

County Home Care Services Limited

Radis Community Care (Clarence Park Village)

Inspection report

Clarence Park Village
415 Worcester Road
Malvern
Worcestershire
WR14 1PP

Tel: 01684583010
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

We undertook an announced inspection on 29 and 30 March 2017.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office.

This service provides care and support to people living in '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 agreements; this inspection looked at their personal care and support arrangements.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with said they had support from staff who knew them well and they had confidence. Staff understood how to recognise different types of abuse. There were systems in place to guide staff in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were supported to receive their medicines by trained staff who knew the risks associated with them. Systems were in place to monitor how medicines were administered.

Staff had up to date knowledge and training to support people. Staff always ensured people gave their consent to the support they received. The management team regularly reviewed how people were supported to make decisions. People we spoke with explained they were supported to make their own decisions and felt listened to by staff. People were supported to eat and drink well, when part of their identified needs. People and their relatives told us staff would support them to access health professionals when they need to. People said there was effective communication between themselves, staff and healthcare professionals.

People and their relatives said staff and the registered manager were caring and kind. They said they were treated with dignity and respect, and encouraged to be as independent as possible. People said they were involved in making choices about how they were supported. Relatives told us they were involved as part of the team to support their family members. The management team were adaptable to changes in people's needs and communicated changes to staff effectively.

People and their relatives knew how to raise complaints and the registered manager had arrangements in place to ensure people were listened to and appropriate action taken. Staff were involved in regular meetings, to share their views and concerns about the quality of the service. People and staff said the

management team were accessible and supportive to them.

The management team monitored the quality of the service and took action where improvements were identified. The registered manager ensured there was a culture of openness for people using the service and staff.

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.

People benefitted from staff who knew them well and were aware of their needs and wishes. People's risks were identified and managed in a safe way. People were supported with their medicines to ensure they had them as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew how to meet their needs. Staff were knowledgeable about how to support people. People received support from staff that respected people's rights to make their own decisions where possible. People were supported to access health care when they needed to.

Is the service caring?

Good ●

The service was caring

People were supported by compassionate and caring staff who listened to their preferences. Staff respected people's dignity and supported people to achieve as much independence as possible.

Is the service responsive?

Good ●

The service was responsive

People were listened to by staff who adapted their support to meet their needs. People benefitted from regular inclusive reviews of their care. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt supported by the registered manager. There were systems in place to identify improvements to the quality of care provided. The management team took

action to complete improvements in a timely way.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which took place on 29 and 30 March 2017 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service. For this inspection we asked the provider to arrange a focussed group of people using the service.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service. Additionally, we asked Healthwatch if they had any information to share with us. Healthwatch are an independent consumer champion, who promotes the views and experiences of people who use health and social care.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with ten people, and four relatives. We spoke with five staff and the registered manager. We also spoke to an advanced nurse practitioner and a well-being nurse who regularly supported people at the service. We looked at seven records about people's care, including their medicine records. We also looked at complaint files, quality questionnaires and minutes of meetings with staff. We looked at quality checks on aspects of the service which the registered manager and provider completed.

Is the service safe?

Our findings

People we spoke with said they felt safe because they were supported by staff knew them well and were aware of their needs and wishes. One person told us about staff, "They always check I am okay before they leave." They explained how they found this very reassuring. Another person told us, "I feel safe with all the [staff]."

Relatives said their family members had their needs supported by staff in a safe way. One relative told us, "All the staff are really on the ball and are really good at looking after [family member.] Another relative said, "[Family member] is safe here, they are really well looked after." They went on to say this gave the whole family peace of mind.

The registered manager and staff explained their responsibilities in identifying and reporting potential abuse under the local authority reporting procedures. All the staff we spoke with had a clear understanding of their responsibility to report any concerns and who they could report them to. They told us training on potential abuse formed part of their induction and this was regularly updated. Staff also said any concerns relating to potential abuse were regularly discussed in team meetings to support their knowledge.

People told us they discussed with staff any risks to their safety and welfare. They told us these risks were identified and they worked together with staff to manage them. One person explained how they sometimes forgot to take their medicines. They had discussed this with the registered manager and she arranged for staff to prompt the person to take their medicines at the right times. Staff explained how they managed risks to people while maintaining people's independence as much as possible. For example, one person needed support when mobilising and it was clearly documented on their care plan with an assessment of any risks to ensure these were mitigated. Staff we spoke with said they kept up to date with people's care plans and risk assessments so they were aware of what support each person needed. Staff were aware of how to manage people's risks and how they were reflected in the risk assessments for each person.

People said staff supported them at the agreed times and stayed for the full planned length of their visit. One person explained how staff always asked them what they wanted support with, and said they were helpful and listened to them. They went on to say how this increased their feeling of safety and well-being. Another person told us, "I don't know what I would do without [staff]. They always ask what else I need help with, nothing is too much trouble."

People we spoke with explained there were always enough staff on duty to meet their needs. One person said most of the staff who supported them had been with the service for a while. They went on to say any new staff always came with the regular staff to learn how to help them. The registered manager explained they arranged the staffing levels to meet people's needs. Staff said they had enough staff to meet the needs of people using the service. One member of staff explained how they worked as a team and the registered manager would support them when needed.

New staff we spoke with explained they completed application forms and were interviewed to check their

suitability before they were employed. The registered manager checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

Some people told us they needed support with their medicines. They said this was discussed with them and they were included in decisions about how they were supported. One person told us about staff, "They help me to take my tablets at the right time." Staff told us people's plans guided them to support people with their medicines. They said these plans were updated when needed and they were aware of any changes. Staff said they had received training about administering medicines and their competency was assessed by the management team.

Staff told us they received regular spot checks by the management team to observe their administration practices. One member of staff explained by having their practice checked reassured them they were administering medicines safely. The registered manager told us people's medicine records were reviewed by the management team. She went on to say action was always taken if there were any concerns found to ensure the records were completed correctly and people received their medicines as prescribed.

Is the service effective?

Our findings

People we spoke with said staff were well trained and knew how to support them. One person told us about staff, "They are excellent [staff], really well trained and good at what they do." Another person said, "They [staff] are all trained to a high standard and very professional." Relatives we spoke with told us staff knew how to support their family member. One relative said, "The manager and her staff are all really helpful and knowledgeable, they really know their stuff about dementia." The well-being nurse gave us examples of how staff were knowledgeable, for instance, they (staff) were quick to identify any risk of sore skin and take appropriate action.

Staff told us that they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing experienced staff. Staff said they met the people they were supporting when shadowing with experienced staff. People we spoke with said they met new staff when they worked alongside existing members of the staff team. One person explained this was reassuring because they became familiar with staff and staff got to know them. They explained how experienced staff shared their knowledge and skills with them to ensure people were supported effectively. They said the management team checked when they were ready to support people on their own.

Staff we spoke with said they received the training they needed to support people using the service. One member of staff explained how they had completed dementia training as part of their induction, and how this had improved their practice when supporting people. Another member of staff told us how they had requested additional training, and this had been arranged by the registered manager. They went on to say how much they enjoyed this training and increased their skills and improved how they supported people. Staff said the management team supported them to achieve their vocational training and how this supported them to feel recognition for their skills and dedication.

Staff told us they were supported by the management team and had regular supervisions and team meetings. They were encouraged to complete training to improve their skills on a regular basis. This training included Mental Capacity Act 2005 (MCA); staff had a good understanding of the principles of the act and the use of least restrictive practice. One staff member said, "We don't make decisions for people, we give them time to make their own."

The 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 told us staff always asked for their consent before supporting them. Staff we spoke with told us they were aware of a person's right to refuse their support and they explained they would communicate this information if they had any concerns about the person's well-being. They explained they always ensured people were in agreement with any support they provided. Staff told us all the people they supported had capacity to make their own decisions.

The registered manager had an understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. At the time of the inspection people had capacity to make their own decisions, however the registered manager was unclear about next steps to ensure people were supported lawfully. Since the inspection the registered manager has reviewed how she would take next steps when people needed support with decisions. She had sought advice and the systems were now in place.

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The registered manager was aware of this legislation and was happy to seek advice when required. At the time of the inspection no one had their liberty restricted.

Some people we spoke with had help with shopping, cooking and meal preparation as part of their support needs. They told us they were offered choice and encouraged to maintain a healthy diet. One person explained how staff listened to them and as a result they had meals they enjoyed. Relatives we spoke with said their family member was supported to make their own choices about what they ate and were encouraged to eat healthily. One relative explained how since having support from staff their family member was eating well and had improved their well-being.

People we spoke with said staff helped them if they needed support for any aspect of their health care. One person told us how the registered manager sorted their hospital appointments and explained this gave them peace of mind. Relatives we spoke with said staff supported their family member to arrange and attend health care appointments when needed. One relative told us, "The registered manager arranged a review with the GP, she keeps us in the loop and we all work together to care for [family member]." Staff had involved other health agencies as they were needed in response to the person's needs. The well-being nurse explained how she worked with staff and families to access health and well-being professionals to ensure people were well supported. For example, when people were unwell she ensured prompt action was taken to access the correct medicines to improve the person's well-being.

We spoke with a nurse practitioner who regularly supported people receiving this service. They explained staff always knew people well and shared information when they needed to. They went on to say staff followed their guidance and there was good communication between them. This ensured people were supported in an effective way.

Is the service caring?

Our findings

All the people we spoke with told us the staff were excellent, caring and kind. One person said about the staff, "They are amazing, they are all really kind." Another person told us, "Nothing is too much trouble; I would be lost without them." Relatives said staff were patient and considerate. One relative said, "Marvellous staff, really kind and on the ball." Another relative told us, "Real person centred care, we are really happy with the support, it works really well."

People told us they received support from regular staff who knew them and their needs well. They said they did have different staff but they knew them all and were happy with this arrangement. One person explained how it was nice to see different staff because it gave them something new to speak about. People told us staff knew their needs and were familiar to them. One relative said their family member was supported by regular staff and they had built a good rapport with them.

People said staff supported them to make their own decisions about their daily lives. One person told us, "I choose what I have support with, I only have to ask and they will help me." Another person said about staff, "They know how I like things done, it's lovely." People we spoke with explained how they chose what time they received their visits and what they were supported with. One person we spoke with explained how they waited for the time they chose for a visit, until the registered manager could provide the correct time. They were aware they could have support from other agencies if they were unhappy with the arrangement; however they chose to wait for support from this service, because they were happy with the support they were receiving from the service.

One person explained how they had not got on well with one member of staff, and they had discussed this with the registered manager and the member of staff no longer supported them. They said the registered manager would always listen and support their choices.

Relatives said they were involved with their family member's support. One relative explained how they had been involved from the start of their family member using service. They had agreed with their family member for staff to contact them if there were any concerns. The relative told us staff were always very proactive and contacted them when they needed to. Another relative said staff that supported their family member, "Know all [family member's] little ways." They went onto say how this knowledge gave the family confidence in their family member's support.

Staff we spoke with explained how important it was people who used the service were listened to and had influence over how their care was provided. One member of staff explained how they used different methods of communication to ensure people were able to understand them. They told us they adapted their communication to each person as an individual. For example, they used a white board for one person to support their memory and reduce their anxiety. This person's relative explained how effective the white board was to reassure their family member.

One relative explained their family member needed greater interaction in the afternoons. They said staff

used their knowledge and their skills to support the person to improve their well-being. The registered manager explained the additional hours were not planned at specific times because they were monitoring when the support was needed. This was to ensure the person was supported effectively and to enable them to stay in their own home for as long as possible.

People said staff respected their dignity. One person told us about staff, "I don't know what I would do without them, and they are all so good at respecting my dignity as a matter of course." Another person explained how staff always treated them with respect and dignity, by maintaining their privacy and always listening to them. Relatives said staff always treated them and their family member with dignity and respect. One relative told us about staff, "They are all very respectful of [family member's] wishes and choices." Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and supported people to have as much choice as possible. One member of staff said, "We are all a really good team and understand what caring for people really means."

Is the service responsive?

Our findings

People we spoke with told us about how their individual needs were met. One person said, "I make the decisions and choose what I have help with, and this helps me to stay where I want to be." They went onto say they felt more in control of their life because of this support and this improved their wellbeing. Another person told us, "All the staff really listen and ask if there is anything else they can help with." A further person said about staff, "They do what I want, I am happy with the support I have." People we spoke with told us staff involved them with decisions about how their care was provided.

Relatives said they were consulted and included in decisions about how their family member was supported. One relative explained how, with consent from their family member, the registered manager and staff listened to suggestions and ideas about how support was provided. Another relative explained staff had tried different past times to see what their family member enjoyed doing

People said staff were adaptable to their needs and listened to them. One person explained when they needed extra support the registered manager had listened and arranged additional visits whilst they needed them. One relative told us how staff, "Adapt to meet [family member's] needs." They explained this supported their family member to remain in their own home.

We spoke with the nurse practitioner who regularly supported people using the service. They told us they worked with the staff team from the service to support people. They said some people had complex needs and they were involved in reviews of these people's support needs where they discussed best practice decisions with the staff team.

We also spoke with the well-being nurse who was employed to support people living at the housing scheme. They told us they had a good relationship with the registered manager and staff and communicated well with each other. They went onto explain how they had worked with staff to identify concerns around people who fell. They worked with people, their families, staff from the service and other professionals to reduce the number of falls for people who used the service. We saw these actions had reduced the number of falls for people living at the scheme.

Staff knew about each person's needs, they said they knew people really well and they were given all the information they needed to support people. They could describe what support people needed and we saw this was reflected in people's care plans along with people's choices and decisions. We looked at care records and saw people's likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. There were clear plans in place and staff could describe how they supported people.

People told us their support was regularly reviewed and where changes were needed they were implemented. One person told us about when they had needed their visit times changed. They went onto say how the registered manager had listened and rearranged their times to meet this person's needs.

Relatives said they could contact the management team at any time and they would listen and support them. One relative explained they were involved in reviews of their family member's care. They said the registered manager had involved other professionals to attend these meetings, with the consent of their family member. Staff told us plans were updated quickly if there were any changes to people's needs, and the information was communicated to all staff effectively.

All the people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to. One person said, "You can speak with the registered manager, she will listen and respond quickly." Relatives said they were confident to speak to the management team if they had any concerns.

The management team investigated any concerns raised and actioned them appropriately. For example, we saw one complaint had been investigated and a meeting held to discuss and agree the outcome. There were clear arrangements in place for recording complaints and any actions taken. Staff told us learning from complaints was shared with them at their team meetings. We saw in staff meeting minutes that any complaint learning was shared with the staff team.

Is the service well-led?

Our findings

The registered manager was responsible for leading another service and split her time between the two services. She managed this with support from team leaders. People we spoke with said they were well supported and knew the management team well. One person told us, the service was, "Managed well, the manager will listen and sort things. We can talk to her, and have a laugh." Another person said, "I can talk to the team leaders about anything, and they will sort." Relatives we spoke with said they felt the service was managed effectively. They said they could speak with the registered manager or team leaders at any time, and they would listen take the appropriate action. The nurse practitioner we spoke with told us the management team communicated effectively to support people well.

As part of our inspection process we met with people together to ask them their views about the service. The registered manager told us people had feedback that they had enjoyed the meeting and as a result of this the registered manager was looking at a way to enable people who used the service to meet together and discuss their views and suggestions in the future.

The management team sought feedback on the quality of the service provided. The registered manager had sent questionnaires to gain people's experience of the service provided. The registered manager used the feedback from the questionnaires to inform an improvement plan about the quality of care people received. For example, we saw the results from the last questionnaires were positive; one area was about how the support people received had a positive impact on people's lives. We saw the response to this was 100 percent positive, for the people who took part in the questionnaires. We saw where people were less positive the registered manager had taken action to improve this. For example, one concern that was identified was not all people knew the complaints procedure. We saw the registered manager had sent information to all the people using the service to ensure they had the information they needed. People we spoke with understood how they could raise concerns and were confident to do this.

Staff said the registered manager and team leaders were approachable. One member of staff told us, "She is great to work with." Staff we spoke with said they had clear roles and responsibilities and worked as a team. Another member of staff told us, "We have great support; we can always call a team leader if we need extra support." Staff said they all communicated well and worked together to support people.

Staff said they had regular meetings and one to one time with the management team. They could raise suggestions and concerns. For example, one member of staff told us how they had requested additional training. The registered manager had put this in place and the staff team had acquired the extra knowledge. They said they were well supported and were confident with how the management team ran the service. Staff described the provider's whistleblowing policy and how this would support them to raise any concerns if they needed to.

The management team completed regular checks to ensure they provided quality care. For example the registered manager said they had identified where improvements were necessary, and had taken immediate action to complete these. We could see that the management team regularly reviewed their plan to ensure

actions were completed. For example, the registered manager told us they had identified improvements were needed about recording on medicine records. They said they had used different approaches to resolve the concern. For example, they had a team meeting with staff to raise their awareness, and completed spot checks which included observation of the administration of medicines. We saw improvements had been made as a result of this action and the management team were continuing to monitor.

Staff told us they always reported accidents and incidents. They said they would take immediate action, then discuss with the management team to resolve any further issues. The management team investigated the accidents to ensure any actions needed were made in a timely way. The registered manager explained how they would review through a practice discussion with staff and other professionals when needed to resolve any on-going actions. For example, we saw one incident and the action taken, the registered manager had involved other professionals. This had reduced the likelihood of the incident happening again. The registered manager had an overview of the accidents and incidents to monitor trends, to ensure improvements were made when needed.

The registered manager explained the provider regularly completed checks to ensure a quality service was provided. These checks were part of the quality assurance system which supported the registered manager to continually improve the service provided.

People we spoke with told us staff worked with other organisations to support them. One person told us how staff worked with other health and social care professionals to help them achieve their goals. One relative we spoke with said staff worked with the housing provider to meet their family member's needs.