

G P Homecare Limited

# Radis Community Care (Jubilee Court)

## Inspection report

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Date of inspection visit:  
22 May 2019

Date of publication:  
03 July 2019

## 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 (Jubilee Court) is an extra care housing service that was providing personal care to 21 people at the time of the inspection.

People's experience of using this service: People were protected from abuse and avoidable harm. Risks were assessed and reviewed to ensure people were kept safe. Medication was administered safely. People were supported by a sufficient number of safely recruited staff who knew how to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were trained and supported to deliver effective care. People's needs and choices were assessed and staff delivered support in the way people preferred.

People were supported by kind and caring staff. People were encouraged to be involved in making decisions about their care. People were supported by staff who respected their privacy and dignity and promoted their independence.

Staff understood people's preferences and catered for these. People's end of life wishes were considered when needed and plans were in place to ensure people received personalised care at that time of their life.

Audits were in place that effectively checked the quality of the service. People and staff told us they found the management team approachable. The management team continually sought ways to improve the quality of the service.

The service met the characteristics of Good in all areas; more information is available in the full report. Rating at last inspection: At the last inspection the service was rated Good (report published 2 December 2016). At this inspection we found the service continued to be good.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive.

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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was responsive

Details are in our Responsive findings below.

# Radis Community Care (Jubilee Court)

## **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 carried out by an inspector, an assistant 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 to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted accommodation in a shared site or building. The 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 looked at people's personal care service. People using the service lived in flats, on the purpose built development. There were 21 people receiving personal care at the time of the inspection.

Not everyone using Radis Community care (Jubilee Court) 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 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 48 hours' notice of the inspection because we needed to gather people's contact details and gain their permission to contact them as part of the inspection.

Inspection site visit activity started and ended on 22 May 2019. We visited the office location on this date to see the manager and office staff; and to review care records and policies and procedures. We also made telephone calls to people who used the service on this date.

#### What we did:

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with three people who used the service and four relatives. We also spoke with the registered manager, two senior team leaders and two care staff. We reviewed the care records of three people to see whether they were accurate and up to date. These included care plans, daily care records and medicine administration records. We looked at records relating to the management of the service. These included two staff recruitment records, incident records, training information, complaints and compliments records and quality assurance records.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe; I wear a pendant and if I press, they come. Also, they [staff] make sure I am not alone if I have to go to hospital."
- Staff knew how to recognise the signs and symptoms of potential abuse and how to report and record their concerns.
- There were systems and processes in place to protect people from abuse and we saw these worked effectively.

Assessing risk, safety monitoring and management

- People's risks were assessed and planned for and staff knew people's risks well and how to support them to stay safe.
- People told us their risks were assessed and staff helped them to reduce risks and monitored their safety. One person said, "I couldn't manage my bath without [staff] being there. I use [equipment] and need to be strapped in. They will even check the temperature of the water. I can't praise them enough."
- A relative described how staff worked flexibly to manage risks and ensure people's safety. One relative said, "I get assurances [my relative] is safe. Previously they had fallen and not been attended to. Now the staff check regularly and make sure [my relative] had their pendant alarm on."

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs and people were supported by staff at the times they needed support. A relative said, "I'm happy [my relative] is safe with the staff. I trust them to do the right thing. There is someone around all the time even at night you just have to call them."
- People told us there were sufficient staff to keep them safe and they had consistent care staff who turned up on time. A relative said, "We have a group of staff who come. It's usually the same staff for the morning and lunchtime call and then they change for the tea and evening. It works well for us".
- Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

Using medicines safely; Learning lessons when things go wrong

- People told us they got the support they needed to take their medicines safely. A relative said, "Staff were very good at encouraging [my relative] to use their insulin pen when they were having that. [Staff] would observe and praise them and now they don't need it anymore they make sure they have the tablets for diabetes. It comes in a pack and they give it and sign for it."
- Medicines were administered safely, staff had been suitably trained and accurate Medicines Administration Records (MARs) were kept and checked daily to ensure any errors were swiftly identified.
- There were systems in place to address medication errors and lessons were learned where things went

wrong. We saw where medication errors had been made, appropriate action was taken to reduce the risk of reoccurrence. For example, when medicines were missed, it was swiftly identified and discussed with staff to ensure learning was taken.

#### Preventing and controlling infection

- People were protected from the risk of infection and cross contamination.
- People told us staff followed safe procedures. One person said, "[Staff] wear gloves and aprons when bathing me and gloves in the kitchen. There is no problem with hygiene."
- Staff had been trained to understand and follow safe procedures and staff we spoke with understood their responsibilities.

# 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

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 and choices were assessed before they started to receive a service to ensure their needs could be met. This included consideration of people's diverse needs such as religion and culture. They were reviewed and updated when required.
- Care was delivered in line with the assessment of people's needs and choices.

Staff support: induction, training, skills and experience

- People felt staff were well trained and had the skills and experience to support them effectively. One person said, "I think they are well trained. They listen to what I need and understand my condition, they are patient and never rush me."
- New staff received a thorough induction that included training and shadowing more experienced staff members. A relative said, "[Staff] all know my relative and they are very good at introducing new staff. They have a period of shadowing for new staff, so they are never left without knowing what needs to be done."
- Staff felt training provided them with the necessary skills and they felt well supported by regular supervision sessions and spot checks where they received feedback on their performance to help them improve.

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

- When required, people were supported to eat and drink enough to maintain a balanced diet.
- People were given choices. One person said, "I make my own decisions. I have a freezer full of meals and [staff] will ask what I fancy that day. It is always nicely presented and served on a tray. They all understand my need for specific cutlery. They make it a pleasant experience. The staff even order my shopping and unpack and put it away. I choose what I want, and they order it, it's fantastic."
- Staff understood people's needs in relation to eating and drinking. A relative said, "[Staff contacted us] only yesterday to say they were concerned about [my relative's] appetite and suggested things we could buy that may entice them to eat, as they know they need to keep their blood sugar at the right levels. I am very happy they care for [my relative] so well."

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

- Staff worked well together and with health professionals to provide effective care.
- Handover records were comprehensive and provided staff with the information they needed to deliver consistent care.
- People and relatives told us staff contacted health professionals on behalf of people when required. Records confirmed this.



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

- Staff asked people's consent before supporting them.
- 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.
- We checked whether the service was working within the principles of the MCA and we found that they were. Staff understood the principles of the MCA and knew how this applied to supporting people.

# 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

- People were happy with the care they received and told us staff were kind and caring. Comments included, "I have absolutely no problems at all. They [staff] care about me and we have our little bits of jokes. I am very happy with my carers" and "[Staff] will do anything I ask. It is all about me really. They will always ask if there is anything else they can do before they leave." A relative said, "All the staff are good and really care about [my relative]. They are all nice, kind and caring."
- Staff demonstrated a caring attitude towards people they supported. One staff member said, "I like to chat and part of your call is to engage in conversation. Some people haven't got much family; conversation is important so they don't feel lonely. We need to make time to sit and talk to people. The more you talk the more you get to know them and we usually do have time."

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

- People felt involved in making their own choices and decisions and told us staff encouraged them to do so.
- A relative said, "Staff will do whatever [my relative] wants; so sometimes they have a bed bath and sometimes it will be a shower, it is whatever they choose."
- Staff were able to describe how they offered and encouraged people's choices and care plans reminded staff to do this.

Respecting and promoting people's privacy, dignity and independence

- All the people we spoke with told us their privacy, dignity and independence was respected and promoted. Comments included, "[Staff] let me do what I want, so if I want a shower, they will take me and help. I have a shower stool as I can't stand for long. I couldn't manage without [staff]" and "The care is absolutely fantastic. They never rush me and only help if I need them. They know I like to do as much as I can for myself."
- A relative said, "They keep [my relative] as independent as possible. They are always popping in and out and I believe they give [my relative] as much care as they would get if in a nursing home."
- Staff spoke passionately about promoting and encouraging people's independence.

# 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

- People received personalised care that was responsive to their needs.
- People and relatives were involved in developing their own care plans. A relative said, "[My relative] does have a care plan which we all sat down together to do. [My relative] did most of the plan and [family] chipped in as necessary. It is very comprehensive. Also, whenever there is any type of assessment the staff will make sure one of us is there. I do believe the care plan was reviewed a couple months back and we are in fact taking [my relative] for a review with the occupational therapist as the staff felt some extra equipment may help their mobility. The staff are really good at picking up on [my relative's] needs."
- Staff knew people well because they consistently supported the same people and built relationships with them. They told us they looked at care plans which also provided them with the information they needed.
- People and relatives described how staff knew people's likes, dislikes and preferences and catered for these.
- People were encouraged to follow their interests. Staff told people about activities that were taking place in the communal areas and supported people to access the activities if they needed.

Improving care quality in response to complaints or concerns

- People and relatives told us they had information on how to make a complaint, knew how to do so and would feel comfortable doing so if required.
- One person said, "I have never needed to complain but am sure they would listen and sort out whatever it was."
- There was a suitable complaints policy and procedure in place which was accessible to people and complaints were dealt with appropriately, though no complaints had recently been received.

End of life care and support

- People's end of life wishes had been discussed with them where appropriate and were clearly documented.
- People who were nearing the end of their life had care plans in place to guide staff how to support them at this time.
- Staff understood how to deliver dignified end of life care and support in a personalised and compassionate way.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff felt the management team were approachable and responsive. A staff member said, "Registered manager] is one of the best managers I've had. You just know you can talk to any of the management team."
- The registered manager spoke passionately about promoting good quality, individualised care for people who used the service. These values and vision were shared by the staff who supported people.

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

- The registered manager understood regulatory requirements and we (CQC) received statutory notifications when required.
- Audit systems were in place to check the quality of the service. Audits were completed by senior team leaders and overseen by the registered manager. When any issues were identified, the audit systems ensured they were rectified in a timely way.
- A record was kept of all accidents and incidents and these showed suitable action had been taken when required. They were analysed by the registered manager to look for any trends or patterns so that action could be taken to reduce ongoing risks.

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

- People and staff felt engaged and involved in the service. People and relatives were asked for their feedback and also felt they could provide this informally, as the service was small and good relationships had been developed.
- There was a variety of communication and feedback mechanisms available to staff including staff meetings and memos. All staff felt able to approach any of the management team when required.

Continuous learning and improving care

- The provider had systems in place to support continuous learning and improvement. Staff told us they had suitable ongoing training opportunities and they were confident they would be supported with additional learning if they required it.
- All staff had completed or were working towards achieving nationally recognised qualifications in social care.

#### Working in partnership with others

- The registered manager worked in partnership with other agencies to deliver holistic care. This included the housing manager who was based on site.
- People told us they received a "joined up" service regarding their care and housing needs, because of the partnership working with the housing provider.