

G P Homecare Limited

Radis Community Care (Helen Court)

Inspection report

River View
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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

Radis Community Care (Helen Court) is a domiciliary care agency. It provides personal care to people living in a large purpose built extra care housing community in Witham. On the day of the inspection the service was supporting 27 people, including older people and people with a physical disability.

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
Feedback from people and their representatives was positive. They told us staff were busy but always caring and responsive.

There was a new registered manager. We received positive feedback about the impact they had had since their arrival. They had worked to drive improvements such as updating care plans and promoting person-centred care. Audits and quality checks were practical and improved the care people received. Staff, people and their representatives felt able to raise concerns.

Support was tailored according to people's assessed needs. Staff supported people to maintain independent lives and continue living at home. Risk assessments were in place and recently updated care plans provided improved guidance about people's needs.

There were enough safely recruited staff to meet the needs of people using the service. The registered manager communicated well with other professionals to ensure care and staffing levels adapted to reflect people's changing needs.

Staff received an induction when they started work. Ongoing training was provided to the staff team to ensure their skills and knowledge remained up to date. Staff told us they felt well supported and morale had improved since the arrival of the new registered manager.

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.

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 21 December 2021 and this is the first inspection.

Why we inspected

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

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 (Helen 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 an 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 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 rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure the registered manager would be available to speak with us.

Inspection activity started on 21 February 2023 and ended on 24 February 2023. We visited the location's office/service on 22 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

The inspection

We spoke with 9 people using the service and 1 relative over the telephone. We also met with a group of 4 people living at Helen Court and visited 1 person in their flat. We spoke with 4 members of care staff, the registered manager, the area manager and the area support manager.

We reviewed a range of records. This included 3 people's care records, medicine records, staff recruitment files and further records relating to the quality assurance of the service, including audits and training records.

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

- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. Staff had received safeguarding training to ensure they had up to date information about how to promote people's safety.
- The registered manager described how they had acted when concerns were raised about a person's safety. They had worked well with the local authority, raising a safeguarding alert as required. A professional told us, "Radis care worked collaboratively to deal with safeguarding concerns promptly and develop a safe management plan."

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

- People told us they felt safe with the staff who supported them. A person said, "I am safe. The staff are very good. You cannot fault them."
- Staff had carried out risk assessments which they amended when people's needs changed. For example, they had communicated well with a person and their relatives to remove a toaster to minimise risk to the person's safety.
- Staff had a good understanding of the needs of people with dementia and the balance between managing risk and not restricting their freedom. They worked well with external agencies to ensure they could continue to provide safe support.
- Staff completed accident and incident forms which the registered manager had analysed for trends. The records showed they had taken action where necessary, such as contacting emergency services promptly.

Staffing and recruitment

- We had mixed feedback about staffing. Some people told us staffing was more becoming stretched, as people's needs became more complex. People felt staff were more rushed, however they told us staff did meet their needs. A person told us, "They have never missed me or let me down, but they may be late." Some people felt there should be increased staffing at nights.
- The registered manager told us staffing levels were discussed regularly with social care professionals to ensure people's individual needs were being met. We found no evidence of people's care needs not being met.
- Staff told us they had received all the necessary checks before they could start working at the service.
- Recruitment processes were followed to ensure staff employed were suitable for the role. This included obtaining a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- Staff supported people to take their medicines safely and as prescribed. Staff encouraged people to take their medicines independently, stepping in to provide support as necessary. A person told us, "I used to do my own medicine, but they help me now as I cannot do it myself so at the moment, they do it for me."
- Staff who administered medicines had received training in the safe administration of medicines, and senior staff assessed their competency. Care plans gave guidance on the support people needed with their medicines.

Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the risk of infection in their homes. Staff were using PPE effectively and safely.
- Staff described how they had adjusted how they provided care during the COVID-19 pandemic to help keep people safe. A professional told us, "Where covid was present, prompt decisions were made and this minimised the risk of the infection spreading."

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 and choices were assessed in line with guidance. Care staff worked well with housing staff to ensure care and support plans were clear and their needs were considered in a holistic way.
- Care plans gave staff practical information about how people wanted their care to be provided. For instance, there was step-by-step guidance of the support a person needed with their mobility.

Staff support: induction, training, skills and experience

- People told us staff had the necessary skills to meet people's needs. A person said, "I haven't come across anything they cannot cope with yet." Staff received mandatory training as well as specialist training relating to people's individual needs, such as diabetes training.
- As part of their training, staff shadowed more experienced staff. A member of staff told us this process helped develop their skills. They said, "I felt that I needed a bit more shadowing for my confidence and asked the manager and so they said yes of course."
- Staff were supervised well. Staff described how detailed spot checks and competency observations helped them demonstrate they had the necessary skills for their role. The registered manager ensured concerns with poor practice were dealt with effectively and respectfully.

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

- Staff provided support to people in line with their needs and preferences. Staff supported some people to go to the restaurant for their main meal and supported others to cook a meal in their flats.
- Staff supported people who had specific needs to ensure they had enough to eat and drink. Staff described how they sat with a person with dementia to prompt them during their meals.

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

- Staff communicated well with health and social care professionals to promote people's health and wellbeing. Staff had made a referral to a specialist health professional when a person's needs had changed. A professional told us, "Radis Care has uplifted Helen Court, not only with skills and care but working alongside all other working professionals."
- Care staff had to work closely with other staff based on site. We received feedback that positive joint working promoted people's wellbeing.

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.

- The registered manager told us everyone they supported was able to make decisions about day to day choices. There was a pro-active approach to supporting people as their capacity fluctuated, involving external professionals to help people consider their future care plans.
- Staff had received training in the Mental Capacity Act and were skilled at enabling people to make their own decisions.

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 told us that despite feeling staff were busy, they were always kind. A person said, "The staff are kind and caring. They are stretched but they do go over and above."
- The registered manager had promoted a caring culture. Staff spoke about people with compassion and respect.
- A professional told me they had received positive feedback from a person and their relatives. They said, "The family confirmed that they are happy to see their family member at their best. They confirmed that the carers are amazing and go the extra mile to ensure [Person's] needs are safely met."
- Staff received training in equality and diversity. People's diverse needs were respected, and care plans identified people's religious, cultural and spiritual needs.

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

- Care plans advised staff on how to support people to make choices about their care. A person's care plan stated, "I would like to choose my clothes – staff will need to open the wardrobe and show me different clothes I can choose."
- People had the freedom to choose who they received support from at Helen Court. Although most people chose Radis Care, some people chose to receive care from other agencies. This reflected a positive approach to promoting people's right to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff had an excellent awareness that they were supporting people in their own homes and understood how important it was for people to maintain their independence. A professional told us, "Radis Care has continued to empower [Person] to achieve their goal to remain independent through person-centred care and support."
- People were treated with dignity. A member of staff explained how they would always close the door when providing personal care if family were visiting a person's flat.
- Care plans had been recently improved to give staff detailed advice to promote privacy during personal care. One person's care plan listed exactly which parts of their body they could reach when having a shower, and which bits they needed care staff to help them 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 were able to live full lives with the support of care staff. The model of care supported staff in providing personalised care. Staff had set 'rounds' and visit times but they could adapt these flexibly and promptly. This could be in a planned way, for example, visits were changed to accommodate hospital appointments or in a flexible way when people required unplanned support.
- Care was reviewed regularly. A person told us, "Every month I have a review. The lead carer does this." A professional described how a person's needs fluctuated and how well staff worked to review their needs and ensure care was adapted when necessary.
- Staff involved people's relatives as appropriate, for example getting in touch with them when people's needs changed.

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.

- Care plans identified people's communication needs, and any additional support which was required in this area.
- We found examples where staff supported people with their communication needs and referred to external professionals for additional support where necessary.

Improving care quality in response to complaints or concerns

- People and their representatives told us they felt able to speak up about any concerns.
- The provider had a complaints policy. They worked well with the housing provider to ensure people could raise concerns to the right organisation. There had been very few complaints about the personal care provided by the service.

End of life care and support

- The registered manager told us no one was receiving end of life support at the time of our inspection. They described how staff would work closely with other professionals as people's care needs increased.
- Staff had received training in relation to 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 good. 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

- Feedback from people and their representatives was positive and they told us staff worked with them to achieve good outcomes. A professional told us, "I have only had good reports from residents and seen good quality care from all care team and management of Radis Community Care."
- The registered manager and care staff were committed to providing good quality care. They were focused on enabling them to remain living independent in their homes.

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; Continuous learning and improving care

- Staff told us the registered manager supported the team positively and openly when things went wrong. A member of staff told us, "If you have done something wrong the registered manager deals with it. They pull you in for a chat, not having a go, just make sure you understand and stop the mistake from happening again."
- We received positive feedback about how hard the registered manager had worked to improve the service since their arrival. The registered manager described the areas they had worked on, such as supporting staff to improve morale and reviewing all care plans and recruitment folders. The positive outcomes found during this inspection demonstrated they been highly effective within a relatively short period of time.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager also supported another extra care scheme. They described how they ensured they were available to staff if not on site and there were senior staff who provided cover in their absence. Staff told us they could always contact the registered manager or other senior staff if they needed to.
- Staff spoke highly of the registered manager. A member of staff said, "The registered manager is lovely. I can't fault them and feel well supported. They or the team leader are always there if you need them."
- People's quality of care, experiences, and records were audited regularly. The audits were practical, and action was taken to improve things when concerns were found. For example, an audit had found staff were not always recording what people had ate or drunk. This made it hard for senior staff to be sure people's needs were being met. The registered manager had immediately reminded staff of the importance of the records. They had then done some training using 'Mary Poppins' as a creative way of promoting best practice.
- Roles were clearly defined across the service and between partner agencies. We had feedback from a

housing member of staff, who told us, "Radis Community Care Staff are efficient, helpful and do the best for the residents within their remit. The management and staff exceed expectations and work alongside estate office staff resolving issues as they occur promptly."

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

- The provider gathered feedback about people's experience of care. They had also received multiple compliments, for example one person had written in to say, "Thanks to [registered manager] for their unconditional support. They went over and above helping us feel completely supported."
- The registered manager was very visible and accessible. They had attended a meeting held by the housing provider to give people an opportunity to speak with them.