

G P Homecare Limited

# Radis Community Care (Ditchburn Place)

## Inspection report

Mill Road  
Cambridge  
CB1 2DR

Website: [www.radis.co.uk](http://www.radis.co.uk)

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24 August 2021  
09 September 2021

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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 (Ditchburn Place) is a domiciliary care service that provides personal care and support to people living at Ditchburn Place. Ditchburn Place is an extra care housing service. Staff provided personal care and support to 24 people at the time of the inspection. Ditchburn Place had 51 flats and was situated in the centre of Cambridge.

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

Staff knew the people they supported well. There were enough suitably trained and knowledgeable staff to help support people in a timely manner. People and their relatives told us there had not been any missed care visits.

Staff had medicines administration spot checks undertaken to review their competencies following their training. Staff had supervisions and appraisals. New staff to the service had to complete an induction that included shadowing a more experienced staff member. Potential new staff to the service had checks carried out on them to help make sure they were suitable to work with the people they supported.

People and their relatives told us the support from staff made them and their family member feel safe. Staff demonstrated a good understanding of how to keep people safe from harm or abuse. They also knew that they should report any concerns they may have to their line manager or to the local authority.

Staff had given people the opportunity to discuss their end of life wishes should they choose to do so, and these wishes were documented. Staff would work with external health professionals to try to make sure people have as dignified a death as possible.

Staff had access to information in people's care plans and risk assessments that helped guide them to care and support people safely and effectively. Staff supported people to take their prescribed medicines safely. Infection control practices in line with government guidance were in place to reduce the risk of cross contamination. Lessons were learnt and shared with staff when things went wrong.

The care service was not responsible for people's food and drink. Prior to COVID-19 restrictions, activities and meetings took place in the communal areas of Ditchburn Place should people choose to attend. As COVID-19 restrictions were reducing, residents' meetings were to be scheduled and people were re-establishing links with the local community. Staff helped promote people's privacy and dignity and encouraged people to be involved in decisions around their care. People felt listened to and their choices were respected.

The registered manager and staff worked with external health and social care professionals. This would help people to receive joined up care and support. Complaints about the service had been investigated, responded to and resolved where possible. People, and their relatives were asked to complete surveys to feedback on the service provided. Staff could enable people to have information in different formats such as large print or pictorial formats to help them access information.

The registered manager sent staff any guidance and legislation updates. This helped support the staff team to work with the most up to date guidance. Staff meetings were held to update staff on people's care needs and provide updates on guidance and the organisation. Audits were undertaken to monitor the quality of the service.

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.

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 the service under the previous provider was good, published on 3 March 2020.

#### Why we inspected

This is the first inspection since the new provider registered with the CQC on 23 April 2020.

#### 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 (Ditchburn Place)

## **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

This inspection was carried out by one inspector and an 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 is a domiciliary care agency. It provides personal care and support to people living in their own flats 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 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 four working days' 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 and ended on 9 September 2021 where we visited the office

location.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service and eight relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, two team leaders and two care workers. We also contacted the housing services manager who works for an external organisation separate to Radis Community Care (Ditchburn Place). They are responsible for the building, facilities and maintenance.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager confirmed via email that staff had been asked to complete training on how to put on and take off their personal protective equipment safely. This personal protective equipment included face masks, disposable aprons and gloves.

A person using the service who was interviewed as part of this inspection got back in touch with CQC to add some further feedback.

# 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 (under the previous provider) 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 and their relatives gave us examples of how the staff gave reassurance. One person said, "[Staff] help me shower. I feel safe with them." A relative told us, "Yes (family member) is safely showered. They say the carers are kind."
- Staff knew how to report and escalate concerns of poor care or harm in line with their training and the providers safeguarding process. A staff member confirmed, "I would report abuse to my line manager and the local authority."
- Staff told us how they would whistle-blow (report) any concerns they may have had about another staff member. A staff member said, "I would whistle-blow poor care, I wouldn't keep quiet."

Assessing risk, safety monitoring and management

- Staff knew the people they supported well. Staff had access to people's individual risk assessments. These records guided staff on how to monitor and support a person's known risk. These included individualised risks around a person's sensory impairment (sight or hearing loss); medication support; and moving and handling support needs.
- Staff had access to people's personal emergency evacuation plans in the event of an emergency such as a fire. These guided staff on the support a person would need in such an emergency.
- People had equipment and technology to help support them with their safety and independence. This included equipment to aid with walking and a pendant that detects when a person has had a fall. A person confirmed to us, "I have a call bell."

Staffing and recruitment

- There were enough suitably trained staff to meet people's care and support requirements.
- People and their relatives told us that staff in the main were punctual when attending their or their family members, care call visit. Staff had not missed any care call visits. A person confirmed, "This has happened just a few times when there is an emergency. They pop in and let me know they are going to be a bit late."
- Potential new staff had a series of checks undertaken to help ensure they were of a suitable character to work with the people they would be supporting.

Using medicines safely

- Staff supported people who required assistance to take their prescribed medicines safely and on time. Staff were trained to administer people's medicines safely and had their competency checked by more senior staff.
- A person confirmed to us, "[Staff] give me my medicines which are kept in a locked box. They remind me

what the tablets are for. They give them to me in a little pot, with a glass of water and make sure I swallow them."

#### Preventing and controlling infection

- Staff had training in infection control. People and their relatives told us staff wore face masks when undertaking care call visits. One person confirmed, "[Staff] wear a mask, apron and gloves which makes me feel safe."
- Staff had access to plenty of personal protective equipment (PPE) which they confirmed were single use items. A staff member said, "We have plenty of PPE stock. PPE is changed after every care call (visit)."
- The registered manager confirmed after the inspection that all staff had either undertaken or were about to undertake formal 'putting on and taking off PPE safely' training.
- Staff had weekly COVID-19 swab tests and twice weekly rapid COVID-19 swab tests to help reduce the risk of cross contamination.

#### Learning lessons when things go wrong

- The registered manager and staff told us about learning from incidents and accidents. Learning and any actions taken was to help reduce the risk of incidents happening again.
- A staff member told us about how an incident that resulted in no harm was discussed at a staff meeting. Anonymised information about the incident was also put into a memo for staff to learn from the near miss and discuss actions taken to reduce the risk of recurrence.



# 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 (under the previous provider) 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

- The registered manager assessed potential new people to the service needs and choices. This was to make sure staff were suitably skilled to meet the persons requirements in line with current guidance and included any cultural needs, diets and religious requirements.
- The registered manager shared guidance and legislation with staff to make sure they were up to date. A staff member said, "The registered manager made sure that staff have had the most up to date guidance regarding COVID-19."

Staff support: induction, training, skills and experience

- New staff to the service had to complete an induction which involved shadow shifts with a more experienced staff member.
- Staff training helped staff to support people safely and effectively. Staff were encouraged to develop their skills and knowledge by completing the Care Certificate. This is a nationally recognised training programme.
- Staff had supervisions and had either had or were about to have an appraisal of their performance. Staff had their competency to complete care tasks such as medicines administration safely, checked by more senior staff members.

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

- The care service was not responsible for providing people's food and drink. As part of people's agreement to live at Ditchburn Place, people were entitled to three meals a day served in the communal dining rooms.
- Staff assisted people with their meals if needed. One person said, "I have most meals in the dining room. On (named day) a carer gives me breakfast either before or after giving me my shower." Another told us, "My meals are delivered from the kitchen."

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

- People and their relatives told us that in the main, they or their family member would organise external health appointments themselves if needed. Staff would contact health professionals if required. A person told us, "Yes, [Staff] would ring the GP for me."
- People's well-being was supported by input from GPs, occupational health and physiotherapists. The registered manager confirmed that people at the service had GP support throughout the COVID-19 pandemic.

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.

- Staff had training in the MCA 2005. They were able to demonstrate an understanding of their training and the importance of respecting people's choice. A staff member said, "Everyone is able to consent to day to day living (decisions). Like, I want to wear this, I want to get up, I don't want to get up. You treat everyone as individuals and respect them."
- People and their relatives gave examples of how staff respected their or their family members choices. They said, "I choose to have small meals and they respect that," and "They respect my (family members) wishes to wash what they can to dress themselves. They help with the bits they can't do like get their socks on."
- The registered manager told us that no one being supported lacked the mental capacity to make decisions. They said that if this time arose decisions would be made in people's best interests.

# 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 (under the previous provider) 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

- Staff treated the people they supported well and respected people's individual, cultural and religious needs. People told us, "[Staff] are lovely and every one of them is very caring when they wash and dress me," and "The staff are kind."
- A relative confirmed how staff treated their family member with compassion. They said, "It is like a little family there. Everyone goes above and beyond."
- People had been asked what gender of staff member they wanted to assist them with personal care and their preference was respected. A person said, "Yes I was asked. I really don't mind at all. I have both females and one male carer."

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

- Staff encouraged people and their relatives to be involved in decisions around their or their family members care and support needs.
- People told us, "They talk to me and my daughter about what's going on," and "Yes I'm involved in care plans and reviews."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A person told us, "They are mindful of my dignity and are respectful."
- Staff promoted and encouraged people's independence. A person confirmed, "The carer always gives me a flannel with gel on it so I can wash (areas I can) and then wraps me in a towel and I get dressed whilst they change my bed."
- The majority of people and relatives told us that staff sought permission before entering their home. A person said, "Yes, they knock, say hello and enter."

# Is the service responsive?

## Our findings

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

At the last inspection (under the previous provider) 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

- Staff knew the people they supported well. People received individualised care and support that met their needs. Information from NHS websites were included in people's care records to help staff understand people's specific health conditions.
- People and their relatives confirmed they were involved in their, or their family members care records and the review of these records to make sure they were up to date.
- A relative said, "(Family member) has a care plan and we discuss this. Had a (virtual) meeting to discuss this with social services, the Radis manager and me and my sister." A person confirmed, "I have a care plan which is reviewed from time to time. They tell me what they are proposing and ask me if I agree with the changes."

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.

- Staff used different ways to communicate with people to help aid with their understanding. For people with hearing loss, they would write questions down and wait for the answer. Large print newsletters were also available to people if needed.
- Information about the service such as the service user guide, was available for people in large print and pictorial prompts to help make information more assessable.

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

- During COVID-19 communal areas within Ditchburn Place and the wider community were closed or the number of people attending restricted due to government restrictions. As restrictions were being lifted further links to the community were being developed and re-established.
- The registered manager told us that religious services had resumed both inside of the service or in the community for people to attend should they wish. They also said that day centres had started to open, and we noted that an external singer had been booked for a residents' barbeque.
- A person explained how staff helped them feel less socially isolated. They told us, " [Staff] do their jobs, they don't rush and then they sit down and talk to me. It's nice to have a chat."

#### Improving care quality in response to complaints or concerns

- People and their relatives had received information about how to make a complaint should they need to do so. They told us, "Yes we have had a leaflet. No need to complain as it's very good," and "Yes, we have had information. I would speak to the manager. I have spoken to them about concerns rather than complaints."
- The registered manager had a system in place to investigate and respond to any complaints raised in line with the providers complaints process. Records showed complaints were investigated and the complainant responded to.

#### End of life care and support

- Staff had been trained in supporting people at the end of their life.
- The registered manager and staff had encouraged people to discuss their end of life wishes should they choose to do so. People had their individual end of life wishes documented to help guide staff.
- Staff would work with external health professionals such as the persons GP and district nurses. This would help make the persons death as dignified and pain free as possible.

# 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 (under the previous provider) 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

- People and their relatives spoke positively about the registered manager and staff. This they said promoted a nice culture. A relative told us, "Yes, the manager is very approachable and helpful. All the carers are accommodating." A person confirmed, "[Staff] are very good. They know my likes and dislikes."
- The registered manager and staff told us how they learnt from incidents. A staff member told us how actions taken would be communicated to all staff. They said, "Any concerns are addressed at team meetings."
- The registered manager encouraged staff to provide the best service they could. A staff member said, "I feel supported by the registered manager. We are all trying to meet the five (service) goals of safe, effective, caring, responsive and well-led."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager demonstrated to us their knowledge of the incidents they would be required to notify the CQC about.
- Staff understood their roles and responsibilities. A relative confirmed, "Some carers are excellent. They genuinely care and are wonderful and (family member) is building a relationship with them and has continuity of care."
- The housing services manager told us communication was good between them and the care service. They said, "Radis took over the care at Ditchburn Place just before the pandemic hit, and as such have faced a real challenge in both getting to know a new service and individuals and navigating the rules and restrictions that came with COVID(-19). Together we have developed a good working relationship and the team have worked hard to keep everyone here safe, and the building free from COVID (-19). I thank them for the important part they have played in that."
- Audits were undertaken to monitor the quality of the service provided. Action plans recorded any improvements required and acted on.
- The registered manager told us how they worked with the area manager, providers compliance and training teams to have oversight of the service. Yearly internal audits were carried out to look at all areas of the service provision. Again, any improvements were recorded into an action plan.

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

- The new provider took over the service at a difficult time as the first COVID-19 government lockdown restrictions were in place. This had meant that resident and relatives face to face meetings had to be suspended due to these restrictions. Newsletters were sent out to people to try to keep them updated. However, one person fed back that they would have liked more meetings and communication from the provider about any changes. The registered manager gave assurance that as COVID-19 government restrictions were stopping, meetings would take place.
- People were supported to give feedback on the service provided via a survey. A person confirmed, "Yes I have had questionnaires, and someone came and checked how things were going."
- The majority of people told us communication was good. A person said, "Nothing is too much trouble. I would be lost without them." One relative told us how they had recommended the service to a friend. However, a relative told us they sometimes had difficulty in getting hold of staff.

Working in partnership with others

- The registered manager and staff worked with external health and social care professionals and organisations to help people receive joined-up care and support. They worked with the local authority, GP's, occupational therapists and physiotherapists to encourage this to happen.