

G P Homecare Limited

Radis Community Care (Cherry Orchard House)

Inspection report

Cherry Orchard
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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 (Cherry Orchard House) is a service providing personal care to people in their own homes. The service supports older and younger people who may live with dementia, learning disabilities or autistic spectrum disorder, or sensory impairments. Twenty-nine people were in receipt of care at the time of the inspection.

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

People told us they could rely on staff providing the care agreed, including support to manage medicines they needed to remain well. Staff promoted people's safety by supporting people to reduce the risks they experienced. Processes were in place to take any learning from any incidents.

People told us they liked the staff who supported them and found them to be considerate and kind. People said staff were interested in their welfare and treated them with dignity and respect. Staff encouraged people to make their own choices and recognised people's right to independence.

People told us staff knew how to help them. People's needs were assessed, and they were supported to see other health professionals and have enough to eat and drink, so they would enjoy the best health possible. 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 were involved in deciding what care they wanted. Staff recognised when people's needs changed and supported people to ensure their preferences and needs were met. People enjoyed a range of activities with support from staff, which helped to reduce the likelihood of them becoming isolated. Systems were in place to take learning from any complaints. Staff considered people's end of life wishes and worked with other agencies to enable people to remain in their own homes at the end of their lives, where this was people's preference.

People and staff considered the service to be managed well and were encouraged to make suggestions for developing it further. Their suggestions were acted on. The registered manager understood their responsibilities, checked the quality of the care provided and worked with other organisations to drive through improvements to people's care. The registered manager planned to further develop key aspects of the service, to ensure people's safety and care preferences would continue to be met.

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 09/07/2018 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

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 well-led.

Details are in our Well-Led findings below.

Good ●

Radis Community Care (Cherry Orchard 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. 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 team consisted of one inspector.

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 rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people using the service to ask about their experience of care. We spoke with two provider representatives, the registered manager, a staff member with responsibilities for promoting people health and welfare and six care staff. We also spoke with a member of staff with responsibilities for providing training to staff.

We looked at four people's care records, multiple medication records, information relating to the quality and management of the service, including systems for managing any complaints, accidents or incidents, ways staff communicated and key policies. We also looked at three recruitment and induction files and staff training records.

After the inspection

We sought clarification from the registered manager to ensure staff had received the training which reflected the specific needs of some of the people they cared for.

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 told us staff supported them to stay as safe as possible.
- Staff understood how to recognise and report abuse, in the event this was identified. Staff were confident senior staff and the registered manager would take measures to protect people.

Assessing risk, safety monitoring and management

- People were consulted about their safety needs and told us staff managed their safety needs well. One person told us staff considered their safety needs when they moved around their home and made sure they had the equipment they needed to stay safe. Another person said, "Staff always make me a cup of tea, but do make sure it's not too full, so I don't get scalded."
- Staff understood people's individual safety needs and knew how to support people so risks to their safety and well-being were reduced.
- People's safety needs were regularly reviewed and their care adjusted as their needs changed. For example, people were supported by staff to access additional care when their safety needs altered, so their safety needs would continue to be met.

Staffing and recruitment

- People told us there were enough staff to meet their needs and to provide the care and support planned with them.
- Staff gave us examples of times when staffing levels were increased, in response to people's changing needs.
- Staff were not allowed to care for people until checks had been made to ensure they were suitable to work with vulnerable adults.

Using medicines safely

- People were supported by staff to have the medicines they needed to remain well. One person said, "I can rely on them [staff] giving me my medicines. If I need extra if I have a headache I can just ask."
- Staff recognised some people enjoyed the independence of managing their own medicines.
- Staff had received training to develop the skills they needed to ensure these were administered as prescribed, safely stored and disposed of. One staff member said, "You check the dates, that you have the right person, and you make sure you update the medication administration record."

Preventing and controlling infection

- People told us staff followed good hygiene practices to prevent infections, such as wearing gloves when

providing personal care. Staff told us they were supported to do this through the provision of protective equipment required to reduce the likelihood of the spread of infections.

Learning lessons when things go wrong

- Staff had opportunities to reflect on the care provided so any learning could be taken from incidents. One staff member told us about a fire which had affected one room. Actions taken by staff ensured no one was hurt. The staff member told us, "We talked about the fire. The fire brigade told us we had coped really well."
- The registered manager was reviewing which items they undertook electrical tests on, so these would also incorporate electrical items owned by people living at Radis Community Care (Cherry Orchard House), to further reduce risks to 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 care preferences and needs were assessed by staff before people started to receive care.
- Staff gave us examples of joint assessments they undertook with other health and social care professionals. This helped to ensure people's care needs and choices were supported and staff were able to meet their needs.

Staff support: induction, training, skills and experience

- People told us staff knew how to help them.
- Staff had received training which reflected the needs of the people they assisted. This included training to meet people's individual support needs, such as dementia, mental health and learning disability awareness training.
- New staff undertook an induction programme, which included working alongside more experienced colleagues. One staff member told us, "The induction and shadowing helped me to get the confidence I needed, and gave me the chance to get to know people I would be caring for."

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

- People told us they enjoyed the meals and drinks staff prepared for them, which were based on their choice. One person said, "They [staff] do my breakfast for me, but I like to do the rest of my meals myself."
- Staff gave us examples of the difference supporting people made. One staff gave us an example of a significant weight loss one person had made with support from staff. The staff member also told us, "We also look at helping people to increase their eating when needed and will suggest they have additional care calls if needed."
- Where people needed temporary support to have enough to eat and drink to remain well this was provided by staff.

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 see health professionals when required and told us they valued being able to gain advice from a Health & Wellbeing Advisor who promoted people's health. One person explained they had recently required some support to contact a dentist and said staff had helped them with this.
- Staff member gave us examples of joint work they had done with other health and social care professionals, so people had access to the care they needed to remain well. One staff member told us they had worked with local pharmacies, GPs, and made arrangements for opticians to visit Radis Community Care (Cherry Orchard House). This helped to ensure people's health needs were met in a timely way.

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.

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.

- Staff had received training in MCA and systems were in place to support people, if required, to ensure any decisions which may need to be made were undertaken in people's best interests.

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

- People told us they liked the staff who cared for them and said staff knew them well. One person told us, "I could not have picked a better place, and I can't fault the carers [staff]."
- Staff spoke with affection about the people they assisted and understood what was important to them. One staff member told us, "We [people and staff] get on well. They [people] need love and care." Another staff member said, "It's the little things. Everybody here cares about each other. Staff sang to [person's name] on their birthday, you got them a card." By doing this, the person knew they were valued.
- Staff understood the importance of the Equality Act 2010. Staff gave us examples of how they had worked sensitively with people to ensure people's unique needs and contributions to life at Radis Community Care (Cherry Orchard House) were recognised. This helped to ensure people were protected from discrimination.

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

- People were involved in decisions about their care and were supported to express their views. This included making day to day decisions, such as in what order they wanted their care to be provided, what they wanted to eat and drink and how they wished to spend their time.
- People said staff listened to any suggestions they made about their care and staff acted to support them as people wished.
- Staff gave us examples of how they checked people's preferences over time. For example, to confirm if people wanted support from staff to manage their medicines, or to be involved in activities provided at Radis Community Care (Cherry Orchard House).

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful when caring for them and promoted their privacy and independence, for example, when providing personal care. One person told us they felt respected because staff always used their preferred name.
- One person told us staff worked sensitively with them and helped them to maintain their dignity when they had been ill. The person said, "Staff came and helped me. {Staff member's name} was kind and respectful."
- People's right to confidentiality and privacy was respected, with people's private information securely stored.

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 decided what care they wanted and told us staff listened to their choices. People's care plans reflected their needs, care preferences and what was important to them.
- One person told us they had worked with staff to plan to change which room they occupied. The person said they really liked their new room.
- Staff gave us examples showing how they checked people were receiving the level of care they wished as their needs changed. This included additional support to manage their medicines and to have enough to eat and drink, so people would remain well.

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's communication needs had been considered when their care was planned. Staff gave us examples of different ways they worked with people so their communication and sensory needs were met.
- The registered manager was further developing "easy read" documents, so information would be available in alternative formats to support people to make decisions about their care.

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 told us their relatives were encouraged to visit them at any time. One person told us they had walked into town and just had lunch with their family member, which they really enjoyed.
- People had opportunities to socialise together. This included time spent together during coffee morning, gentle exercise sessions, movie nights and during other activities supported by staff.
- People said staff encouraged them to socialise, but the choice was theirs. One person told us staff understood they liked to spend time quietly. The person said, "Staff know I don't like a lot of people around me, just my family."
- One staff member highlighted how some people had made their first friends since moving to Radis Community Care (Cherry Orchard House).
- People told us staff took time to chat to them about their interests and what was important to them.

Improving care quality in response to complaints or concerns

- People were confident any complaints made would be addressed.
- Systems were in place to manage and respond to complaints, and to take any learning from these.

End of life care and support

- Staff worked with people, their relatives and other health and social care professionals when responding to people's needs at the end of their lives.
- The registered manager told us the needs of each person at the end of their lives were individually considered, when their needs were assessed. The registered manager and staff gave us examples of care provided which had enabled people to continue to live in their own homes, with their end of life wishes fulfilled.
- The registered manager planned to further develop people's care plans, so their end of life wishes would be known, in the event of people's sudden death.

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; 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

- People said the service was managed well, and they were encouraged to let staff know if they had any suggestions for improving their care.
- Staff were positive about the way they were managed and the focus of the senior staff. One staff member said, "[Registered manager's name] listens and looks at solutions. I find him supportive, they have the answers straight away. We all work well together." Another staff member said, "The best thing about working here is that it's a nice team and we all get on together. It makes it homely, and means we have good relationships with [people]."
- The registered manager told us, "I want independent happiness for the people living here, and I think they are getting this. Because of the family approach we [staff and people] feed off each other. You can't underestimate the effect of being with [people]. You walk round you find out things when you are having a chat."
- The registered manager was aware they needed to support people in an honest and open way in the event of any mistakes in the care provided.

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

- The registered manager understood their responsibilities to improve people's lives through the provision of good care, based on best practice standards. The registered manager kept up to date with best practice through attending meetings with other health and social care professionals, developing links with the community and through research.
- Staff knew how they were expected to care for people through regular meetings to discuss people's care needs, one to one meetings with their managers, staff meetings and regular communication with senior staff. One staff member said, "Staff meetings are useful and minutes available, if you want to go back and check on anything." A senior staff member said, "[Staff] know what I expected of them, we have a schedule to follow, so people get what they want."
- The registered manager was supported to understand their role and to monitor the quality of the care by the provider.
- The registered manager understood their responsibilities to advise CQC and other agencies of important events which may occur at the service.

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

- The views of people and their relatives were incorporated into quality monitoring and assurance arrangements. People's and their relatives' views on the care provided were regularly checked, and feedback received was positive.
- The staff team met to discuss people's care needs and were prompted to reflect on the care they provided.

- The registered manager and provider checked key aspects of care provided and used the findings to drive through improvement in the service. For example, improvements had been made to strengthen the fire service's knowledge of the building, and on medication administered, to further promote people's safety.
- The registered manager and provider were reviewing what safety measures were in place for people who chose to bring in their own electrical items.

Working in partnership with others

- The registered manager had created a specific staff role so people would be able to obtain health advice at the service. Staff were also supported with specialist guidance through this role, if they had any concerns for people's health. This helped to ensure people's health and well-being was promoted, and to make sure any referrals required were made to external health and social care professionals in a timely way.
- Staff gave us examples of work undertaken with other organisations, including local schools and faith groups, so people would have access to the support they wished.
- The registered manager and provider were working with the landlord, to ensure a timelier response to building maintenance concerns.