

G P Homecare Limited

Radis Community Care (Oakmere)

Inspection report

Oakmere
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Wilmslow
SK9 3NS

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Date of inspection visit:
20 March 2023
22 March 2023

Date of publication:
03 May 2023

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 (Oakmere) is an extra care housing scheme where people live in their own apartments. Not everyone who uses the service receives 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. At the time of inspection the service was supporting 20 people.

People's experience of using this service and what we found

Some improvements were identified to ensure the safe management of medicines, however the registered manager responded immediately to make the necessary improvements.

People told us they were happy with the level of support given by staff and gave examples of when staff would often come and check on them outside expected care calls. People felt care call packages gave them independence. People had access to call bell alarm pendants to access additional support when required. Relatives felt informed and were confident that their loved ones were safe with the level of support accessible to them.

Safe recruitment processes were followed. Staff received training appropriate to their role.

People and relatives told us they felt listened to and any feedback would be acted on by the registered manager and staff team.

Staff spoke positively about the management team and felt supported in their roles.

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.

The service was well led. The registered manager was open and proactive to any queries we raised during the inspection and took appropriate action to mitigate any risks to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 02 August 2019 and this is the first inspection.

The last rating for the service under the previous provider was Good (published 20 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation about the safe management of medicines.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our 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 (Oakmere)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by 1 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 household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post, one of whom was in the process of de-registering with the CQC.

Notice of inspection

We gave the service 1 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

We reviewed information we had received about the service since its registration. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 5 relatives about their experience of the care provided. We observed interactions between staff and people living at Radis Community Care (Oakmere). We spoke with 8 members of staff in various roles. We reviewed 6 people's care records and other records relating to people's care and support. We looked at 5 staff files in relation to recruitment. A variety of records relating to the management of the service was reviewed, including policies and procedures.

Is the service safe?

Our findings

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

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

Using medicines safely

- Medicines were used safely however aspects of medicines management needed to be more robust to ensure people always had adequate stocks of prescribed medicines available. We raised this with the registered manager who responded immediately and introduced more robust communication systems between staff.

We recommend the registered manager continue to monitor the new systems in place to ensure improvements become embedded.

- Other medicines we checked were safe.
- Staff administering medicines were suitably trained and had competency assessed on an annual basis.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Allegation of abuse, accidents and incidents were recorded appropriately, with evidence of action taken to keep people safe.
- Staff told us they understood their responsibility to report abuse and felt confident that the registered manager would act on concerns. One staff member shared, "If anything came up it is managed appropriately by [the registered manager] or the senior."

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

- People's needs were appropriately assessed. Care calls were regularly reviewed by senior staff to ensure that people remained safe.
- People felt secure. One person shared, "I have my pendant and I know if anything happened, they would come and check on me."
- Relatives told us people were safe. One relative said, "If my mum is struggling, I will call [Staff] and they will go and check on her, even if there is no care call, they go over and above."
- Where people had experienced an accident or incident, there was evidence that this was reviewed by the management team for any lessons learned.

Staffing and recruitment

- Recruitment procedures were safe. Checks were carried out on all staff prior to starting their employment including Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The provider completed 3 yearly checks to ensure that information held on DBS for staff was up to date.
- Staff told us there were some challenges with shift cover, but they worked together to ensure all calls were completed. The registered manager and provider demonstrated they were proactive with continuous recruitment in the service.

Preventing and controlling infection

- People were protected from the risk of infection. Staff wore personal protective equipment (PPE) in line with current guidance.
- One person who had recently tested positive for COVID-19 shared, "I am fine, the staff check on me to make sure I am safe."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed at the starting point of a care call package with on-going review. One relative told us, "I brought all the information in, and they have been creating his care plan around this and speaking to [Person] on how he wishes to receive his call."
- Care plans were personalised with key information including subjects important to the person. This included personal history, interests, emotional support, recreational and leisure, outcomes that the person is looking to achieve.
- People had opportunities to feedback on the support they were receiving. Monitoring reviews took place by senior staff to ensure that people were happy with the support they were receiving from staff.

Staff support: induction, training, skills and experience

- Staff completed an induction when they joined the service. This was a combination of shadowing senior staff, online and face training.
- New staff completed the care certificate in line with their induction and probation. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed training appropriate to the role, with yearly refresher. One member of staff told us, "Training is good, how it got explained I've no complaints." Another said, "Training comes along all the time, we are kept updated."

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 access appropriate healthcare services when required.
- Staff often went over care call times to ensure that other agencies are able to respond to urgent care. During the inspection emergency services were called following an accident, both carers and management provided additional assistance to support the well-being of the person.

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

- Where risk had been identified relating to eating and drinking, care plans were in place to keep people safe. This ensured that guidance was in place to support staff with understanding the person's diagnosis.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's ability to make decisions were assessed.
- Where a person had door sensor technology in place, the provider had been working with the local authority to assess the person's capacity and ensure any technology or equipment used was in the person's best interest.
- Staff discussed if they had concerns relating to a person capacity, they would raise this with the appropriate person to review. One staff member shared, "Any concerns I would speak to the senior staff or [registered manager]."

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 spoke highly of the support they received. One shared, "I'm very happy with them [Staff], it's great."
- During the inspection we observed staff interacting with people demonstrating dignity and respect. People told us, "It's a lovely feeling, they [Staff] talk to me like I'm one of them and they are one of us."
- Relatives spoke approvingly regarding the support their loved ones received. Comment included, "They go above and beyond, it's amazing can't fault it either way" and, "It's wonderful, got no issues."

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

- People felt involved in their care package. One person said, "They [Staff] do checks to make sure I am having what I should be having."
- A yearly review took place with people and senior staff. This provided people and relatives opportunity to feedback on their overall package.
- Relatives felt involved and informed regarding care calls their loved ones received. One relative shared, "We regularly catch up, make sure everyone is on the same page" and, "They know what they are doing."

Respecting and promoting people's privacy, dignity and independence

- People spoke about the independence the care packages provide them. One person said, "I have my pendant if I need anyone, they come quickly." Another person shared, "[Staff] are amazing with the help they give me, we've done it together."
- Relative spoke positively over the care packages and calls their loved ones received. One relative shared, "It's a fabulous place to have staff available if [person] needs extra support."

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 felt in control of their care call packages. One person shared, "I do prefer time by myself, care staff check in to make sure I am ok I've used my pendant a few times, it's great."
- Care plans included person-centred information, alongside key information of how the person wished to receive their support.
- Relatives spoke with confidence over staff engagement with people. One relative said, "They are respectful and discreetly ask questions to understand how [Person] is coping without causing distress."

Meeting people's communication needs

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

- The provider ensured people's communication needs were met.

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

- Relatives told us activities were available for people. One shared, "[The registered manager] put on a cooking class to show people how to use an air fryer. It was good."
- The provider was regularly involved in social events led by the housing provider within the scheme. Feedback shared in a recent email from the housing provider said, "The support from [Radis staff] was great. [They] heard about housing staff being off and volunteered their time... Residents and visitors had a fantastic time. The team effort made it possible."

Improving care quality in response to complaints or concerns

- People felt confident that they would be listened to if they had any concerns. One person said, "I can go to staff, and they will act on it."
- The provider had a policy in place to act on complaints or concerns. Where concerns were logged, actions were recorded to investigate and feedback.
- Relatives spoke positively about the provider acting on queries or concerns. One shared, "There was a problem and [Person] was upset. It wasn't anyone fault and [The registered manager] acted and changed [support]."

End of life care and support

- At the time of the inspection no people were being supported with end of life care and support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good.: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems needed to be more robust with aspects of medicines management. However, the registered manager took immediate action to address this and assurance was given no one had come to harm.
- There was a provider led governance system underpinning assurance in the service. This included an operational audit programme completed by senior managers to identify and drive improvements.
- A system was in place to monitor training and competencies in the service. The registered manager was aware of their responsibilities around managing this and ensure that staff training is refreshed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about the approach from the management team. One relative shared, "Any question, 24 hours a day I can speak to anyone. Either [Senior staff] or [The registered manager]." The same relative added, "If I had any worries, I know it would be sorted straight away."
- Staff felt supported by the registered manager and wider management team. Staff said, "[The registered manager] respects me and listens." and, "[The registered manager] is really supportive and checks in on me."
- Throughout the inspection we observed positive interactions between staff and people. One relative shared, "I'm happy with the care calls for [Person]. These are brilliant places, there should be more."

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

- The registered manager understood their requirements of duty of candour. There was a system in place for reporting and recording events which occurred in the service.
- Throughout the inspection the registered manager was proactive to any queries we raised and acted upon these in a prompt manner.
- There was a process in place in respond to feedback about the provider. We saw evidence of actions and planned improvement taken by the provider.

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

- Staff received regular 1 to 1 meetings with senior staff. This included spot checks, supervision, and a yearly appraisal with the registered manager.

- Yearly surveys were completed by the provider to seek feedback from people who use the service and staff. Where improvements had been identified actions were taking place.
- The provider had a joined up approach to working with the housing provider to gain views from people. Regular meetings were held with people to seek feedback.
- The registered manager and staff team worked closely with other agencies to ensure good outcomes were achieved for people. This included taking an active role to support with events for people.