

G P Homecare Limited

Radis Community Care (Parsons Gardens)

Inspection report

Sargent Square
Leamington Road
Broadway
Worcestershire
WR12 7FF

Tel: 07841628102
Website: www.radis.co.uk

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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 is a domiciliary care agency. It provides personal care to people living in their own apartments within an extra care housing scheme known as Parsons Gardens. It provides a service to older people. There were three people receiving a personal care service at the time of our 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 felt they received safe care. Risk assessments covered all areas of risk and staff knew how to keep people safe from harm. Staff had received training in infection control and had access to personal protective equipment.

People were supported to take their medicine in a safe way.

Staff had received training and ongoing support to help them work safely and effectively.

Assessments and support plans were in place identifying what was important to people and how people needed to be supported. People's relatives told us the support people received was centred around the person and that they were involved in any decisions made.

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 supported people to maintain a healthy diet, in line with their assessed needs and could access health care if this was needed.

Staff were kind and caring and had developed positive relationships with people. Staff understood how to support and respect people's privacy dignity and independence

The service was well managed. The registered manager was approachable, and people knew them well. The registered manager conducted spot checks and audits to ensure the quality of the service was maintained.

For more details, please see the full report which is on the CQC website at 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 well-led.

Details are in our well-Led findings below.

Radis Community Care (Parsons Gardens)

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 Care Act 2014.

Inspection team

One inspector undertook this inspection on 3 January 2020.

Service and service type

Radis Community Care 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.

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.

What we did before the inspection

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.

We looked at information we held about the service, including notifications they had made to us about important events. We also looked at other information sent to us from other stakeholders, for example, the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care workers, and care workers.

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 were aware of how to raise or report any concerns, if they felt unsafe. One person told us they felt safe with the staff who supported them because, "They [staff] listen to me – I do feel safe living here."
- Staff had received training on safeguarding adults and on the provider's relevant policies and procedures for managing risks and maintaining people's safety.
- All staff we spoke with were knowledgeable about the types of abuse and how to report concerns.
- The registered manager, team leaders and care staff were aware of the local authority's safeguarding processes and their responsibility to share information with relevant professionals and other agencies to help protect people from abuse.

Assessing risk, safety monitoring and management

- Risk assessments were available for staff to support people safely. For example, where mobility equipment was required guidance was available for staff to follow. Risk assessments were reviewed by the management team who carried out visits and spot checks to ensure these were kept up to date.
- Environmental risk assessments had been completed to mitigate any potential risks to the safety of people who used the service and staff when supporting people in their own homes.

Staffing and recruitment

- People we spoke with felt there were enough staff to support them safely. However, one person told us their support needs had changed, so now required two staff to support them. The provider was in the process of trying to recruit new staff to assist the person, but in the interim was working with an external care agency to help the person due to their mobility difficulties..
- Staff received checks from the Disclosure and Barring Service (DBS) and had been required to supply two references. The DBS helps employers make safer recruitment decision and prevent unsuitable people from working with people.

Using medicines safely

- People who needed staff support to take their medicines told us this was provided.
- The provider had systems and processes in place to make sure people received their medicines safely, according to their needs and choices and as they had been prescribed.
- Staff were knowledgeable about medicines and had undergone medicine training and their competencies were checked and spot checks undertaken by the registered manager and team leaders.

Preventing and controlling infection

- Staff told us they had access to plentiful supplies of disposable gloves and aprons and were knowledgeable about infection control practices.
- People confirmed staff used disposable gloves and aprons to reduce the risk of infection when in their homes.

Learning lessons when things go wrong

- Staff had clear guidance on when and how to report accidents and incidents.
- Processes were in place to support staff to reflect when things went wrong and to learn from these situations.

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

- Prior to them starting to use the service people's physical, mental health and social needs were assessed.
- People told us they received care and support delivered in the way they wanted. One person told us, "[Staff name] is excellent I couldn't ask for anyone better and I have very high standards."
- The registered manager and care staff sought other professionals' advice where this was required, for example people's GP and district nurses. People had access to the services of a wellbeing advisor based on site.
- Staff reported changes in people's needs to senior staff to make sure care records continued to provide up to date information and guidance. Any changes were discussed at staff handovers, so people's support needs were current.

Staff support: induction, training, skills and experience

- People told us, they felt the staff supporting them were knowledgeable and had received the correct training to meet their needs.
- Staff had an induction which included training and working alongside experienced members of staff to enable them to get to know people they were supporting better.
- Staff had completed specific training about how to support people living with dementia and diabetes training.
- Staff were complimentary about their training and told us, it helped them to meet the needs of people they supported. One staff described the training as, "Brilliant [the trainer's name] is superb."

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

- People told us staff supported them with preparing their food and drinks if required. One person told us "The staff are very good cooks. I choose my food and they prepare it for me."
- If people wanted to attend the communal restaurant on site, – staff were able to escort people.

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

- Staff had good knowledge of people's health needs and provided examples of advice they had followed from health professionals. For example, advice from district nurses so people would enjoy the best health outcomes possible.
- Staff told us they were confident that changes to people's health and well-being were communicated

effectively.

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.

- At the time of our inspection no one receiving support was subject to any restrictions under the Court of Protection.
- People were supported to make decisions for themselves and told us staff respected these. For example, following their preferred routines, choices of food, clothing and how personal care was provided.
- Records showed people where had consented to their care and support.
- Staff understood and had been trained in the principles of the MCA.

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 were complimentary about the staff that supported them. Every person we spoke with was consistently positive especially about the team leader describing them as, "Very patient and wonderful." One person said, "They [team leader] understand me and they've always got time for me."
- Staff had received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery. The registered manager told us they were going to see if they could find a volunteer to assist a person attend the local church service, as it was important to them.

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

- People were involved with the care planning and reviews of the care and support they received. One person told us, "Yes I was consulted in how I wanted my care delivered, they [provider] asked me if I minded a male carer, I said I didn't mind."
- Care plans recorded what was important to each person, their previous employment histories, likes and dislikes, family relationships, so staff could understand people's personal information.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the need to respect people's confidentiality and to develop trusting relationships.
- Staff understood the need to maintain people's dignity and privacy. One staff member told us how they always ensured doors, curtains and blinds were closed before assisting people with any personal care.
- Staff understood their role in providing people with person centred care and support and were aware of the importance of maintaining and building people's independence.

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 were consulted and involved in decisions about how they wanted to receive their care. One person told us, "The staff always ask me before doing anything for me."
- People's needs, and preferences were included in personalised care plans and were regularly reviewed. Assessments were person centred and staff knew them well.
- Staff completed a daily record at each care visit to ensure any concerns or identified changes were detailed making sure other staff had access to up-to-date information.
- Staff treated people equally and valued their diversity.

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 were empowered to have as much control as possible. For example, people were supported to be involved in planning their care such as the management team being able to provide information when required in different reading formats in line with the Accessible Information Standards. People we spoke with told us they had copies of their care records in their homes.

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

- Staff supported people to attend on site activities and escorted them on shopping trips if they wished, to avoid social isolation.

Improving care quality in response to complaints or concerns

- People we spoke with told us they knew how to make a complaint. We saw where a complaint had been made the registered manager had followed the provider's complaints procedure investigated and responded appropriately.

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, in people's care plans people's end of life wishes had been considered

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

- The registered manager had developed a culture that was caring and focused on providing person-centred care that met people's assessed needs.
- Staff had defined roles and were aware of the importance of their role within the team. Care staff told us they felt supported by the team leader and registered manager. One staff member told us, "I know I could go to [registered manager's name] for anything and he would help me."

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

- People, and staff had confidence in the way the service was managed. They told us the service was well led. We saw the registered manager took time to visit people using the service, in their flats to ensure they were satisfied with the care and support they were receiving. They were passionate about ensuring staff and the provider delivered good care to people.

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

- The registered manager had a good understanding of the registered activities and the improvements the service needed to make and was trying to meet the challenges of local recruitment. [When jobs were advertised there were few people applying for the jobs from within the local community due to the rural location].
- People were asked for their views verbally, but no written feedback had been requested as this was a new service, so we were unable to view this during the inspection.

Continuous learning and improving care: Working in partnership with others

- The registered manager carried out a range of audits, which looked at key areas and checked the quality of the service. This included conducting staff supervisions, appraisals and spot checks on a regular basis, to ensure the quality of the service people received was good.
- People felt staff were competent to carry out their role.
- The registered manager promoted person-centred, high-quality care and good outcomes for people.
- The service worked in partnership with other organisations to make sure they were following current practice. These included GP's and community health professionals.

