

G P Homecare Limited

# Radis Community Care (Gretton Court)

## Inspection report

Gretton Court  
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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 (Gretton Court) is an extra care housing service providing personal care to people living in their own home. Not everyone using this service 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 12 people received regulated activities.

Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. 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.

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

The care people received was safe. Staff knew how to protect people from avoidable harm. They put measures in place to mitigate risks associated with people's care and support. There was enough staff on duty to meet people's needs. Protocols for medicines management was safe.

Staff had the skills required to fulfil their role. They understood and worked within the requirements of relevant laws and legislation. They supported people to manage their health and wellbeing including supporting them to eat and drink.

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 treated with kindness and compassion. The service supported people to be involved in decisions about their care. Staff promoted people's right to privacy and treated them with dignity and respect. People were supported to be as independent as possible.

The care people received was tailored to their individual needs. People were supported to maintain contact with their family and social networks. People had a choice of activities available to them within the service. People could easily raise complaints with the service, their complaints were resolved to their satisfaction.

The service was well-led. The registered manager understood and carried out their regulatory responsibilities. They led an open and inclusive culture within the service. They carried out relevant checks which supported them to monitor and improve the quality of care people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection

The last rating for this service was Good, published (12 November 2019).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

#### 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

### 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

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 [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.

Inspection activity started on 24 August 2021 24 and ended on 26 August 2021. We visited the office location on 26 August 2021.

#### 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.

#### During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the area manager, registered manager, one care team leader and one care staff,

We reviewed a range of records. This included two people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care at the service. People and their relatives told us that they felt safe when they received care and support from staff. One person told us, "I'm very happy, I feel safe. The staff are just wonderful". A relative said, "I personally think [person] is very safe where [he/she] is and I wouldn't want [him/her] to be anywhere else."
- Staff knew how to protect people from abuse and avoidable harm. They had received regular training to identify when people were at risk. Their training supported them to take steps to safeguard people.
- Staff promptly reported any concerns they may have about people's wellbeing to their manager. Partner agencies were notified of relevant incidents and action was undertaken to support people and keep them safe.
- People were empowered and encouraged to report any concerns they may have about their welfare to the manager or senior staff. We saw reported concerns were acted on.

Assessing risk, safety monitoring and management

- Staff completed a comprehensive assessment of risks associated with each person's care. Their assessments were regularly reviewed and updated to ensure they reflected people's current needs.
- Risks were managed in a way that did not restrict people's freedom and right to independence. The manager put plans in place to minimise the risk of abuse.
- People had access to equipment and systems to enable them alert staff if there were any sudden changes to their needs which required staff support and we saw staff respond to people promptly to promote their safety. A relative told us, "There is a call bell and a life line pendent."

Staffing and recruitment

- There were enough staff to meet people's needs in a safe and person-centred manner. The systems used for staff deployment took into consideration people's individual needs.
- The provider followed safe recruitment practices. They assured themselves staff they employed were suited to work with people who use health and social care services. Relevant checks were satisfactory for before they employed each staff member.
- Systems were in place to ensure an effective mix of staff skills and competencies daily. This supported the provision of safe care and ensured staff could access guidance when needed.

Using medicines safely

- People received their medicines as prescribed by their doctor. Staff were competent in the safe management and administration of medicines. Staff completed relevant records following good practice.

This meant where people needed support with their medicines, the support they received was delivered safely.

- People could remain independent with managing their own medicines if they chose and were able to do so independently.
- The provider had policies in place to guide and support staff with the management of medicines.
- The registered manager provided oversight of medicines management. They regularly checked staff practice in this area, they also identified where further improvements may be required and took action to implement any improvement.

#### Preventing and controlling infection

- People were protected from the risk of infection and cross contamination including COVID-19. People told us staff regularly wore personal protective equipment (PPE) when they delivered care to them.
- The service had an ample supply of PPE. Staff had received training in the safe use of PPE. Their practice reflected current guidance. One person told us, "They[staff] all wear PPE. When they finish with their gloves, they put it into the bins afterwards".
- The service followed best practice for visitors to the service. This supported them to minimise risk of spread of COVID-19 to people who use the service.

#### Learning lessons when things go wrong

- The registered manager maintained an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.
- The provider had effective systems in place to cascade improvements and lessons learnt to relevant staff teams. This meant there was a service wide approach to implementing any improvements to the service.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Assessment of people's needs met the requirements of the Equality Act. This meant that practices in the service took steps to ensure there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender, race etc.
- Needs assessments reflected people's physical, mental and any additional needs. They reflected people's individual choices and guided staff on how to effectively provide support that suited people.
- People were supported to use assistive technology to maintain their independence.

Staff support: induction, training, skills and experience

- Staff received training which supported them to care for people. Staff told us they received an induction at the start of their employment with the service. Staff had access to regular supervision and refresher training whenever they needed it.
- Staff were skilled and experienced. The service had a low turnover of staff. This meant staff were experienced and knew the needs of people who used the service and how to meet individual needs.

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

- People's nutritional needs were met. They were supported to stay hydrated. Staff had good knowledge of people's dietary requirements and steps were taken to support people's needs. For example, a soft diet was provided for people who required this.
- Where required, staff supported people with preparing morning and/or evening meals. The housing provider delivered a hot meal for lunch as part of people's accommodation contract.

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

- Staff promptly referred people to other professionals when their needs changed. This ensured people could get support required from health or social care professionals.
- Staff supported people to effectively manage their health and wellbeing. A person told us how well staff supported them following a medical procedure. They said, "I had [procedure], the surgeon has been very pleased with my aftercare and has commended the staff". Staff provided prompts, support and encouragement to enable people manage health conditions and stay well.

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

- People were supported in accordance to the requirements of MCA. Staff consistently took the least restrictive option when supporting people to stay safe and independent. They sought people's consent before they delivered care and support to them.
- People's care records included any advance wishes they have made about their life. Records also included information of any appointed representative they had chosen to support them with decisions or make decisions on their behalf. This guided staff to support people's wishes.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interest.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 treated with kindness and compassion. They told us about various acts of compassion they had received from staff. One person said, "They [staff] are all kind and caring and go above and beyond." A relative told us, "Everyone is very caring."
- People's wellbeing was monitored and any changes were responded to promptly. Systems for daily staff deployment ensured there was always a member of staff assigned to checking on people's welfare. This promoted people's wellbeing.
- Staff knew people well. Staff told us they had time and support to develop the relationships required to tailor communication and support people in a way that made them feel like they mattered.

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

- Staff supported people to make decisions about their care as independently as possible. Representatives where needed were involved in decisions about the care of people they supported.

Respecting and promoting people's privacy, dignity and independence

- Care records showed staff treated people with respect and promoted their right to privacy. People we spoke with also told us they were treated respectfully. A relative said, "They [staff] are kind and respectful."
- People could be as independent as they wished to be. The systems within the service supported them to maintain life skills they have and promoted their independence. One person said, "I'm so happy living here, I feel so independent." A relative said, "They [staff] are very good with helping [person] maintain his freedom."
- Systems within the service protected personal information of people who used the service. Information could only be shared with authorised personnel only.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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's care plans included information about their needs, routines and preferences. Staff followed care plans to deliver care and support which was individualised to each person's needs.
- Care plans were reviewed and updated regularly. This meant staff had information which reflected people's current needs. People and their relatives were involved in the development and reviews of care plans. One person told us they were involved in their monthly review meetings.

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.

- The provider has policies and protocols in place to provide information in an accessible format which could meet a variety of communication needs.

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 were supported to access activities within and outside the service. The provider had restarted some activities following the lifting of lockdown restrictions. One person told us, "Every day, there is something happening for us, they might have a film on. We had a party recently and they provided all the food and we were playing scrabble. It's wonderful here".
- Staff supported people to maintain relationships with their family and friends. One person told us, "I have pen friends and during the lockdown, I wasn't able to go out. There was always someone available to go out and post my letters for me".

Improving care quality in response to complaints or concerns

- People could raise any concerns or complaints they had with their care. They mostly did this verbally to staff or the registered manager. They told us their complaints were listened to and resolved satisfactorily.

End of life care and support

- The service had systems in place to support people when they come to the end of their life. This included ensuring people's choices were respected. A relative told us, "End of life has been discussed. [Staff] was putting the respect forms in plans."
- Staff had the skills and experience to ensure that where required people would receive the support they

required to have dignified and pain free care at the end of their life.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 culture within the service was open and centred on the people who used the service. People and staff had easy access to the registered manager or other senior staff when needed. A relative told us, "I think everybody is very open and honest. I'm always in there and I've become friends with all of the staff". Another said, "I find them to be approachable. They always contact me if needed. They are open and honest and very friendly".
- Staff spoke highly of the support they received from the registered manager and the senior care staff. They had access to regular supervision and training. This supported their development and competence to carry out their role.

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 provider demonstrated understanding of the duty of candour. We saw evidence of how they applied this when resolving a complaint made to the service. Duty of candour is a requirement for providers to be open and honest with people when things may/could have gone wrong with the care they received.

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

- The service had an experienced registered manager who demonstrated a good knowledge of their regulatory responsibilities. They were supported in their role by an area manager who supported them to fulfil their role.
- The registered manager completed a range of quality assurance checks and audits, which they used to monitor the quality of care people received. Their checks and audits identified where improvements were required and they put plans in place to implement them.
- The provider had corporate quality monitoring reviews of their services. We saw that Radis (Gretton Court) had scored highly in their latest review.

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

- There was open communication within the service. People, their relatives and staff contributed to shaping the culture within the service. There were systems in place to collect people's feedback about the service. One person told us, "I meet with them and there is an opportunity to speak up if there is anything worrying

us".

- People's feedback was considered in service planning and improvement.
- Staff worked collaboratively with health and social care professionals to ensure people received good quality care which suited their needs.

#### Continuous learning and improving care

- The service demonstrated a commitment to continuous improvement. Staff were working to the service's current development plan to improve people's experience of care at Radis (Gretton Court). They were liaising with the housing provider and local commissioners to achieve their plans.