G P Homecare Limited

Radis Community Care (Gretton Court)

Inspection report

Gretton Court
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Date of inspection visit:
10 October 2019
14 October 2019

Date of publication:
12 November 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 (Gretton Court) is an Extra Care housing service. 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.

People live in their own flats and shared and shared communal amenities such as bath and shower facilities, dining room, lounges and garden. CQC does not regulate premises used for extra care housing; this inspection therefore only looked at people's personal care and support service.

Not everyone using Radis Community Care (Gretton Court) receives a 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. At the time of this inspection 36 people received regulated activities.

People's experience of using this service and what we found
People received safe care. The service had protocols in place to support staff and people to identify and raise any concerns regarding care provision. Risks were managed safely and any incidents that occurred were dealt with appropriately and measures were put in place to prevent a reoccurrence.

People's needs were assessed before their care package commenced. Staff had the relevant skills and experience to provide effective care. They supported people to manage their health conditions and maintain their health and wellbeing.

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.

Staff were kind and supported people in a compassionate manner. They treated people with dignity and respect.

People were supported as agreed in their care plan. Staff arrived at the agreed times. People felt the service listened and acted on their concerns. People were not at risk of social isolation. The staff team made arrangements for social inclusion within people's homes and in the wider community.

Staff were supported by their managers. The service had effective systems in place to monitor and improve the quality of care provided by the service.

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 16/10/2018 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date of registration.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

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 (Gretton Court)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and one 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 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10/10/19 and ended on 14/10/19. We visited the office location on 14/10/19.

What we did before the inspection

We reviewed information we had received about the service since its registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with ten people who used the service about their experience of the care provided. We spoke with the registered manager, the area manager, one care team leader and two care staff.

We reviewed a range of records. This included three people's care records and their medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

Systems and processes to safeguard people from the risk of abuse

- People were safe when they received care and support from Radis Community Care (Gretton Court). People talked about how care staff supported them to feel safe. One person told us, "Living here is wonderful and I have never felt as safe and secure before." Another person said, "I really trust them [staff] and feel secure when they are here."
- The service had protocols in place to keep people safe from abuse and avoidable harm. Staff were knowledgeable about people and what would constitute harm to them. They knew how to apply their knowledge to safeguard people and report concerns to relevant personnel and authorities.

Using medicines safely

- Medicines were managed safely. People who required support with their medicines received them as prescribed by their doctor.
- Staff received training and support on how to support people with administering their medicines. Records included guidance to staff on when to support people with 'as required' medicines.
- The registered manager completed regular audits of the support people received with their medicines. Their audits identified where further improvements were required and they took the necessary actions to improve safety.

Assessing risk, safety monitoring and management

- People's records included assessments of risks associated with their care. Risks assessments included information and guidance to staff which enabled them to provide safe care that met people's needs.
- Risks assessments were easily accessible to staff. Protocols for risks management promoted people's rights and prompted staff to minimise the risk of restriction of people's freedom. For example, a risk assessment prompted staff to identify signs of mental health deterioration and promptly refer to medical professionals.

Staffing and recruitment

- The service employed and deployed sufficient numbers of staff to meet people's needs. People told us staff supported them in a timely manner. One person told us, "They [staff] come on time and have never missed any day when they need to help me." Another person said, "They always ring and let me know if they are going to be late so I don't mind."
- The provider had safe protocols for recruiting staff. They completed relevant checks to ensure they employed staff who were suited to work with people who use health and social care services.

Preventing and controlling infection

● People were protected from the risk of infection. The service had policies and procedures in place to minimise the risks of an infection spreading.
● Staff supported people to maintain the cleanliness of their home. They wore protective equipment when they supported people with care tasks. One person said, "They [staff] wear gloves and aprons when washing me and keep things very tidy."

Learning lessons when things go wrong
● Incidents were recorded and dealt with according to the provider's policy. They were used as a learning tool for improving the service. The registered manager analysed incidents and concerns raised and took steps to minimise the risks of a reoccurrence.

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 as 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

- The registered manager and regional manager worked with the commissioning authority to assess people's needs before they started using the service. They considered people's needs and preferences in a holistic manner to ensure staff would be able to meet their needs. One person said, "I came to live here in August and I was assessed by the manger to see if I needed any support."
- People's assessment considered any characteristics as described by the Equality Act. This meant the service applied non-discriminatory practices to ensure people had equal access to a good quality of care irrespective of their age, disability, race or religion.

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

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

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

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

- At the time of our inspection the service did not support anyone who was being deprived of their liberty.
- Staff had good knowledge of the MCA and its requirements. They sought people's consent before they provided care and supported. They also supported people to make decisions independently.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to fulfil the responsibilities of their role. They had access to a variety of training to support them deliver effective care to people. New staff were supported through a comprehensive induction and shadowing programme.
- Staff had access to regular support and supervision. The registered manager and senior staff provided guidance to the staff team and supported them to be competent in their role. A staff member told us, "I can't believe the level of support at the service. [Registered manager] is really good at sitting and going through things with you, explaining things."

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

● The housing provider provided hot meals to people as part of their accommodation contract. Radis Community Care (Gretton Court) care staff supported people with prompting and practical support to eat their meals where required. They supported people to ensure they had access to regular drinks and snacks. This supported people to manage their nutritional needs.

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

● People were supported to maintain their health and wellbeing. Staff supported people with health monitoring and referred them to health professionals when required. One person said, "They [staff] rang me one morning to see if I was ok but I felt unwell that day." Another person said, "They contacted the doctor who came out to see me."

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 as 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 were kind and compassionate. They knew people that used the service, they respected their preferences and history and supported them according to the preferences. One person told us, "They [staff] treat me very well and are so kind." Another person said, "You couldn't find better or nicer staff."
- People were treated like they mattered. Staff took time to listen to people and tailored communication where required to ensure people could express their choices and wishes about their care. One person said, "They sit and listen to me as I have had some [description] problems, they are very kind."
- People told us the service had protocols for checking on their welfare. They said this made them feel cared for and safe. Some of their comments included, "They always ring me on the intercom every morning to make sure I am alright." They always ring me in the morning to make sure all is well which is reassuring." and, "I may not have any care provided at the moment but the staff keep in constant contact with me."

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

- Care records showed people were involved in decisions about their care on a daily basis. People received support as expressed by them or their relatives.
- The protocols for staff deployment included a wellbeing member of staff who supported people with wellbeing related care and support.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was promoted. Staff respected people's homes. People's care records included information on how staff supported people to maintain their privacy.
- Staff treated people with dignity and respect. We observed interactions which demonstrated respect and dignity were promoted in staff practice. One person told us, "They [staff] are great friends and treat me with dignity and respect."
- Staff supported people in times of emotional or physical distress. They provided support to enable people improve their wellbeing. One person told us, "With the help of the staff here I have been able to walk better, so I feel very well supported"
- People were encouraged and supported people to be as independent as possible. This meant people could retain their independent living skills. For example, one person was supported to complete their own laundry. Their records showed they enjoyed being independent with this task.

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 as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was tailored to their individual needs. Care plans included information on their preferences and history. People's records and their feedback showed their care was provided in a manner that met their needs. One person told us they were satisfied their needs were met. They said, "I can assure you I am very happy living here."
- Staff had good knowledge of each person and knew how to support them holistically. During our inspection we observed an interaction which demonstrated staff had knowledge of the needs of the person involved. Staff spoke confidently of how they supported people to meet their individual needs. One person told us, "I see the same [staff] all the time so I am secure with them and comfortable."

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 had access to a variety of activities within the premises and in the community. This included providing opportunities for social exchange with the wider community. This supported people to be part of the community they lived in.
- People's cultural and spiritual needs were met. For example, one person told us, "It has been arranged for me to have communion every week, a lady comes from the church."

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.

- At the time of our inspection, none of the people using the service required information in alternative formats. The service had policies and protocols in place which meant information could be provided in a variety of different formats if required.

Improving care quality in response to complaints or concerns

- People knew how to raise any complaints or concerns they may have about their care. They told us the registered manager dealt satisfactorily with any issues they raised. One person gave us an example, they said, "I informed the manager that I didn't want [description of issue] as I didn't feel comfortable, so they changed [description of resolution] as I requested."

End of life care and support

● The service did not support people who required end of life care and support. However, they had protocols in place to support people's wishes and any advanced plans they had made regarding their passing.

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 as good. This meant people's needs were met through good organisation and delivery. 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

- The service had a transparent and empowering culture which supported the provision of a good standard of care to people. The registered manager was available to people who used the service. People told us this made them comfortable and confident in the service. One person said, "The manager comes to make sure my needs are being met and she is very supportive." Another said, "The manager reviews my needs every year and is so easy to communicate with."
- Staff felt valued and supported in their role. They had access to regular supervision and appraisals. A care staff said, "I've got the support I need from [registered manager], the team leaders and from the team." Other staff members gave positive feedback about the support they received.

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 a good knowledge of their role including their regulatory responsibilities. They were supported in their role by an area manager to ensure the service was managed effectively.
- There were clear tiers of accountability and support within the service. Staff were all clear about the expectations of their role and were supported to fulfil them. Records showed there were regular staff meetings at all levels and actions were taken to improve the service.

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

- The service had protocols and policies in place to promote an inclusive approach to care provision which considered people's specific diversity needs such as their culture, religion or disability. This included maintaining links with the wider community to ensure the support people received was diverse.
- We saw evidence which showed people could confidently give their feedback about the service and the service acted on this.
- Staff were supported to raise concerns to their line managers. They told us the registered manager encouraged this practice and was proactive in dealing with any issues raised. A care staff told us, "I don't feel I need to raise concerns anonymously because I have such great support from my manager. [Registered manager] is great at picking up any concerns with staff. They will approach you saying you don't look yourself today and ask if you need five minutes to discuss anything."

Working in partnership with others

● The service worked collaboratively with other professionals such as social workers and health professionals to ensure the care people received consistently met people's needs.

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

● During our conversations with the provider, they demonstrated a good understanding of their responsibility to act on the duty of candour. We saw evidence in the records where they had applied this.