

G P Homecare Limited

Radis Community Care (Heath View)

Inspection report

Heath View
Heath Road
Congleton
Cheshire
CW12 4BB

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Website: www.radis.co.uk

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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 (Heath View) is an extra care housing scheme for older people, comprising of 45 one and two bedroom apartments in one large building, located close to Congleton town centre. People who lived at the service had separate care and tenancy agreements.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, the service supported 18 people with personal care.

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

People were positive about the care and support they received from Radis Community Care. There was a stable staff team and people received their care as expected. The service was flexible and could respond to people's changing needs.

The registered manager had followed appropriate recruitment procedures to help ensure staff were suitable to work at the service. However, we have made a recommendation to the provider about the robust recording of recruitment checks.

Systems were in place to protect people from the risk of abuse. Risks to people's safety were assessed and action taken to manage areas of risk where required.

Medicines were managed safely, and robust systems were in place to identify any errors and learn from these. Infection control procedures were in place and followed to minimise the risk of cross infection.

People were supported by staff who had been suitably trained and were supervised in their roles. Staff knew people well and monitored their health care needs, and referred to other professionals as required.

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 positive about the way they were treated by staff. Their dignity, privacy and independence was respected.

People's communication needs had been assessed. People knew how to complain, and felt concerns raised would be listened to and acted upon.

There was a positive culture in the service and staff were encouraged to deliver person centred care and

treat people as individuals. The registered manager was clear about their regulatory requirements and responsibilities.

There were systems in place to monitor and improve the service. Regular checks and audits were carried out by the management and quality team. People were regularly asked for their views on the service they received.

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

Rating at last inspection

This service was registered with us on 20 September 2019 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 27 November 2018.

Why we inspected

This service had not been inspected since their registration in September 2019, therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 (Heath 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care 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 service.

Notice of inspection

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 10 May 2021 and ended on 14 May 2021. We visited the office location on 11 May 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and care staff.

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 to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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.

Staffing and recruitment

- The registered manager followed appropriate recruitment procedures to help ensure staff were suitable to work at the service.
- However, in one case whilst all checks were now in place, there had been a delay in obtaining all written references.

We recommend the provider reviews their procedures, to ensure all necessary checks have been fully recorded prior to staff commencing employment.

- There were enough staff available to meet people's care and support needs.
- People told us staff usually arrived when they were expected, and they would be informed of any unforeseen delays. There were no missed calls.
- There was flexibility within the service in relation to call times. Staff were available within the building on a 24 hours basis to respond to emergencies.
- There was an electronic call monitoring system which gave the provider good oversight of the times and duration of the calls provided.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- People and their relatives told were confident and felt safe with the care provided.
- Staff had received safeguarding training and understood their responsibility to report any concerns about abuse.
- The registered manager kept a log of any safeguarding concerns; any concerns had been reported appropriately through the relevant procedures.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were assessed and detailed information was recorded in people's support plans to manage any identified risk.
- There were examples of action taken to manage areas of risk, such as in relation to falls or the risk of fire from smoking.
- Systems for recording and reviewing accidents or incidents were robust. Any accidents or incidents had been recorded and staff told us they knew how to raise any concerns.
- The registered manager undertook a monthly review of accidents or incidents to consider any themes or lessons learnt and take further action.

- There was business continuity plan in place for the service to ensure people's care would continue in the event of an emergency.

Using medicines safely

- Where the service supported people with medicines, there was a risk assessment and clear information about the support they required.
- People were supported by staff who had received suitable training and their competency checked.
- Medicine Administration Records (MARs) were completed accurately and were regularly audited. Any concerns were identified and addressed as required.
- There were robust systems to identify, report and learn from any medication errors. Actions were taken to support staff to reduce reoccurrences.

Preventing and controlling infection

- Infection control procedures were in place and followed to minimise the risk of cross infection.
- Current COVID-19 government guidance was being followed and the provider had implemented a pandemic plan.
- Staff had received training in infection control and the correct use of PPE. People confirmed that staff wore PPE as required.

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 prior to them being supported by the service. The management team sat with people and discussed the support they required.
- Assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.

Staff support: induction, training, skills and experience

- People were supported by staff who had been suitably trained and were supervised in their roles.
- New employees completed an induction and all staff had completed the Care Certificate. There was ongoing refresher training and people's individual learning styles were supported.
- Staff told us, "Any problems all you have to do is go in office, they are very supportive" and "We have ongoing learning."
- The management team had processes in place to ensure staff had regular supervision sessions and field observations were carried out.

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

- People were supported to eat and drink enough where required. Staff prepared meals and gave people appropriate choices.
- Staff understood people's dietary needs and any associated risks were considered. For example, care plans included clear details around the management of diabetes.
- The onsite restaurant had been temporarily closed due to the pandemic. Staff had arranged for a local restaurant to provide takeaway meals as an alternative, should people choose.

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

- People had access to a range of healthcare professionals, with support provided to arrange and attend appointments as required.
- Staff knew people well and monitored their health care needs, they informed relatives, and healthcare staff where necessary. One relative explained how the prompt actions of a carer had ensured their relative received urgent medical support.
- The service worked closely with others, such as the housing provider, local authority and health professionals, to ensure people were supported in the most effective way.

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

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

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

We checked whether the service was working within the principles of the MCA authority.

- Staff had undertaken training in the MCA and supported people to make decisions about their care. Where appropriate people had signed their care plans, to consent to receiving care and support.
- The provider had procedures in place to ensure capacity assessments and best interest decisions were made in line with the MCA.
- Where people had a power of attorney, information about this was included in their care records. A power of attorney is a legally nominated person who can advocate for someone's best interests in the event they no longer have capacity to do so.

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 were positive about the way they were treated by staff. They told us, "You couldn't be in a better place. They are so kind to you," and a relative said, "(Name) seems happy, he loves all the carers, they treat him well."
- Staff had supported people during the COVID-9 pandemic offering extra calls and social support, in view of the communal areas being temporarily closed.
- Equality and Diversity was part of the provider's mandatory training requirements to ensure staff understood and supported people's differences.
- Information about people's cultural, religious and spiritual needs were recorded as part of the initial assessment carried out and staff were aware of this.

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

- Regular reviews were undertaken with people and their relatives, which enabled them to express their views about what was working and if anything needed to be changed.
- People were supported by familiar staff who had built effective relationships and knew their likes and preferences.
- Staff understood the importance of involving people in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. One person commented "Yes they respect me and are very good."
- Staff were clear about the importance of treating people with dignity. Staff told us, "They (managers) do spot checks to make sure we support (people's) dignity, respect and independence" and "All the care staff treat people with respect, I've always heard good things, any concerns we would straight away go to the team leaders."
- People's independence was encouraged and supported. Care plans included guidance for staff to encourage people to remain as independent as possible. For example, short term support had been identified and arranged to enable a person to regain their independence with medicines management.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was individualised and met their needs and preferences.
- Care plans were in place for each person and contained a range of person-centred information, including one-page profiles containing key background information, what was important to that person and how best to support them.
- There was a stable staff team who understood people's needs and supported them to have choice and control.
- The service was responsive and flexible to changes in people's needs. One person told us they were having extra calls because they had not been very well.

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.

- People's communication needs were assessed, and their care plans described the support they needed. The provider had an accessible information policy in place.
- The registered manager was aware of the need to ensure information was made available to people in a way they would understand, such as large print for those with a sight impairment, should they require.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any concerns or make a complaint. Those spoken with told us they had no reason to complain.
- There was a complaints procedure in place. There had been no recent complaints and previous complaints had been recorded and fully considered following the provider's policy.

End of life care and support

- At the time of our inspection, the service was not supporting anyone who required end of life care.
- Information was available within people's care records about whether they had a "do not attempt cardiopulmonary resuscitation" (DNACPR) order in place.

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; 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

- There was a positive culture in the service and staff were encouraged to deliver person centred care and treat people as individuals.
- Overall staff were positive about management structure in place and felt support was available when needed. They told us, "I think we do really well - you get a lot of support from manager and work colleagues" and "It is a really good happy place to work."
- Staff felt able to raise any issues or concerns with the management team. A staff member explained that in response to any errors they could be, "Open and transparent (with the management) and talk through what we needed to do".
- People were positive about the care and support they received. They knew who the management team were and told us they were accessible.
- The registered manager had notified us about any events or incidents which they were required to by law.

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

- The registered manager was clear about their regulatory requirements and responsibilities. They managed this location along with another of the provider's locations. They managed this effectively through clear delegation of roles and with the support of team leaders.
- There were systems in place to monitor and improve the service. Regular checks and audits were carried out by the management and quality team. A quality development plan was linked to the latest audit and actions identified had been completed.
- Staff had signed up to "Skills for Care" who set standards and provide qualifications for care workers to support their practice.

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

- People were regularly asked for their views on the service they received. This happened through reviews of their care plan, quality check calls and regular contact.
- People were invited to complete an annual survey to provide feedback, the latest one showed that positive feedback had been received.
- Staff were committed to working in partnership with others. They told us they worked with social workers,

district nurses and occupational therapists amongst others, to support people.