G P Homecare Limited

Radis Community Care (Mill House)

Inspection report

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21 July 2022

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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 (Mill House) is an extra care service consisting of 42 apartments, accommodating people within a large purpose-built building. At the time of the inspection 18 people received personal care.

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.

People's experience of using this service and what we found
Some records relating to management of medicines were not consistent. However, we found no evidence of harm and people had received their medicines as prescribed. The registered manager took immediate action to address this. People were protected from abuse and told us they felt safe. Risks were assessed with measures in place to mitigate. Safe recruitment procedures were followed. Staff were aware of measures to take to prevent and control the spread of infection and people told us they felt well protected during the COVID-19 pandemic.

People's needs were assessed before they received a service to ensure that the provider could facilitate the care they required. Staff received training to enable them to carry out their role. New staff were required to complete an induction programme. Staff worked with external professionals to support people's nutritional needs and their general health and well-being.

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.

Overall, people told us staff supported them in a friendly and caring manner. We shared a concern about one staff member's attitude with the registered manager. People's comments included, "Everyone is very kind and considerate." Staff supported people to remain as independent as they could be, and people were involved in decisions about the care they received.

Each person had a person-centred care plan which reflected their needs and choices. Care plans were regularly reviewed and updated when people's needs changed. Policies and procedures were in place to manage complaints. Complaints were investigated and responded to appropriately. Staff supported people with end of life care, which enabled them to stay in their own home wherever possible if that was their wish.

Systems were in place to assess and monitor the quality of the service, drive improvements and capture learning. People had opportunities to give their views about the care they received and the quality of the service. During the inspection, the registered manager and staff responded positively to feedback

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 13 March 2020 and this is the first inspection.

Why we inspected
This is a planned inspection to provide the service with its first CQC rating.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our good 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 (Mill 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This 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

Service and service type
This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service notice of the inspection. This was because we wanted to gather information about the service before visiting. We also needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 14 July 2022 and ended on 22 July 2022. We visited the location's office/service on 21 July 2022.

What we did before the inspection
We used information we had received about the service and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and any improvements they plan to make. We used all this information to plan our inspection.

During the Inspection
We spoke with six people who used the service and three relatives. We also spoke with the area manager, registered manager, two team leaders, two care staff and an external professional who worked with the service. We reviewed a range of records. This included three people's care records, medication records and a variety of records relating to the management of the service, including policies and procedures. We also reviewed three staff files in relation to recruitment, staff supervision and training.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were administered by staff who had received training and their competency to do so checked.
- Some records relating to management of medicines were not consistent. However, we found no evidence of harm and people had received their medicines as prescribed. We were assured that records at the point of administration were accurate. We discussed this with the registered manager who took immediate action to address the matter and introduced additional audit checks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from abuse.
- Staff were aware of signs and systems of abuse and the procedures to follow should they have concerns abuse may occur or has occurred. The registered manager ensured that incidents were reported to the local authority when appropriate.
- People told us they felt safe, their comments included, "I feel safe here, the building is well protected and there are people and carers around." and "Oh yes, I feel safe."

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

- Risk assessments were completed and regularly reviewed to protect people from avoidable harm, providing staff with guidance about measures needed to mitigate those risks. Specialist equipment was used where needed.
- Accidents and incidents were recorded and reviewed by the registered manager to identify emerging themes. This enabled action to be taken to prevent reoccurrence or reduce the level of risk. Although review was taking place and appropriate actions taken, we discussed with the registered manager that recording of their review and outcome could be more clearly documented.

Staffing and recruitment

- Safe recruitment procedures were followed with appropriate safety checks carried out.
- There were sufficient permanent staff to meet the number of calls required and the service did not currently require the use of agency staff.
- An electronic system was used to monitor call times which alerted the management team and staff if a call was becoming overdue. Using this system ensured that calls were never missed and that appropriate action was taken quickly if staff were running late.
- People told us staff responded quickly in an emergency and the majority of people told us their care calls were on time. Comments included, "When I pressed the pendent they were here in seconds. They were very

good"; "They are usually on time"; "They are more or less on time, if they are going to be late they will let [Relative] know" and "They turn up, are reliable and do a good job." However, one person felt staff were "usually rushing around."

● Staff told us there were sufficient staff, that they were "Definitely not understaffed in any way" and staff worksheets confirmed this.

Preventing and controlling infection

● Staff received training, including in response to COVID-19 pandemic, and were aware of the procedures to follow to prevent and control the spread of infection. Guidance was reiterated during staff meetings.

● Staff were provided with personal protective equipment (PPE) which was used as required.

● People told us they felt protected by management and staff during the COVID-19 pandemic. Their comments included "They have been strict but good and kept us safe" and "They have protected me well in COVID and never come without masks and gloves."

Good

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 before they received a service to ensure that the provider could facilitate the package of care required. Following this initial assessment, care plans and risk assessments were developed and regularly reviewed.
- Care plans evidenced people's needs and choices were well reflected and were in line with current standards.

Staff support: induction, training, skills and experience

- Staff received the training required to enable them to carry out their role. Although some training sessions were overdue for review due to the impact of the COVID-19 pandemic, the management team were monitoring with plans to address. Staff told is they had been well supported when undertaking professional qualifications.
- An induction programme was in place to support new staff.
- Staff received ongoing supervision sessions which they felt were supportive and "a two-way thing." Staff comments included "It's [supervision] is brilliant, I can air anything I want to" and "It's good to get feedback on how you are doing."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of and provided with appropriate guidance about people's nutritional needs.
- We saw evidence that staff worked well with external agencies to ensure professional guidance was available when required in order for people to maintain their health and well-being. Professional guidance was then incorporated into people's care plans.
- People told us, "It's good they keep an interest in our welfare" and "They would call a doctor for [relative] if required or district nurse."

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

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

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

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

- The service was working within the principles of the MCA.
- People's consent to their care had been sought. Staff were aware of the requirement for best interest decision making if people lacked capacity to make their own decisions, should the need arise.

Good

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
- Staff supported people in a friendly and caring manner. People's comments included; "Everyone is very kind and considerate. They chat to me while helping me"; "The carers are kind and very good" and "The carers, oh yes, are all lovely and I am happy with all of them."
- During the inspection we received a concern about the way in which a person had been spoken with and shared this feedback with the registered manager.
- Characteristics protected under the Equality Act 2010 were considered and incorporated into care planning.

Respecting and promoting people's privacy, dignity and independence
- Staff were mindful in supporting people to remain as independent as they could be. A staff member explained how they had supported someone to regain the ability to drink independently following an illness.
- Some people had adaptations to support their independence. When they were not able to use those adaptations, for example due to illness, alternative arrangements were implemented until they recovered.
- People were treated with dignity and respect. People's comments included, "They treat me well, with respect and dignity and are always nice to me" and "[Staff member] is fantastic with [relative], his respect for her, her dignity, and patience for [relative] is outstanding."
- Records and personal information were stored securely in line with requirements.

Supporting people to express their views and be involved in making decisions about their care
- People were involved in decisions about the care they received and were able to make choices. Their views and preferences about how they would like their care to be delivered were captured and recorded in care plans. Relatives were consulted and involved when appropriate.

Good

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

- Each person had a personalised care plan which was person-centred and reflected their needs and personal choices about how they wanted their care to be delivered. In addition to the care plan, a one page profile was in place detailing what was important to the person and how to support them in line with their wishes.
- Regular review meetings took place to ensure care plans were updated if people's needs changed. A relative told us, "They do go through the care plan with us, we are on it at the moment as [relative] needs more care now."
- Staff were proactive in highlighting when people may require additional support.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded within care documentation and measures implemented, such as specialist equipment and alternative formats, to support people when needed.
- Details of advocacy support were available within the building. The registered manager discussed this type of support with people who may benefit from an advocate.

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's social needs were considered during care planning.
- Staff supported the organisation and delivery of a varied range of activities and events reducing the risk of social isolation.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to handle complaints.
- Complaints were investigated and responded to appropriately. Records evidenced that follow up checks were made to ensure the person was satisfied with the response they had received and that learning had been captured.

End of life care and support

● Details of people's future wishes for end of life care were clearly reflected in care plans.

● The service liaised with external professionals to enable them to deliver this type of care as people approached the end of their life. This supported people to remain in their own homes in line with their wishes whenever possible.

● The registered manager and staff spoke with pride about being able to deliver end of life care, going above and beyond to ensure people could remain at home.

● Staff supported people to receive visits from others living at Mill House in line with their wishes as they became unable to do this themselves.

● A visiting professional told us they felt care and communication were good. They said staff were proactive in contacting them when required and if they were supporting a person at Mill House, they knew "they would be well looked after."

Good

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.

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

- The registered manager demonstrated an understanding of their responsibility to notify CQC about events which occurred within the service. However, due to an administrative oversight, it was necessary to submit notifications for two recent events retrospectively.
- Systems were in place to monitor the quality of the service. A detailed service quality assurance audit was carried out by the provider's quality team annually, with additional audits periodically within the service, to identify if improvements could be made.

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

- Overall feedback from people using the service, relatives and staff was extremely positive. Care was person-centred and good outcomes were achieved. One person told us, "The manager asks me all the time if I am happy."
- Staff told us that they felt well supported by the management team and spoke about the care they provided with a sense of achievement. Staff comments included, "[Management] have always got time for you"; "It's the most supportive place I've worked" and "I just think we make a difference."
- There was an open and honest culture within the service. Complaints had been dealt with, responded to and apologies given when appropriate.

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

- People were able to express their views about the care they received during quality monitoring telephone calls, review meetings and provider surveys.
- Staff meetings were held regularly with minutes displayed for those who could not attend to see what was discussed. Staff told us they were able to make suggestions and felt their views were taken on board.
- The registered manager confirmed that they were in the process of supporting people living at Mill House to appoint a new residents' committee in liaison with the housing provider.
- The service had developed working relationships with a range of external professionals to promote good outcomes.