

G P Homecare Limited

Radis Community Care (Audrey Needham House)

Inspection report

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Audrey Needham House is registered to provide personal 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. Accommodation is 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 only looked at people's personal care service.

At Audrey Needham House there are 40 extra care flats. There is a café and communal facilities for socialising and dining.

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

People felt staff were exceptionally caring and went above and beyond to promote their dignity. Staff were highly skilled at helping people regain and maintain their independence. Staff knew people extremely well, helped them to maintain important relationships and prevented them from becoming isolated. Care and support plans were extremely detailed and captured people's needs, preferences, personalities and life aspirations.

People were supported by staff who had the skills and knowledge to meet their needs. Risks to people were thoroughly assessed and people were protected from harm and abuse and the risk of getting an infection.

The registered manager ensured enough staff were deployed to provide safe, personalised care for people.

Staff worked collaboratively with professionals from health and social care to ensure people's health and wellbeing needs were met.

People were involved in making decisions about their care and support. Staff sought people's views on care provided and acted on their feedback.

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 felt the service was well managed and the registered manager was friendly and approachable, and responded promptly to their queries and concerns. People were regularly invited to give feedback on the service.

Staff felt the registered manager was highly supportive and approachable. They were encouraged and supported to be involved in improving the service.

There was a comprehensive system of reviews and audits to maintain and improve quality and safety in the service. The registered manager had a detailed understanding of the service and a vision to deliver high-quality, individualised care which promoted people's independence.

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 3 October 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

Outstanding ☆

The service was exceptionally 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 (Audrey Needham House)

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 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.

Extra Care Housing

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.

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 short 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.

What we did before the inspection

We reviewed information we held about the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We received written feedback from three members of staff. We spoke with the registered manager. We received written feedback from three professionals who had worked with the service.

We reviewed a range of records. This included four people's care records and medicine records. We looked at three staff files in relation to recruitment, staff training and staff supervision. A variety of records relating to the management of the service including the staff rotas, policies and audits were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medicines administration records audits and examples of how staff had supported 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

- People felt safe whilst being cared for by staff. One person said "Safe? Oh yes they are lovely."
- People were kept safe from harm by trained staff who understood and acted on their safeguarding responsibilities.
- The registered manager worked with local authority safeguarding teams and made referrals appropriately to protect people from harm and abuse.
- Staff completed written handovers each day to ensure any concerns were shared and acted on.

Assessing risk, safety monitoring and management

- Risks to people's safety were fully assessed and recorded by staff.
- People's care plans contained detailed, specific risk assessments. These were written in partnership with people and their appointed representatives where appropriate.
- Care plans were highly detailed and written from the person's perspective. They contained clear instructions for staff to protect people from risks to their health and wellbeing and risks in their environment.
- The provider's business continuity plan included actions to protect people and details of staff responsible for those actions.

Staffing and recruitment

- The registered manager ensured there were enough staff to provide safe, personalised care. They completed rotas six weeks in advance to ensure any holidays or absences could be covered.
- When staff who had contracted COVID-19 were not able to work due to self-isolating, the registered manager stayed at the service to ensure people's care visits were covered. Those staff who were able to, completed extra shifts to ensure people continued to receive their care visits.
- The registered manager used a thorough recruitment process to employ suitable staff. This included seeking evidence of conduct in previous employment and completing a Disclosure and Barring Service (DBS) check. A DBS check confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults.

Using medicines safely

- People's medicines were managed safely.
- People's medicines administration records (MARs) had been completed accurately. One error had been reported in the last 12 months. Staff sought medical advice promptly to keep the person safe. The error was fully investigated and actions were taken by staff to prevent it recurring.

Preventing and controlling infection

- People told us staff observed strict infection control practices. One person said, "We have seen them giving [person their] medication and they always wear gloves etc." Another person said, "They are very carefully protective of themselves and others. I would assume they are regularly tested."
- During the COVID-19 pandemic additional measures were put in place to keep people safe from infection. This included two hourly cleaning of 'high touch point' areas, social distancing, additional staff training and regular testing.

Learning lessons when things go wrong

- Staff reflected on incidents to make improvements in the service.
- The registered manager had introduced a 'lessons learned' discussion to the staff meetings to support staff to identify contributing factors when incidents occurred to help prevent recurrences. This also helped staff to improve people's experiences.
- The registered manager maintained an up to date record of accidents and incidents to help manage risks for people.

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 thoroughly assessed by skilled staff.
- The registered manager and senior staff used a comprehensive system of assessments and reviews to plan personalised care in partnership with people and their relatives or appointed representatives.
- Staff worked with people and their relatives to identify goals for people to support them to maintain their independence, wellbeing and important relationships.

Staff support: induction, training, skills and experience

- People were supported by skilled, trained staff who had completed a thorough induction.
- Staff completed the provider's induction which is based on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of staff working in health and social care.
- New staff completed a four day induction which included 'shadowing' shifts; observing experienced staff to develop their skills and confidence.
- Staff were supported to complete additional qualifications relevant to their role. One staff member reported, "I feel supported by my manager and I feel that my skills are valued...my manager encouraged me to start my NVQ level 5, which I'm very grateful for."
- Staff were supported through a programme of regular appraisals and supervisions.
- Throughout the pandemic the registered manager and senior team had provided additional support to staff experiencing anxiety about going to work.
- The registered manager used inclusive recruitment processes to uphold staff's human rights and prevent discrimination. They gave staff individualised support to help them fulfil their roles and manage any challenges they experienced.
- The registered manager treated staff with compassion and understanding, encouraging them and praising their positive traits.
- The registered manager was committed to supporting equality and diversity in the workplace. They planned shifts to ensure a staff member could attend services at their chosen place of worship.

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

- People were supported to prepare meals and maintain a healthy diet. Mealtimes were seen as a social occasion and staff supported people to share meals in the communal dining room.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

- People were supported to access help from different professionals to maintain their health and wellbeing.
- Staff referred to speech and language therapists if people needed support with eating or drinking. The registered manager said, "We have worked with the speech and language therapist with a [person] who was struggling when taking fluids, they came and did an assessment after my request and this [person] now has prescribed thickener for all fluids to ensure [they do] not [inhale their] fluids and keeps [them] safe and [supports them] to manage [their] risks regarding choking."
- The registered manager and staff team liaised with health and social care professionals to help meet people's needs. They said, "[The local authority] adult services team, for example occupational therapists and care managers I speak to on at least a weekly basis, to discuss any issues, concerns, increase in care, decrease in care and general advice, this ensures we are working collaboratively in ensuring a holistic approach to person centred care."
- The registered manager also worked with the housing provider to support joined up care. They said, "I work closely with the housing manager on joint assessments for new potential [residents]...to ensure needs can be met both from a housing perspective and a care perspective."

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

- People's human rights were protected by staff who demonstrated a clear understanding of consent and the MCA.
- Where people did not have the capacity to make certain decisions their care plans contained all the relevant legal documentation and records of best interest meetings with professionals and people's appointed representatives.
- Staff supported people who were lacking capacity to make any decisions they could and involved them in their care planning as much as possible.

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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People had exceptionally caring relationships with staff. Staff put people at the centre of their work and were highly skilled at meeting their needs with compassion and understanding.
- People said staff had displayed remarkable awareness and sensitivity by protecting people's mental health and preventing them becoming isolated both before and during the pandemic. Comments included, "[Staff member] was really patient...listened to [me]...it was like a therapy session", "Best carers in the world...I can't praise them enough!", "They are very, very caring, [staff] are outstanding and are always in touch with me keeping me up to date", "I can't speak highly enough about the treatment that I get, they come across as really caring about you which is so nice."
- People's relatives spoke extremely positively about the care their loved ones received. One relative said, "They have been brilliant. They keep [relative] as comfortable as possible, I can't fault them...they made a big fuss over [relative's] 100th birthday but last year, when [relative] was 101 and even though we were in lockdown, [registered manager] came in on [their] day off so that [relative] enjoyed her special day...but that is what she is like all of the time!"
- Professionals who worked with the service also gave high praise for staff. One professional said, "The onsite care team and managers are extremely caring, they show empathy and respect when dealing with [people]. [People's] needs are met and the care team will often go above and beyond to support [them]".
- Staff used technology to help people keep in touch with loved ones when they were not able to meet face to face. The registered manager told us, "We have facilitated video calls for [people] throughout the pandemic so they were able to stay connected with their loved ones...We also took photos on a regular basis of [people] doing activities we had set up in their own flats to try and minimize social isolation and then sent these...via email to their loved ones with a message from the [person]. This way they were able to see what their loved ones were doing and that they were doing well and happy."
- Relatives had commented on how staff maintained the highest standards of care during the pandemic. One relative commented, "Thank you for your hard working [staff]...for the wonderful care being provided at this very difficult time. You've helped keep things as normal as possible under trying circumstances, and duties are carried out with the usual high level of care, kindness and cheerfulness".
- Staff went out of their way to support people throughout lockdown periods. When a cake and coffee morning was cancelled, staff delivered cake and coffee to people's flats to make sure they didn't miss out on this important social event.
- Staff treated people equally and without discrimination. The registered manager had carried out a fairness, respect, equality, dignity and autonomy assessment to ensure they upheld people's human rights.
- All staff had completed equality and diversity training and considered people's protected characteristics

under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met.

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

- Staff were adept at supporting people to express and explore their social histories, cultural needs, religious needs and interests to provide truly personalised care.
- Staff were passionate about placing people at the centre of decisions about their care and support. Care plans were extremely detailed and written in partnership with people. They captured people's personalities, needs and life aspirations.
- Care plans contained a one page profile, written from the person's perspective, to help staff provide individualised support. Sections included 'what others like and admire about me', 'What is important to me – things that make me happy' 'how I like to be supported', 'How to communicate with me and include me in any decision making' and 'my hopes and wishes for the future'.
- Staff were highly skilled at planning at advocating for people to provide individualised support. One person lacked the capacity to make certain decisions about their support and became particularly anxious during conversations about planning support. Staff found creative ways of settling their anxieties to support the person to express their opinions about how they wished to be supported.
- Staff continually reviewed people's care to ensure it was adapted to their needs. Care plan reviews were structured and gave people specific areas to reflect on to provide detailed, constructive feedback to help staff make individualised improvements for people. For example, one person had requested more staff were able to help them play DVDs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with the utmost dignity and respect and their individuality was celebrated. Staff adapted their approach to provide highly personalised support when delivering care.
- People and their relatives reported their independence was highly valued and promoted by staff. One person said, "They treat you with respect and ask instead of tell you which is a big thing, an important thing!" Another person said, "I'm capable of washing myself...I am encouraged to be independent. They certainly don't leave me alone but explain why I need to do things myself. They are all very friendly...[staff member] natters to me, which I enjoy." A relative told us, "They do their best to encourage [relative], even walking with [relative], they are friendly, disciplined and kind." Another relative said, "Yes, they are very discreet, [relative] is very pleased with them [relative] has a sight impairment so they go very close to her for recognition". A third relative said, "Very caring when supporting [relative], everything is on a schedule which they complete putting in what they have done. They keep her comfortable...give [relative] a daily newspaper and build up a good relationship with [relative]. [Relative] is glad to have these carers as they are respectful and quite sensitive."
- Staff adapted care to protect people's dignity. When one person's mobility deteriorated and they were not able to get to the bathroom, staff made alternative arrangements so the person could continue to go to the toilet independently.
- Staff were highly skilled at supporting people's independence. One person displayed behaviours which made their home environment unsafe. The staff team worked in partnership with the housing provider and fire service to help the person manage their behaviours and organise their home to prevent harm. This allowed the person to continue to live independently, manage risks positively and engage in activities which were important to them.
- In another example, a person who had lived in residential care was very reliant on staff for help with self care, meal preparation and cleaning. They asked to be supported to become more independent with these tasks. Staff supported the person to develop the confidence and skill to do these tasks themselves and regain their independence.

- In a further example, when a person returned home from hospital staff were administering their medication as the person had not been doing so whilst in hospital. Staff arranged for the person's medicines to be put in 'blister' packs to support the person so they could take all their medicines themselves at the right times. Staff observed and supported the person until they were able to take their medicines independently.

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 individualised care which met their needs and preferences.
- Care plans were written from the person's point of view and included highly detailed information about exactly how they wished to be supported. One person's care plan stated, 'I would like a lovely strong cup of tea, I like two sugars with a with a little bit of milk and the tea bag left in the mug.' Another person's care plan stated, 'If I am fast asleep gently wake me up and explain what you are here to do '.

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 were supported by staff who understood their specific communication needs.
- Staff used individualised methods to help people with impaired hearing or vision access information. For example, a person with impaired vision requested staff read important documents to them to help them book appointments and manage their affairs.
- People's care plans documented the support they needed as well as signed consent forms.

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 by staff to socialise and maintain contact with family members and friends.
- Staff worked to promote people's independence, reduce isolation and promote a sense of community.
- Staff organised events and gatherings to prevent people becoming isolated. This included a socially distanced get together for people and their families.
- For those people unable to leave their homes staff delivered one to one activities and spent extra time with people to ensure they didn't spend too much time alone. For example, one person was not able to get out of bed, so a staff member supported the person to complete an art project.
- Staff also gave up time during their breaks to support people to leave their homes and take regular walks in the gardens.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. There was a clear complaints policy in place and any concerns were investigated promptly and thoroughly.

- People reported they felt comfortable speaking with management and that they were approachable.
- People were invited to feed back on changes to their care and support. Staff acted on this feedback and care plans were updated accordingly.

End of life care and support

- At the time of inspection the service was not supporting anyone in need of care at the end of their life.
- The registered manager told us they had plans in place to support people and work with relevant professionals to help people stay in their own homes and receive compassionate, sensitive support in their final days.

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

- People told us there was a positive culture at the service and staff had good relationships with each other.
- People and their relatives told us they were very happy at Audrey Needham House. One person said, "They are a very happy lot and I'd definitely recommend Audrey Needham House - we are all very lucky to be here."
- The registered manager was dedicated to providing a homely environment that people would want to live in. They said, "[I want them] To love it as much as I do, to see it as their home, I want to know that they feel happy here and that this whole place is their home. It is very much a big family really."
- People told us the registered manager provided good leadership, was approachable and acted on their concerns. One person said, "[Registered manager] knows what's going on and there is no tension between her and the carers. I feel able to say that I can bring up any query and it will be dealt with".

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 and staff team had a clear understanding of their responsibility to uphold the duty of candour if something went wrong.
- After such events, the registered manager followed the provider's agreed policies and issued written apologies, in line with their regulatory responsibilities.

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

- The registered manager used a thorough system of audits, reviews and assessments to maintain quality and ensure people received safe, individualised care.
- They displayed developed leadership skills through recognising the strengths and skills of staff and delegated tasks to them appropriately.
- They worked collaboratively with their head office and senior managers to identify areas for development and make service improvements. They also joined a professional network and completed further training to keep their knowledge and skills up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- People were supported and encouraged to be involved in how the service was run.
- Staff completed regular reviews of people's care, seeking feedback about what needed to be done to

improve people's experiences. People were supported to give specific feedback about any changes they wished to see. Staff acted on their feedback.

- The registered manager told us they produced regular newsletters to keep people and their relatives informed about what was happening in the service.
- The registered manager continually involved staff in the service. They held regular staff meetings in small groups to ensure all staff could attend.
- Staff told us they felt the registered manager was supportive and approachable. One staff member said, "The management is very approachable and we have a hard working team".

Working in partnership with others

- Staff worked effectively in partnership with a range of professionals to help people access services to promote their health and wellbeing.
- Professionals gave positive feedback about the registered manager and staff. One professional said, "The manager is proactive, transparent and works in partnership with other professionals to ensure the people supported receive the commissioned care to safely meet their needs". Another professional told us, "The management team are very professional and efficient".