

G P Homecare Limited

# Radis Community Care (Meadow Court)

## Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Radis Community Care (Meadow Court) is a domiciliary care agency. It provides personal care to people living in their own apartments within an extra care housing scheme known as Meadow Court. It provides a service to older people. At the time of the inspection there were 23 people receiving personal care.

Not everyone using Radis Community Care (Meadow Court) received a regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks relation to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People were happy with the level of care and support they received from staff. They told us they were well cared for and felt safe while receiving care. The registered manager as well as the staff team were aware of their responsibility to report any actual or suspected abuse.

Although people and their relatives felt listened to we found improvement was needed regarding to ensure the registered manager was aware of any concerns or complaints raised about the service in order for these to always be investigated.

Risks associated to people's care were assessed to provide guidance to staff on how to reduce these and enable staff to meet individual care needs. People received their medicines as prescribed although some improvement was needed to ensure instruction regarding changes to people's medicines were effectively communicated. Care plans were detailed, and person centred to match the individual needs of people using the service. There were sufficient staff available to meet people's needs in a consistent way and provide a reliable service. provided by staff who people were familiar with. Recruitment procedures were in place to assist in the safe appointment of staff who were suitable to work with people who used the service.

Newly appointed staff undertook shadowing experiences with more experienced members of the team to introduce them to people and their role. Staff received induction training and ongoing training to meet the needs of the people they supported. Staff had knowledge about infection control procedures and used protective equipment to reduce the risk of cross infection.

People were supported as needed with meals and drinks as well as with their medicines. The registered provider had worked alongside healthcare professionals. Staff had contacted healthcare professionals as well as emergency services as needed to ensure people's needs were met.

People were treated with respect and dignity and could make choices about their care and support. Staff ensured people consented to care being given.

People and their relatives told us any concerns or complaints made would be listened to. Staff felt well supported by the management. The provider had systems in place to monitor the service.

Rating at last inspection: This was the first inspection since a change in provider registration with the Care Quality Commission [CQC].

Why we inspected: This was a planned inspection based on the date of the provider's registration with the Care Quality Commission.

We found the service met the requirements for 'Good'. One area was rated as 'Requires Improvement'. The overall rating of the service was 'Good'.

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

Follow up: We will continue to monitor intelligence we received about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

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 not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Radis Community Care (Meadow Court)

## **Detailed findings**

### Background to this inspection

**This 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one inspector.

**Service and service type:** Radis Community Care (Meadow Court) provides care and support to people living in an 'extra care' housing scheme. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. People live in their own apartment's which are rented or owned by people. 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 service.

There was a registered manager in post. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available and we would have access to records. We visited the site on 20 May 2019.

**What we did:** Before the inspection, the registered manager 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. This information helps support our inspections.

We looked at information we held about the service, including notifications they had made to us about important events. We also looked at other information sent to us from stakeholders, for example, the local authority and members of the public.

During the inspection we spoke with six people who used the service and two relatives. In addition, we spoke with four members of the staff team plus a senior team leader and the registered manager.

We sampled care records for three people who used the service. We also looked at four staff files, training records and records relating to the management of the service such as complaints, compliments, accidents and incident reports.

The registered manager sent us additional evidence which included results from surveys.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe while they were receiving care and support from staff members. One person told us if any member of staff was unkind to them they would report them to the team leader. Another person told us, "Very much so" when asked if they felt safe while having support from staff members.
- The registered manager had a clear understanding of their responsibility regarding reporting safeguarding incidents to the local authority and the Care Quality Commission [CQC].
- Staff understood responsibility to report any actual or suspected abuse. One staff member told us they were confident the management team would be responsive in the event of any concerns raised with them. Staff confirmed they had received training in the recognition of abuse and how to report this.

Assessing risk, safety monitoring and management:

- Risks to people, while care and support was provided, was assessed and kept under review. These included areas such as slips and trips, medication and cross infection.
- Risk assessments for hoisting equipment were in place and gave staff detailed instructions as to how to use equipment. Staff were instructed to visually check equipment before it was used. Staff confirmed two members of staff were always involved if the call required the use of a hoist.
- Staff told us they continually risk assessed people's care needs and would inform senior staff if changes were needed to people's assessments and care plans.
- Staff told us they had raised concerns about people's safety such as in relation to falls or mobility. Staff confirmed action had been taken such as referrals to healthcare professionals and the provision of equipment to reduce risk of injury.
- Environmental risk assessments were in place considering any identified risks within people's own apartments.
- Systems were in place to ensure equipment used as part of people's care was serviced on a regular basis.

Staffing and recruitment:

- People confirmed their calls were usually made at the agreed time and did not feel rushed by staff while providing care.
- People found the service provided by staff to be flexible and therefore able to change the time in the event of them having an appointment or if they were unwell and in need of extra support.
- The registered manager and their staff team believed there were sufficient staff available to ensure

people's needs were able to be met.

- Staff confirmed they were allocated their calls on a daily basis. Staff were confident they knew people they were visiting well and therefore able to provide consistency in the care people received. People we spoke with told us they were happy with this arrangement.
- At the time of the inspection the registered manager was recruiting to vacant posts. They confirmed staff from the provider's other schemes within the area could be available if needed to assist covering the rota.
- The registered manager ensured checks were made on potential members of staff before they were employed. These checks included one to the DBS (Disclosure and Barring Service). The DBS helps employers make safer recruitment decisions and therefore helps prevent unsuitable potential staff from working with people who used the service. References were in place before appointments commenced. Staff confirmed they were not able to start until all the checks were completed.
- The registered manager was able to describe the actions they had taken in relation to concerns regarding staff performance.

Using medicines safely:

- People were confident staff administered their medicines correctly. When people were prescribed medicines on and as and when needed basis we were assured people could say whether they needed their medicine or not.
- Guidelines and advice were available for staff members such as the action to take in the event of people refusing medicines.
- Staff completed records when they administered medicines. Records showed when medicines such as antibiotics were completed or in the event of people declining a medicine. If people declined medicines this was monitored to ensure people's health was not adversely affected. The recording of changes to medicine dosages was not always fully robust. The registered manager undertook to address this.
- Staff members received training on medicines prior to starting to support people in their own apartments and their competency was checked as part of the spot checks undertaken.

Preventing and controlling infection:

- People who used the service told us staff wore personal protective equipment such as gloves and aprons while carrying out personal care tasks.
- Staff confirmed they had ample supplies available of personal protective equipment such as disposable gloves and aprons.
- Spot checks carried out on staff showed managers had recorded they saw staff using gloves as required while providing personal care so the risk of cross infection was reduced.

Learning lessons when things go wrong:

- Accident and incident reports were reviewed to reduce the risk of reoccurrence. The registered manager was aware of the need to improve how they followed up on unaccounted bruises. In addition, the registered manager acknowledged the need to improve the recording of changes in medicines. We will follow these up as part of a future inspection.



# 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

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 prior to their care service commencing and as part of ongoing care practices. Care records were detailed and gave staff clear guidance regarding the care to be provided at each call to ensure needs were met.
- Relatives commented positively about the standard of care provided.
- Staff reported changes to people's needs to ensure care records were updated to ensure care provided remained effective.
- Regular spot checks took place on staff to ensure they were delivering care in line with the person's care plan and the provider's expectations. Staff spoke positively of these and the ability to improve on their practice if needed.

Staff support: induction, training, skills and experience:

- People told us they believed staff had the skills and knowledge to meet their needs and felt this was because of their training.
- Staff told us they attended regular training. This included induction training for newly appointed members of staff. During induction staff spent time working with and alongside experienced members of staff for them to understand how to meet people's needs. One member of staff told us, "We are constantly training". The same member of staff also told us training dates would be rearranged for staff to meet their needs if unable to make the scheduled date.
- Staff who had received specialist training becoming dementia care champions this assisted them in meeting the needs of people living with dementia.
- Staff received supervision during which training needs were discussed. The registered provider told us they were in the process of accessing training identified by staff members. The registered manager assured us staff would not attend calls if they had not received the training required to undertake the call and the skills and knowledge to meet the specific care need.
- Staff told us they felt supported in their work and were able to contact a team leader in the event of them needing advice or support.

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

- People who had their meals prepared for them by staff were happy with the standard of meals provided.
- Staff told us they assisted people with preparing drinks and meals as needed. They told us no one was identified at risk due to not drinking or eating sufficiently and nobody needed to have what they either drank

or ate monitored at the time of our inspection.

- Staff confirmed they had attended basic food hygiene training.

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

- People had confidence staff would contact healthcare professionals such as a doctor or emergency services in the event of them becoming unwell. One person told us they regularly saw a community nurse.
- Staff told us emergency services would be contacted in the event of them having concerns about people's health.
- The registered manager had liaised with healthcare professionals such as occupational therapists if they had concerns about safe working methods and the need for equipment. This was to keep people who used the service and staff members safe.
- Care records evidenced the involvement of healthcare professionals such as community nurses. Records showed when emergency services had been contacted such as when a person was found to have fallen or when their health had deteriorated.

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 with appropriate legal authority.

People living in their homes can only be deprived of their liberty through a Court of Protection order. We checked whether the service was working within the principals of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager told us no one who was receiving care from their staff members was subject to a Court of Protection order.
- People we spoke with during the inspection told us they were able to make decisions and confirmed staff respected these decisions regarding their personal care. One person told us, "I tell them (staff) what I want and they do it."
- Staff we spoke with were knowledgeable about the MCA.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People were complimentary about the staff who supported them and provided their personal care. One person described the staff as, "Very nice." Another person told us, "Everyone [staff team] is kind and caring. Nothing is too much for them." A further person described the staff as, "Great" and told us, "They [staff] are lovely they really are".
- Staff told us they would be happy to have a relative of theirs receive care from their fellow staff members. One member of staff told us they could be confident they would be well looked after if they did have a relative who received care from their colleagues. Another member of staff told us, "Would like to say people are getting good care."
- Staff were complimentary about the service provided by the team and of the positive approach to promote a service which met people's needs.
- Staff we spoke with demonstrated a caring approach to their work and a desire to support people and showed an understanding of individual care needs including equality and diversity.

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

- People told us they were consulted for their views and were able to make decisions about how their care needs were to be met. One person told us, "They [staff] wouldn't do anything without asking me." The same person added, "If I have a problem they will look into it for me." Another person told us, "Staff have a chat and I know I am in my own home" telling us how they were involved in their care and in decision making.
- People had signed their care plans to show they had been involved in these and therefore have their views acted upon.
- Staff confirmed they would involve people in their own care and encouraged people to be as involved, engaged and independent in their own care as possible.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff respected their privacy and dignity. One person confirmed staff would always draw their curtains before personal care was provided. Another person told us, "There is no problem with staff and privacy and dignity."
- Staff were able to describe to us how they ensured people had their privacy and dignity respected while personal care needs were undertaken.
- Spot checks showed staff having regard for people's privacy and dignity. One staff record stated, 'Great working attitude.' In the event of any concerns regarding staff practices these were identified and acted

upon.

- People's care records included instructions to staff to ensure people's privacy and dignity was maintained.
- Staff were aware of the importance of confidentiality and the security of information held about people's care and support needs.

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations have been met.

Improving care quality in response to complaints or concerns:

- Once complaints were brought to the attention of the registered manager we found these were investigated. We found the registered manager was able to describe to us the outcome of complaints and how they were resolved. However, we found a complaint received about the service provided was not escalated to the registered manager and therefore they had not taken any action to resolve the matter. The registered manager assured us they would follow this complaint up and take any required action as a result. We were assured improvements would be made to ensure the registered manager was made aware of all complaints in the future. This would mean complaints could be consistently responded to and any learning points taken in to account to improve people's quality of care.
- People confirmed they would be able to speak with staff or a relative in the event of them being unhappy with their care. One person told us, "If anything went wrong I would tell them [staff]". They were confident their concern would be listened to.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care needs were assessed prior to a service commencing to ensure their care and support needs could be met. Information from the local authority and their assessment of people's needs were available where applicable. People were aware of their care plan and confirmed they held a copy within their own apartment.
- People told us staff were aware of their personal preferences and told us this was important to them. People told us they felt safe while staff were providing personal care such as while having a shower.
- Care plans were detailed and personalised. They contained information about people's likes and dislikes as well as what was important to the individual such as a personal history and their interests such as hobbies and religion.
- Care plans and risk assessments were reviewed and updated to reflect people's changing care needs and to ensure they were an accurate reflection of people's needs.
- Staff members were confident care plans were up to date and contained the information they needed to ensure they were able to provide the care people required to have their needs met. One member of staff told us, "We always have the information we need" to meet people's needs.
- The registered manager was aware of the Accessible Information Standard. This standard aims to make sure people who have a disability, impairment or sensory loss get the information they can access and understand. The care manager assured us information would be made available suitable to meet individual needs.

End of life care and support:

- There was nobody receiving end of life care at the time of our inspection. The registered manager told us people were regularly admitted in to hospital if they were poorly. They assured us however they would work alongside other professionals such as community nursing in the event of people continuing to receive a service at the end of their lives.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The registered manager split their working time between three different schemes. They told us they usually worked at Meadow Court two days per week but would be available at other times to meet the needs of the service. People told us although they did not see the registered manager frequently they were aware who she was and of other staff they could speak with and had confidence they would be listened to.
- Staff told us of their desire to provide high quality care. One member of staff told us they had found their colleagues to be some of the best and caring staff they had worked with. Staff were complimentary about the support they received.
- The management team were aware of the need to be open and transparent regarding the care and support provided.
- The registered manager was aware of when they would need to notify the Care Quality Commission [CQC] of certain events. There had been no events which needed to be reported.

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

- Staff members were complimentary about the management support they received. They told us they could speak with the registered manager if they needed to do so. Staff confirmed they received regular training and support from the management team.
- Quality monitoring calls to people had taken place. These showed people to be satisfied with the care and support they had received. One record showed a person had described staff as nice and confirmed they believed staff to be knowledgeable about their needs. Another person was recorded as having said staff kept them safe while another person reported they were made to feel wanted. Other people had described the care they had received as brilliant.
- Thank you cards from people's family members were seen. One relative mentioned the dedication and professionalism they had seen from staff members.

Continuous learning and improving care:

- The registered manager and staff team demonstrated a desire to make continual improvements by listening to people about their experiences.
- The registered manager was receptive to the areas where we found improvement to be required and

assured us these would be made. We will follow these up as part of a future inspection.

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

- Satisfaction surveys showed people were happy with the service provided by staff who supported them. A plan to make further improvements was devised following the survey results.
- Staff told us they believed they worked with a good team of staff. One member of staff told us, "We have a good team here. Everyone goes above and beyond, I wouldn't fault any of the staff."
- Staff told us they had worked in partnership with healthcare professionals.
- Staff told us they liked their work and were motivated and felt involved and able to make suggestions about the service provided such as during staff meetings.
- Records showed the registered manager worked in partnership with others including the local authority and healthcare professionals.