly update any care changes."

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.

- Staff promoted people's right to communicate and have their choices heard in various ways. This included the use of a relative's support when needed.
- Staff knew how to communicate with people. They talked through the people's individual communication needs. A staff member gave an example, they said, "Don't bombard [named person] with lots of choices. Use simple phrases. Not as though you are talking to children as that would be patronising. Simple choices both verbal and visual. Take your time whilst [named person] is making their decisions."
- The registered manager told us that if needed, information could be made available in different formats to aid people's understandings. This could include a different language, larger print or pictorial prompts.

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

- Not everyone supported by staff required or were funded for social support calls. Staff gave examples of where they volunteered to support people on occasion with group activities. However, these were organised by the people living within the scheme themselves.

Improving care quality in response to complaints or concerns

- The registered manager and records showed that there had been no complaints raised about the care agency at the service since they took over. On speaking to a relative they asked us to pass on a concern to

the registered manager who confirmed they would investigate the concerns and report back to the relative.

- Staff had received compliments about the service provided.

End of life care and support

- Staff supported people, where needed, to make end of life decisions such as to stay in their own home and be cared for in line with their wishes wherever possible.
- The registered manager and staff sought people's views about end of life care and emergency support if needed. People's final wishes about their end of life care decisions, including any religious beliefs or a wish to be, or not to be resuscitated were recorded in their care record to guide staff.

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 under the previous provider we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff involved people and where appropriate their relatives in all aspect of theirs and their family members care and support. A relative told us, "I feel involved, staff ring and inform me. Staff support means [family member] can live independently."
- The registered manager and staff team worked to support people to remain as independent as possible. Staff told us how they supported different people with individual needs.
- People were asked to feedback on the quality of the service provided. Actions were in place following areas noted for improvement.
- Staff felt supported. They felt supported by the registered manager and the team leader. A staff member said, "I have had a supervision and the management ask for feedback. The door is always open to have a chat with the managers. [Named registered manager] has been on site a lot recently. They always respond to email or phone."
- Staff meetings were held. These meetings were to update staff on the service, update staff on the service users and discuss lessons learnt. The agenda included and 'any other business' sections where staff could engage and raise any suggestions or concerns, they may have had. A staff member confirmed that at, "Staff meetings you can voice any other business."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 understood the requirement to notify the CQC about any incidents that had occurred and when to report these to the local authority safeguarding team.
- The registered manager explained how they were the registered manager at another service. This meant they were not based at this service full time. A team leader supported the registered manager in the day to day running of the service.
- The area manager explained how they had oversight of the service. They told us the provider had a compliance team. Part of their role was to audit services for provider oversight. In addition, the area manager undertook mini audits of the service.
- Staff audited areas of the service such as people's care plans, medications and daily diary (care task notes). Where areas of improvement were found actions were taken to try to reduce the risk of recurrence.
- The registered manager understood the requirement to be open and honest when things went wrong. For

example, if staff incorrectly administered people's medicines.

- The registered manager and staff team were clear about their roles and explained these to us.

Continuous learning and improving care

- The registered manager took action to improve the service based on the findings of their monitoring processes. They talked through the process followed with staff following a medicine error. This would help to reduce the risk of recurrence.

Working in partnership with others

- The registered manager and staff team worked with health professionals and other organisations such as social workers and speech and language therapists to try to promote well-being and good outcomes for people.