

G P Homecare Limited

# Radis Community Care (Surrey Court ECH)

## Inspection report

Surrey Court  
Chandlers Ford  
Eastleigh  
Hampshire  
SO53 3LS

Tel: 02380275820  
Website: [www.radis.co.uk](http://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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Surrey Court provides care and support to people living in 'extra care' housing. People using the service live in their own flats within a shared building containing 70 flats. The building also houses the offices used by the registered manager and staff.

Not everyone living at Surrey Court 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 this inspection 22 people received personal care from Radis staff.

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

People using the service told us they felt safe. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse.

Risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. Sufficient staff were deployed to meet people's needs.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed.

Staff received support and one to one sessions or supervision to discuss areas of development. They completed training and felt it supported them in their job role.

People were supported to maintain their health and staff contacted healthcare professionals when they had concerns about people's health and wellbeing.

Where people required support in relation to preparing food and drink this was recorded within their care plans and people could use the on-site restaurant or staff could support them in their home.

The provider's quality assurance system helped the management team implement improvements that would benefit people.

There were appropriate management arrangements in place and relatives and professionals were very positive about the management of the service.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 22 November 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Radis Community Care (Surrey Court ECH)

## **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 and an 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.

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

We reviewed a range of records. This included four people's care records and multiple medicines 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 four 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel very safe in their care. They really look after me well." A relative told us, "They seem very safe in a clean, warm, friendly environment. I know they are very COVID-19 secure."
- Professionals felt the service was safe. One professional told us, "Safeguarding concerns have been raised, evidenced appropriately, and actions carried through."
- Staff knew how to recognise and protect people from the risk of abuse and had received training to keep people safe from harm. One staff member said, "I have received training about safeguarding and we get refresher course training. I understand the term whistle blowing and I feel confident that the service will support me in any situation."
- Staff we spoke with told us if they had any concerns, they would report them to their manager, and if no action was taken would take it higher up.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. One relative told us, "There are no 'red flags or risk issues'."
- Assessments were undertaken to assess any risks to people and to the care staff who supported them. For example, risks to the environment, these detailed where staff could locate and turn off gas and electric in an emergency as well as where to locate the water stop cock in case of a flood in people's homes.
- Staff felt risk assessments had improved since the last inspection. One staff member told us, "Care plans provide a great deal of information including risk and safety awareness." Another staff member said, "Care plans have been of much importance and have been updated and provide more information and the management have done a great job on managing risks as well."
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather. The service had also added a continuity plan for COVID-19.

Using medicines safely

- Most people managed their own medicines. Where people had assistance, they were happy with the support provided. One relative had been concerned about a recent error in administering medicines. They told us, "My mum and dad are very happy with the care they receive. However, there has been two recent instances where the carers have given the wrong medication to them both getting their requirements mixed up. The carer contacted 111 for advice on both occasions and informed me straight away. Fortunately, there were no adverse consequences. I am perfectly happy with how the problem was dealt with." We spoke with

the registered manager who had also notified us of the incident and put in measures to ensure medicines were managed safely to prevent reoccurrence.

- Staff had received training in the safe handling of medicines and received an assessment of their competency to administer medicines in line with best practice guidance. One staff member told us, "I feel confident when supporting people with their medicines."
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs,) we viewed, confirmed people had received their medicines as prescribed.
- Medicine care plans and risk assessments were detailed with clear instructions for staff. Body maps were in place to provide guidance for staff on the application of topical creams and ointments.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

#### Staffing and recruitment

- People and their relatives felt there were sufficient staff to cover the care calls. One person told us, "They always come on time and stay for the full time." Another person said, "They usually come on time and always stay as long as they should."
- There were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs. Staff felt there were sufficient staff to manage the calls but felt with staff sickness they could be stretched at times.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

#### Preventing and controlling infection

- Without exception everyone told us staff wore personal protective equipment (PPE) at all times. One person told us, "They always wear their mask, apron and gloves." Another person said, "They wear their mask, apron and gloves, putting them in a white bag after they see to me." A relative told us, "They always wear full PPE."
- Staff demonstrated a good understanding of infection control procedures. One staff member told us, "The management team have been very quick on implementing the safety procedures to manage infection control, the measures have been robust." Another staff member said, "To minimise to spread of infections, good hand hygiene and wear PPE and mask, change gloves."

#### Learning lessons when things go wrong

- Records were maintained of accidents and incidents that had occurred. There was evidence that the registered manager and provider reviewed these to ensure that appropriate action had been taken to reduce any on-going risk, and to debrief the staff involved.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 told us they were happy with the care provided. One person told us, "The carers will do anything I ask them to. They are lovely and chatty. I like to be as independent as I can, and they help me to do that as well." Another person said, "Great, effective care, no complaints."
- People received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.

Staff support: induction, training, skills and experience

- Staff felt supported by training. One staff member told us, "Training has been very effective and suitable for all duties." Another staff member said, "I have received and completed all my training to date, my induction was very useful and informative, it was put forward very well as [I was] new to care, it was easy to understand."
- New staff completed an induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.
- Records showed staff had received effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. One staff member told us, "I have received supervision and appraisals to support us throughout."

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

- People were supported at mealtimes to access food and drink of their choice. One person told us, "They get my meals ready and give me choices." Another person told us, "My carers are lovely... they come and take me to the restaurant, or they will fetch my food if I prefer."
- Most people required minimal support regarding meals and went to the on-site restaurant at mealtimes. This was confirmed by people we spoke with. One staff member told us, "Service users can choose off restaurant menu and I give residents a choice what they would like to eat at mealtimes."
- Staff could also prepare a meal, heat up a ready meal or make a light snack.
- Care plans contained information about specific food preferences and were suitably detailed about the support people needed with their nutritional needs.

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

- People's care records showed relevant health and social care professionals were involved with their care when required. One person told us, ". They contacted the district nurse to come and redress my legs." A relative told us, "All my parents health and welfare needs are met satisfactorily by the carers and they are very effective in what they do."

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and their relatives told us staff asked for consent before providing care. One staff member told us, "I always gain consent from service users whatever I do for them from personal care to washing up as some like to do household jobs themselves."
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about their care planning.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People and their relatives thought the service was well led. One person told us, "I think the service is very well managed. If I have any requests or issues they are always dealt with to my satisfaction." Another person said, "The management seems to be well led". A relative said, "The service seems well run and they have been helpful if I have needed to phone the office. They keep me informed." Another relative said, "My dad is very happy indeed with the care and support he receives. They are kind and compassionate."
- People received person-centred support and care delivery ensured people were enabled to maintain skills and independence.
- Professionals felt the service had improved since the last inspection. One professional told us, "Since [registered managers name] has been the Registered Scheme Manager there has been a noticeable improvement to the running of the scheme and more timely response to communication."

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

- People and their relatives were happy with management. One person told us, "The management team are good and approachable." Another person said, "I have found the management very good, responsive." One relative told us, "I have a good relationship with management who seem to work well as a team. Any queries I have they are always responsive."
- Staff we spoke with also felt supported by management and felt staff morale had improved since the registered manager had been in post. One staff member told us, "We are well led and feel we can approach the manager if there are any concerns and if we feel there is an issue with a service user." Another staff member said, "I feel very supported by my manager. I can raise any concerns to my manager no problem and she is very approachable and fair."
- There were a number of systems and processes in place for monitoring the quality of care. These included audits of medicines, complaints, supervisions, training and staffing. Where issues were identified remedial action was taken.
- External audits were also in place to review the service's progress. A recent provider audit had resulted in a positive outcome. An action plan was in place to drive further improvements.

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

- The provider carried out reviews with people using the service to ensure they were happy with the care

provided. These were either completed by telephone or by visiting people in their own homes. One professional told us, "Radis take part in reviews and reassessments and always willing to take part in these. Radis will alert the Community Teams should they consider a review is necessary or residents are at risk to themselves or to others."

- The provider sought feedback from people and their families through the use of a quality assurance survey. This was sent out annually seeking their views. The feedback from the latest quality assurance survey in November and December 2020 showed feedback was mostly positive with high praise about the staff working at the service.
- The registered manager held regular meetings with the staff to discuss any concerns. These informed staff of any updates on people's health and training opportunities. Staff told us they were useful and informative.
- The service worked in partnership with the local authority and local district nursing team. One professional told us, "Our relationship with Radis is very open and communication is good. Radis are developing a good relationship with the landlord, and work closely with the landlord and Hampshire County Council to ensure smooth operation of Surrey Court and wellbeing of residents."

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 an open and transparent culture in the service. The latest report was displayed in the office.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way when people came to harm.