

G P Homecare Limited

# Radis Community Care (Rowan Court ECH)

## Inspection report

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Date of inspection visit:  
13 March 2019  
14 March 2019

Date of publication:  
04 July 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Radis Community Care (Rowan Court ECH) provides personal 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 services.

At the time of our inspection the service was providing a service for 18 older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

People's experience of using this service:

People were treated with kindness and respect. People's comments included: "They are very nice to me" and "The manager and staff are lovely".

People using the service told us they felt safe. Staff contacted healthcare professionals when they had concerns about people's health and wellbeing.

Staff understood and followed guidance to enable them to recognise and address any safeguarding concerns about people.

Risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks. There were plans in place for foreseeable emergencies.

People were supported with their nutritional needs when required.

Records did not all contain clear guidance or information to support the safe administration of people's medicines. Not all staff had received an assessment of their competency to administer medicines in line with best practice guidance.

Staff recruitment records did not always demonstrate that thorough processes were followed when checking staff for suitability before being employed by the service.

Staff demonstrated knowledge of people's individual needs, but were not always supported to perform their roles. Records showed one to one supervisions had fallen behind and training was not always kept up.

There were systems in place to monitor the quality and safety of the service provided, however these were not always effective. The provider did not always notify us of incidents or complete required documentation when requested. Lessons were not always learnt following inspections at other services run by the provider.

Care plans contained some records that needed to be reviewed and updated to ensure they remained accurate and supported the delivery of person centred care.

We have made a recommendation about the management of complaints.

Radis Community Care (Rowan Court ECH) met the characteristics of Good in some areas and of Requires Improvement in others. Overall, we have rated the service as Required Improvement.

During our inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Health and Social Care Act 2008 (Registration) Regulations 2009.

More information is in the full report.

Rating at last inspection: This was the first inspection of Rowan Court since the new provider took over the running of the service on 28 June 2017.

Why we inspected: This was a planned inspection.

Follow up: We have rated this service as Requires Improvement and have requested an improvement action plan that will be reviewed to ensure that improvements have been made.

We will follow up on this inspection as per our re-inspection programme, and through ongoing monitoring of information received about the service.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below

**Requires Improvement** ●

# Radis Community Care (Rowan 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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, in this case care for older people including those living with dementia.

#### 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.

People using the service live in 21 flats in one shared building. Not everyone using Radis Community Care (Rowan Court ECH) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service did not have 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 visit because we needed to be sure that the manager would be available to facilitate the inspection. The inspection site visit activity started on 13 March 2019. We visited the office location on 13 and 14 March to see the manager and staff, and to review care records and policies and procedures.

#### What we did:

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. We had asked the provider to complete a Provider Information Return (PIR). This is information we request on at least an annual basis about what the service does well and improvements they plan to make. The provider did not complete the required PIR. We took this into account when making our judgements in this report.

During the inspection we spoke with seven people who use the service and four relatives. We spoke with the manager, the area manager, a team leader and two care and support staff. We looked at care records for four people, medicines records and recruitment records for three care staff. We looked at other records in relation to the management of the service, such as audits and quality assurance records.

Following the inspection, we received feedback from a social care professional we contacted.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Staffing and recruitment

- Staff recruitment records did not always demonstrate that thorough processes were followed when checking staff for suitability before being employed by the service. Staff records included an application form 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. While files for two staff contained written references, one member of staff's records contained requests for references dated July 2018 but no record of responses from previous employers. The manager contacted the member of staff, who was not on duty, to follow this up.

The failure to maintain a record in relation to satisfactory evidence of staff conduct in previous employment was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staffing levels were determined by the number of people receiving care and support and their needs.
- The staff rota showed two care workers on duty on during the day. A new rota format had been designed which also showed the team leader's allocated hours.
- Staff told us staffing levels were usually appropriate for the current level of occupancy and, "They always get cover if someone is sick. (Team leader) is in the office and says if you need a hand give me a shout". The provider also delivered care at an adjoining service and staff told us this gave some flexibility with staffing.

### Using medicines safely

- Staff confirmed they had received training for the safe handling of medicines. However, records did not evidence that all staff had received an assessment of their competency to administer medicines in line with best practice guidance.
- The medicines care plans and medicine administration records (MAR) did not all contain clear guidance or information to support the safe administration of people's medicines. A person had an 'as required' (PRN) analgesic but no guidance for staff about when, why or how this should be given. A medicines support plan dated November 2017 contained out of date information about the person's medicines. One medicine had since been reduced to half the dose and the person now used an inhaler, which was not recorded. Another person's care plan stated a skin cream was to be applied day and night. Staff had regularly recorded 'not taken' on the MAR for the prescribed skin cream. The person's care plan did not indicate this was used as part of the person's care routine. The manager told us a lot of people using the service still had creams prescribed and she was asking for reviews to be held for each person.
- The provider's medicines policy stated that where PRN medicines were prescribed, people's care plans should include information about what the medicine was used for, the quantity of medicines in each dose,

minimal intervals between doses, and maximum number of doses in 24 hours.

The failure of the provider to have an effective system in place to ensure the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us there was on-going work to develop and improve care records.
- A weekly medicines audit was carried out.
- People told us they received support if they needed it with their medicines.

Learning lessons when things go wrong

- Similar themes involving medicines and staff recruitment have come up at other service locations where care is delivered by the provider. Therefore people's safety could not be assured because lessons were not always learnt following inspections at other services run by the provider.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the procedures for keeping people safe and knew how to recognise signs of potential harm or abuse. Staff we spoke with confirmed they had received safeguarding training and we saw refresher training was scheduled for later in the month.
- Safeguarding and whistleblowing policies were in place to support staff.
- Incident forms were completed by staff and the local authority safeguarding team informed.

Assessing risk, safety monitoring and management

- People told us they felt safe with the support provided by the service. A person said they felt "Very safe. All the people are so good". A relative told us, "I know (the person) is very safe here and secure".
- Assessments were undertaken to assess any risks to people and to the care workers who supported them. Areas covered by these assessments included risks to the environment, food preparation and moving and handling. Plans set out how risks were minimised or prevented.
- Staff demonstrated understanding of assessing risk and least restrictive practice.
- A business continuity plan was in place to support the running of the service in the event of an emergency.

Preventing and controlling infection

- Staff demonstrated understanding of infection control procedures and had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.



# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff skills and training had not always been monitored and updated to maintain the quality and safety of the service. The new manager was aware that there had been lapses in some mandatory training and competency assessments in medicines. The manager had been unable to update the online training records and it was possible that some training had been completed but not updated. The manager subsequently sent an updated record after the inspection and this confirmed that there were gaps in people's training and some refresher training had not yet been undertaken.
- A separate record showed a member of staff had been required to retake some aspects of a moving and handling questionnaire. There was no further record to evidence that this had been followed up, however the member of staff had received a certificate stating they had completed the training. The manager said they would put the member of staff forward for moving and handling refresher training, to make sure they had the required level of competency. The service manager told us they would now be asking for the training matrix to be amended to include a section for moving and handling competency checks.
- Records showed that staff had not been supported with regular one to one supervision meetings. We asked staff about the support for supervisions they received. One staff member told us, "We used to have supervision". Another member of staff had not had supervision and had been working in the service for two months. The provider's policy stated staff should have access to a supervision once every three months and new staff were to have a supervision meeting at least once a fortnight until their probation was completed. A senior staff member was not sure who should be carrying out one to one supervisions. They said changes in management had resulted in supervisions falling behind, but that this had been recognised and was coming back in. The manager told us they had started informal supervision with individual staff and planned to start a programme of formal recorded supervision and annual appraisal. This would provide assurance that staff had the right skills and support in place for them to effectively carry out their role.

The lack of effective supervision and training for staff meant people were at risk of receiving poor quality care from staff who did not have the right skills and competencies to meet their needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us that refresher training was scheduled for all staff in moving and handling, medicines, safeguarding and reporting and recording later in the month.
- A member of staff confirmed they had completed induction training and shadowing shifts and that refresher training was scheduled in the next week. Another member of staff told us they felt well supported and not pressured during the induction learning. They said, "They told me 'take your time', They're brilliant here". They told us they had "Four or five training sessions" for induction, including medicines, moving and

handling, first aid, fire safety, and infection control. They also spoke about training in safeguarding, The Mental Capacity Act, and dementia awareness.

- The manager told us more advanced dementia training for staff was in the process of being arranged.
- A relative said "Staff are good. Some are better than others. Some are new to the job and are finding their way". They told us, "(Team leader) is around".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person had an assessment of their needs containing detailed information about their morning, lunch, afternoon and evening routines, as appropriate, and the support they required with tasks such as bathing, dressing, medicines and meal preparation. The manager told us that she planned to improve on the timeliness of care plans being in place for new tenants following the initial assessment.

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

- Where people required support in relation to food and drink this was recorded within their care plans. We observed staff providing support in the communal dining area. Care plans also contained information about any specific nutritional needs and food preferences people had.
- People could request to have a hot meal prepared by an independent caterer. Staff could also prepare a meal, heat up a meal or make a light snack.
- People told us, "They do my meals for me. They are very good". "We have a cooked meal a day. There is a menu choice the day before. We go to the dining room. The food is pretty good". A relative told us, "(Person) has nice meals".

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

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

- Records showed people were supported to access healthcare services.
- A relative told us their family member was being supported by the service in relation to a health matter. Another relative confirmed that staff contacted them if their family member was unwell. "A couple of times recently they haven't been able to wake (person) in the morning. They rang for an ambulance and then they ring the family".

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

The Mental Capacity Act (MCA) 2005 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.

- The service had policies and procedures to help them meet the requirements of the MCA.
- Care plans showed that people were able to make their own decisions independently or with support from relatives or other representatives.
- The manager told us they were asking people's relatives or representatives to provide valid documentation to show if they had been given powers of attorney with authority to take decisions about people's care and support.

# 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

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

- The feedback we received from people and their visitors indicated they were happy with the overall care and support being provided. People's comments included, "Always good" and, "They are very nice to me". A relative told us, "The manager and staff are lovely. (Person) seems happy" and, "We can visit whenever we like". Another relative said, "I think the staff are amazing" and, "This is an ideal place for (person). I'm always pleased when I visit".
- We observed that the manager and staff were kind and caring and knew people well. When the manager walked in to the lounge area, a person who was very pleased to see her gave her a hug. They sat together chatting quietly. The manager was reassuring, "Nothing for you to worry about." "Have you had a good breakfast? It will soon be lunch time". Later, a person who was feeling upset and emotional came into the office. The manager responded with empathy and spoke with the person who became calmer and thanked the manager.

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

- Care plans were written in a way that respected people's choices, wishes and individuality.
- People were supported to make decisions about their day to day care, such as when to get up and go to bed, and choices about how their care was given.
- Staff demonstrated knowledge of people's individual needs and preferences regarding their support. A member of staff said, "People still know what they want. They might just take a bit longer. I never presume".

Respecting and promoting people's privacy, dignity and independence

- We observed the manager and staff treated people with respect.
- A member of staff told us, "We try to keep people as independent as possible (when providing care). Some days you need to take longer with people".
- There were set call times listed, however staff told us these changed on a daily basis in accordance with people's preferences. "People like to lay in sometimes. We just pop in to see if they're OK". A person told us, "They are always popping in. I get myself washed and dressed and they call in".

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The new manager was aware that a number of care plan reviews were overdue and was working on this, to ensure that information about people's care and support was up to date and accurate.
- Care plans provided guidance about how each person would like to receive their care and support, including their preferred routines of care. The plans described the person's needs and abilities in a range of areas such as personal care and hygiene, daily living activities, meal preparation, health issues, shopping and dressing.
- Staff demonstrated knowledge of people's individual needs, likes and dislikes. Handover meetings were held by staff changing shifts.
- A senior member of staff told us, "Staff need here to be responsive to what people need at the time". Staff kept records of the support they provided in people's individual daily diaries. Any variations in the levels of care required to meet a person's needs would be recorded so that a reassessment could take place.
- A relative told us, "The staff come in at regular times". They confirmed that staff came at the required times and if staff were needed in between care visits, "There is a buzzer. (Person) has learnt how to work it. The staff talk to you through it".
- Another relative staff did care visits "Four times a day. They are very good. They 'set the seed' and then come back". They added, "They come at the right times but they are flexible".
- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The manager had access to a range of communication formats through the provider organisation. The manager told us they had developed the use of cards to assist communication with a person with a hearing impairment. This enhanced the person's choice and control about their daily care routines. The manager was in the process of updating the person's care plan with this information.

End of life care and support

- There was a section within the care plans where end of life wishes, any advance decisions and arrangements could be recorded. These were to be completed and updated as part of the ongoing reviews of people's care and support. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.
- The records on file contained two recent complaints about the service, both received via social services in November 2018. The records indicated that while both complaints were looked into, the service had not

always responded to advice and guidance from the local authority. There was a lack of evidence to show what was learned and what was being done differently as an outcome of the complaints.

We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from complaints.

- A relative told us, "Any issues we speak to staff. We have had some issues but these have been sorted". They also told us things had improved in the service.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

Continuous learning and improving care

- The service had been without a registered manager since the end of June 2018. There had been two managers in post since the previous registered manager left, but they had not registered with the commission and did not stay with the service. At the time of our inspection a new manager had recently been appointed, who confirmed they would be applying to become the registered manager.
- CQC had not received the requested provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We take this into account when we make the judgements in our inspection reports.
- Systems for monitoring and improving the safety & quality of service were not always effective. The lack of stable management had resulted in inconsistencies in the quality and performance of the service, such as staff meetings and supervisions not taking place regularly and training not being monitored and updated. Reviews and updates of care records had also fallen behind.
- A system of audits was in operation but there was a lack of evidence to demonstrate how this was used to monitor and improve the service. The manager told us the organisation's quality manager had carried out an audit the previous week. The manager had not yet received the report and action plan from this audit.
- Any patterns of accidents or incidents were monitored and reported by the manager and staff at the service. The manager and team leader told us a 'webroster' system would normally be used to record and store notes, but that any follow up actions were not always clear or recorded.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- While incident forms were completed by staff and the local authority safeguarding team informed, we were not always notified. An incident form was on record detailing injuries and an allegation by one person of physical abuse by another person in February 2019. The service had taken action but we were not notified by the provider. Following a discussion with the manager during the inspection, we received notification about another incident that had involved the police.

The failure of the provider to notify CQC when required of specific incidents affecting the health, safety and welfare of people using the service was a breach of Regulation 18 HSCA 2008 (Registration) Regulations 2009

Notifications of other incidents.

- A member of staff said, "As a company to work for, it has been a bit mixed up at times, but we get there". They commented that the service "Has had different managers. (New manager) seems to be getting on top of things and acts on what we tell her. Paperwork was an issue". Another member of staff said the new manager was confident and, "Seems to know what she is doing and works hard".

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The manager told us they were prioritising team building and working relationships with external professionals, as well as, "Making sure tenants are happy and receiving appropriate care". The manager had held a meeting with tenants and their relatives and representatives.
- The area manager told us staff were now receiving more consistent managerial support.
- The manager told us they were being supported by the senior management team.

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

- A relative told us, "I've been to the meeting with Friends of Rowan Court and (manager) is coming up with ideas for activities and is now very good with the relatives. If things are put into practice things should improve". Another relative said, "On the whole things have improved. The place feels different in a positive way". They told us, "[Manager] interacts with the residents".
- The manager told us they planned to hold further staff meetings, in addition to starting formal staff supervision and appraisals, and to put in place a staff comments and suggestions box to enable staff to remain anonymous if they wished when making comments. The manager said this might help to deal with any staff issues. There was no company staff survey.
- Records indicated a customer satisfaction survey questionnaire had been given out to tenants and their relatives or representatives, but only three out of 16 were completed and returned.

Working in partnership with others

- A social care professional told us, "Since the new manager took up her post we have seen an immediate improvement in service delivery. (The manager) has already established a very clear understanding of all of her tenants needs and has shared with us her findings. We have through effective joint working been able to arrange some bespoke care packages designed to maximise wellbeing and independence. (The manager) has also sought medical investigations/interventions for clients where appropriate. I believe that the care staff are much happier. I have witnessed some really good person-centred care being offered by the staff since the appointment (of the new manager)".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not always notified CQC when required of specific incidents affecting the health, safety and welfare of people using the service. Regulation 18(2)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have an effective system in place to ensure the safe management of medicines. Regulation 12 (2) (g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not robustly operated to assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Records in relation to satisfactory evidence of staff conduct in previous employment were not maintained. Regulation 19 (3) schedule 3.</p>
Regulated activity	Regulation



Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not all receive appropriate support and training to carry out their duties effectively.  
Regulation 18(2)(a)