

G P Homecare Limited

Radis Community Care (Honey Tree Court)

Inspection report

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Date of inspection visit:
15 July 2022

Date of publication:
16 August 2022

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 (Honey Tree Court) is a domiciliary care agency. It provides personal care to people living in their own flats within an extra care housing scheme. It provides a service to older people. There were 24 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 told us they felt safe when staff supported them. The service assessed risks to people to keep them safe. Staff were recruited safely. Medicines were managed safely. Staff were trained and followed clear policies and procedures on infection control that met relevant national guidance

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 received training and regular support to be effective in their roles. Staff supported people to access the healthcare services they needed to maintain good health.

People told us staff were kind and caring. The staff treated people with dignity and respect and their independence was promoted.

Care plans recorded people's needs and preferences and how they liked to be supported. Staff wrote about people in a respectful way. There was a complaints procedure in place.

Some improvements were needed to checks and audits to ensure governance systems were effective. We have made a recommendation about audit processes.

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 20 December 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding incidents. A decision was made for us to inspect and examine those risks.

Please see the safe section of this full report.

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?

The service was safe.

details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good 

Radis Community Care (Honey Tree 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors

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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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

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

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with the registered manager, the newly appointed support manager and three staff. We reviewed a range of records. This included two people's care records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

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.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding concern had been raised by a hospital which was in the process of being investigated. However, this concern had not been raised to the local safeguarding authority or CQC by the service. The registered manager explained they had not been informed immediately of this concern and once informed had contacted the local safeguarding authority and CQC.
- Staff received training in how to identify and report abuse or suspected abuse and knew who to report concerns to. A staff member told us, "I would go to the area support manager. If I was still concerned, I would go to the [registered manager]. I would push it and would go to social services if needed."
- People told us they felt safe at Honey Tree Court. One person said, "I feel very safe when the staff are here."

Assessing risk, safety monitoring and management

- The service assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines and the environment. COVID-19 related risk assessments were also in place for people.
- Care plans included risk assessments related to people's specific health conditions. For example, one person had a risk assessment about their high blood pressure which included guidance for staff.

Staffing and recruitment

- Most people told us they received the care that had been agreed in their care plan, comments included, "I am very happy with the care here. Oh yes, they always come, and they stay the right amount of time." And, "They are absolutely brilliant. Staff are always kind and caring. They do always come on time and they stay the right amount of time." However, one relative we spoke with was not happy with the length of time staff were staying with their family member. We referred this concern to the registered manager who told us they would arrange a review.
- The provider had appropriate recruitment procedures in place for the recruitment of staff. These procedures included criminal record checks, identity checks and references from previous employers. This meant only suitable people were recruited by the provider.

Using medicines safely

- People were supported to take their medicines as prescribed.
- Staff received regular training in medicines administration. Medicine competency assessments were completed with staff.
- The service was supporting three people with medicines. Audits were in place which identified any omissions or errors; however, it was not always clear what action had been taken in relation to the audit

findings. The registered manager told us whilst there was a system in place to log all omissions and errors with recorded outcomes these were behind and were in the process of being logged with investigation, outcome and action taken recorded.

Preventing and controlling infection

- Staff had undertaken training and were aware of the responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- Staff were wearing personal protective equipment (PPE) and had access to sufficient supplies to follow current guidance.

Learning lessons when things go wrong

- A new support manager had started at the service who told us they would share their time between this and another service. People and staff were positive about the new manager's arrival who told us they would be completing their registration with CQC.
- The provider had recognised people and staff required more input from a senior member of staff.
- The provider had processes in place for recording and investigating accidents and incidents. Accidents and incidents were analysed to ensure lessons learned to improve 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.

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 and delivered in line with standards and relevant laws. One person told us, "I was involved in my care plan and they listened to what I wanted."
- The registered manager explained they reviewed the information received from the referring authority and developed care plans with people and relevant others.

Staff support: induction, training, skills and experience

- Most staff had transferred from the previous provider and this included their training. The new provider had begun the process of updating all staff training using their own internal training systems.
- New staff members completed a period of induction which included undertaking training courses and shadowing an experienced member of staff. New staff were required to complete the Care Certificate Induction programme. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had received supervision and spot checks to check they understood and met their responsibilities and to check for any further support needs such as training. A staff member told us, "We do have supervision and appraisal, I can phone the managers at any time. Morale here is quite good."

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

- Care plans described the level of support people required in relation to eating and drinking.
- One relative was not happy with how staff were supporting their family member with fluids and felt staff were rushing this. We fed this back to the registered manager.
- The service had an onsite restaurant people could use for their main meal.

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

- The service worked collaboratively and liaised with other health and social care professionals to achieve better outcomes for people.
- People had access to health care professionals such as their GPs, district nurses and occupational health advisors. The registered manager had referred one person to an occupational health therapist in relation to using a hoist.

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.

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.

- Staff had completed training in this area and those we spoke with demonstrated an understanding of the principles of the MCA. A staff member told us, "For a [person] I supported this morning, I got three dresses out and asked them which one they would like, so they chose."
- Records showed that people and their relatives were involved in making decisions about their care.

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 we spoke with at the service were happy with their care and support. One person told us, "The girls are very good." Another person said, "I find them very caring; my [family member] brought me a fan and was going to put it up when they finished work. When the carer arrived, they set it up for me straight away."
- Staff knew people well and understood how people liked to receive their care, meeting their needs and preferences. One staff member told us, "We do see the same people and they know they can talk with us. We spend time with them, so I know what they like, or do not like."
- The senior team also recognised people might need additional support as some people did not want or recognise, they required support with their personal care. The registered manager told us they had asked for reviews with the local authority.
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were recorded in their care records, so staff had access to this information. One person told us, "We used to have a church service on a Tuesday, which I used to attend. That's all stopped now because of Covid-19." The person hoped it would soon be reintroduced.

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

- People had been supported to express their views and be involved in making decisions.
- Care records reflected the choices and decisions they had made about how their care and support was provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. We observed staff knocking on people's doors and waiting for a response before entering. One person told us, "I find them very respectful when doing my personal care." Another person said, "Staff always knock on my door and respect my privacy."
- Staff encouraged people to maintain as much independence as possible. Care records identified what people could do and what they might need support with.

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 had care plans in place. These contained information about people's choices and preferences and detailed guidance about how and when people liked to be supported. These plans were reviewed regularly as people's needs and support changed.
- Whilst care plans contained recent support meetings, these meetings comprised of mainly a tick sheet with limited detail. We discussed this with the registered manager and new support manager who told us they were aware of this and would be reviewing this process to ensure people's views were recorded.
- The service provided people with a customer guide which gave them information in relation to safeguarding, complaints, confidentiality and quality assurance.

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.

- Staff understood people's communication needs and these were recorded in their care plans. A staff member told us, "One person is very shaky and can struggle, I just tell them to take their time, they also write lists."
- Information was available in a variety of formats to meet people's communication needs if required.

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

- Some people were supported to access the community, such as going shopping with the staff or attending community activities.
- The provider had not long taken over this service and had provided some additional garden furniture and a bingo machine to work with the housing provider to further develop activities at the service.

Improving care quality in response to complaints or concerns

- People knew how to complain if they needed to and felt confident, they would be listened to. One person told us, "I have no concerns about my care at all." Another person said, "I have no complaints at all."

End of life care and support

- At the time of the inspection, the service was not supporting anyone with end of life care.

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 [insert rating].

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

- People and staff were aware of the changes in management but spoke positively about their initial impressions of the new manager for the service. Whilst there was a registered manager in place, they were also the area support manager. The new manager told us they supported one other service so would spend half their time at Honey Tree Court.
- One person told us, "[New manager] has just joined, the staff team are open and honest, but I would like a flat visit and meet and greet with the new manager." A staff member told us, "The morale here is quite good. This new [manager] does listen to us."

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 responsibilities under the duty of candour to act in an honest and transparent way when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager responded positively and openly to requests for information to support our inspection.
- Checks and audits had been completed on areas of the service including, medicines, spot checks, and care records. However, they had not always been effective in recording the shortfalls or the actions that had been taken to rectify these. For example, we found numerous gaps in care records and the audit for the care records had not recorded any of this information. When we asked the support manager to check this information there were valid reasons for these gaps. The support manager told us they would be working with staff to improve the audit processes.
- The new support manager had started this process with staff, and we could see meetings and memos had covered subjects like medicine administration charts, safeguarding and what to do during a call.
- The new support manager had only started working in the service the previous week and told us they had already visited and met with several people, relatives and staff.

We recommend the provider reviews best practice guidance to strengthen their auditing processes.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked with the housing provider of the extra care housing scheme and made them aware of any issues or concerns relating to the environment and premises promptly.
- The service also worked closely with other organisations to ensure resources were available to people when needed.