Nestlings Care Ltd

# Radcliffe House

## Inspection report

26 Eastfields
Radcliffe
Manchester
Lancashire
M26 4QE

Tel: 07869296256

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Radcliffe house is a three bedroomed semi-detached property in a residential area offering young people transition back into the community as part of their recovery pathway. Young people have varying support depending on their rehabilitation needs.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they 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.

The service was first registered in February 2018. This is the first rated inspection for this service.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff were safe to work with vulnerable adults. There were sufficient staff to meet people's needs.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

The home was clean, tidy and homely in character. Staff were trained in the prevention and control of infection to help protect the health and welfare of people who used the service.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business contingency plan for any unforeseen emergencies.

People were given choices in the food they ate and supported to shop and cook for themselves. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

New staff received induction training to provide them with the skills to care for people. Staff files and training records showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service.

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to remain independent where possible.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home. Plans of care were individual, person centred and reviewed regularly to help meet their health and social care needs.

We saw that people could take part in activities of their choice and families and friends were able to visit when they wanted.

Audits and meetings helped maintain and improve standards of service provision.

People thought the registered manager was approachable and supportive. There were systems to audit the quality of service provision.

There were staff with recognised professional qualifications to provide care and support for people who used the service and advice for staff to follow good practice.

## 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.

The service used the local authority safeguarding procedures to report any safeguarding issues. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

### Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to shop and prepare their food and given advice on good nutrition.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

### Is the service caring?

Good

The service was caring.

We saw staff had a caring attitude and had a good relationship with people who used the service.

Records were stored confidentially and staff were trained and aware of protecting data.

People were encouraged to be independent and had choices in what they did.

## Is the service responsive?

Good

The service was responsive.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care and support.

There was a range of activities for people to engage in if they wished, which was suitable for their age, gender and religion.

There was a complaints procedure for people to raise any concerns they may have.

## Is the service well-led?

Good

The service was well-led.

The audits we saw showed the registered manager looked at ways of maintaining and improving standards at the home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

The one person who wanted to talk to us and staff we spoke with told us they felt supported and could approach the manager when they wished.

# Radcliffe House

**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 and was conducted by one adult social care inspector on 22 January 2019.

We requested and received a PIR. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also asked Bury Healthwatch and local authority for their views of the service and they did not have any concerns.

We spoke with one person who used the service, the registered manager, the provider, a psychologist, an occupational therapist, a trained nurse and two care staff members. The two people accommodated at the home had complex autistic/mental health needs and were being supported to attain as much independence as they could achieve. One person did not want to talk to us and we respected their wishes.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care and medicines administration records for two people who used the service. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

# Is the service safe?

## Our findings

A person who used the service told us, "I feel safe living here. The staff are very friendly."

From looking at the training records and talking to staff we saw that staff had been trained in protecting people from abuse. Staff had access to a safeguarding policy and procedure. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service also had a copy of the local social services safeguarding policies and procedures to follow a local initiative, which meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy, which is a commitment by the service to encourage staff to report genuine concerns with no recriminations. Staff we spoke with were aware of the whistle blowing policy and were prepared to report abuse.

There had not been any recent safeguarding incidents. There was a system for reporting any safeguarding or other incidents. We saw that one police incident had been recorded and the service had responded accordingly to keep the person safe. The organisation also a system for monitoring all safeguarding incidents to ensure they were investigated and recorded appropriately.

We saw there was a system to record accidents and incidents. Staff completed training for behaviours that may challenge so any intervention was in a non-confrontational way and helped keep themselves and people who used the service safe. The service had staff within the organisation who provided backup and advice for any behavioural issues and the service concentrated on prevention of incidents, looking at triggers and ways to minimise future incidents. It was noted that due to the intervention strategies to prevent behaviours that may challenge people were settled and not presenting with these behaviours.

There were sufficient staff to meet people's needs. People were mostly cared for on a one to one ratio within a small team of staff. A member of staff was a key worker who was employed because of their suitability of interests to match with the person who used the service. Key workers spent time getting to know the person and providing support in a person centred way.

We looked at three staff files and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment were investigated) and proof of address and identity. The checks ensured staff were safe to work with vulnerable people.

There was a business continuity plan to help ensure the service could function in an emergency such as a loss of utilities or staff shortage in bad weather and each person had a personal emergency evacuation plan (PEEP) to help people be safely evacuated in the event of a crisis such as a fire. There were arrangements to keep people safe in an emergency.

There was a system for the reporting and repair of equipment. Electrical and gas installation and equipment

was maintained by qualified external contractors. On the tour of the building we saw the home was well maintained.

There was a medicines policy in place which guided staff to provide safe administration, storage, ordering and disposal of medicines. All staff who administered medicines had undertaken training and had their competency checked to ensure their practice remained safe. Following the training staff had to demonstrate they knew how to administer medicines safely before they were allowed to do so.

Medicines were stored in the locked office and each person had their own cupboard which their medicines were dispensed from. The staff member completed the medicines administration record (MAR) when a medicine had been given. We checked the MAR charts for two people and found they were completed accurately.

There was a system for ordering and checking the numbers of medicines each month. Managers and staff conducted audits to spot any errors. The temperature of the room and a fridge medicines were stored in was recorded to ensure they remained effective.

The service retained copies of medicines information leaflets and had other reference material to be aware of any side effects or other possible indications a medicine should not be given. Plans of care contained a description of the medicine and any possible side effects. Medicines that were to be given 'as required' had clear information about what the medicines were for, the dose, the time between doses and the maximum number in a 24-hour period. This prevented possible overdose of medicines such as for pain relief.

There was a controlled drug cupboard and register. Controlled drugs are medicines that are stronger and need more stringent control. We looked at the register and saw it had been completed accurately.

A person who used the service told us they liked to be involved in cleaning their own room and did their own laundry. Staff were trained in the prevention and control of infection. Staff also had access to personal protective equipment (PPE) to help reduce the risk of cross contamination of infection, for example gloves and aprons. There was a policy and procedure to inform staff on good infection control practice. Staff completed a cleaning rota with daily and weekly tasks which was audited by management to ensure standards were maintained, with regards to infection prevention and control.

We saw in the plans of care that there were risk assessments for any specific need a person had. Personal risk assessments included self-neglect or harm, the possibility of harm to others, vulnerability in the community and any health related risks. There was a section in the documents for the person themselves to comment upon any risks they felt they may have. There were also environmental risk assessments which highlighted possible hazards such as slips, trips and falls. We saw the risk assessments were used to keep people safe and did not restrict their lifestyles, for example, the risks of people using the service going on public transport or attending community activities had not prevented them from doing so. The risks were known and therefore minimised and any actions put in place to intervene should it be necessary.

The fire system was checked regularly and staff were trained how to respond to the fire alarm sounding including evacuation of the building. Staff also undertook regular checks to ensure the hot water outlets were not a risk of scalds and windows had a device fitted to prevent accidental falls. There was a system in place to reduce the risk of Legionella.

Good

# Is the service effective?

## Our findings

We spoke with a registered mental health nurse who said, "I have direct input into the care of people who use the service and undertake mental health and mental capacity assessments. I support staff in risk assessments and review the plans of care when required. Each person is assessed and treated independently."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the service had informed the Care Quality Commission (CQC) of any DoLS authorisations as they are required to do. Staff had been trained in the MCA and DoLS and were aware what a deprivation of liberty was.

Both the people who used the service had the mental capacity to make their needs known and had signed their agreement for care and treatment. The plans of care contained multi-disciplinary meetings (MDT) with the person who used the service, staff from the home and other professionals. The meetings helped plan people's care with the least restrictions possible and review their mental and physical health. People had regular appointments with specialists and professionals such as psychiatrists, psychologists, mental health nurses and occupational therapists to ensure their care was up to date. People also had appointments with dentists and opticians when required. Each person had their own GP and we saw the records were retained in the plans of care.

A person who used the service said, "My keyworker is the best cook and helps me learn. I like mainly plain foods." We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. Meals were very informal and people were able to make what they wanted with support from staff when needed. We observed one person made a meal with their key worker. The atmosphere was relaxed and there was good interaction between the two. When the meal was made the member of staff sat with the person and continued with their conversations, talking about the day and future activities.

People completed a healthy eating planner for the week, went shopping for the items and decided which meals to make. Support included budgetary advice to help people move towards independence. Staff received training around nutrition and would support people with nutritional advice if required. We saw one

person had been supported to lose weight. There were sufficient supplies in the kitchen. We saw the kitchen was clean and tidy.

A psychologist said, "Part of my job is to coach staff and people who use the service. The aim is to give to give people who use the service confidence in the home and out in the community. Staff are coached on how to understand and react to behaviours that may challenge."

A staff member said, "I think the induction has given me the confidence to work the people here. It has been good and I am working towards completing it." New staff were enrolled on a comprehensive induction and supported by experienced staff when they commenced work to ensure they were competent to work with the people accommodated at the home.

A care staff member said, "I have completed all the training which is in my records. I am completing further managing behaviour training and methods of de-escalation and should be able to take the knowledge forward in the future." We looked at the training records for the service and saw staff were provided with training such as medicines administration, infection control, nutrition and hydration, safeguarding, the care of people with epilepsy, fire safety and basic life support. Training was also provided by the specialist staff on the specific needs of the people accommodated at the home to ensure people received person centred care.

A care staff member said, "I have had regular supervision. I worked in another house and it was a good transition from the first house to this one and I had invaluable support from the trained staff." We saw from staff files that there was a regular supervision session where staff could talk about their careers and any training they required.

A registered mental health nurse said, "I was supported to complete my degree in mental health nursing here and feel very lucky to get such good support. I teach staff safe ways to deescalate behaviours that challenge and eating disorders." Staff were encouraged to undertake further professional development which they could use to support other staff meet the needs of people who used the service.

This is a small home for two people. Each person had their own rooms and had personalised them to suit their tastes. One person liked football and furnished their room in their favourite team's colours. There were sufficient areas to sit communally or eat a meal. There was a garden area to use in good weather. The home was in good decorative order.

Good

# Is the service caring?

## Our findings

A person who used the service said, "I am doing very well. I like living here."

Staff were motivated and caring. A psychologist said, "I would recommend the service to family members. It is pleasing to see the outcomes. One person went to university, which is quite an achievement." A registered mental health nurse said, "I like working here. We have a responsive team who can deal with emergencies. I would be happy for a member of family to use this service. I think the staff have a really good understanding of the young people and the risks they can take. They need a very structured approach here and they are thriving."

The provider who is also a psychiatrist said, "I decided to set up this service so people can get the support they like and remain in the community. That's the bottom line in this home. Getting service users to go to school and go into the community. Getting young people better. I think when we see young people achieve a goal it makes it all worth it." A care worker said, "I like it here. I like the house, the young people and the team. I like working here. I like to see the progress they are making and the potential they have. We are thriving off the engagement. I would recommend the service to others and it is a unique service with everything under one roof. The resources are all in one place."

A person who used the service told us, "I am learning life skills like learning to cook. I do my own laundry. I look after myself quite a lot. Staff do help and support me when necessary." A care staff member said, "We are working on independence with [name of person]. The person is now doing much more for themselves and setting more goals." We saw that people were encouraged to work towards living an independent life. One person who had used the service previously was now at university. Both people who used the service were being supported to cook, clean and manage their finances and health.

Plans of care were detailed and person centred. Part of the assessment process looked at the equality and diversity of people who used the service. People's choices and known wishes were recorded and any specific details around sexuality, religion, gender or ethnicity were explored. People's preferred activities were recorded in the plans of care and we saw people were attending their choice of activity.

Each person had their own room and were given privacy when they wished which helped promote their dignity. Staff were trained in equality and diversity. The two people who used the service did not have any specific needs. The registered manager told us of people who had practiced the religion of their choice and another person from an ethnic background had been supported to learn more about their culture. One person had been in a relationship and this had been supported by staff.

There were no current people who required any communication aids and they were given information about the home in a written format, which they could understand. The registered manager said they produced information in different formats which included different languages.

All records were stored confidentially in an office and staff were taught about confidentiality and data

protection. Staff were also informed about not putting confidential information on social media.

There were regular recorded meetings with the two people who used the service and each person had a key worker who sat with the person weekly and discussed diet, activities, school or any concerns the person may have. Records were kept of the meetings for reference to what had been discussed.

A person who used the service told us, "I spend overnights with my family now which I enjoy and get to see the dog." The registered manager told us of the efforts staff had made to arrange and maintain contact with their families and how relationships had improved to date. This included the overnight stays which had not been possible prior to the improvements that had been made.

People had access and used the advocacy service. An advocate is a professional who acts on behalf of someone to protect their rights.

Good

# Is the service responsive?

## Our findings

A person who used the service told us, "I go walking a lot. I now catch the bus. I like to go shopping and buy my clothes and do my food shopping. I go to football, play computer games and like to watch concerts. Staff come with me to make sure I am all right. I am getting out in the community and going to school now and I love it at school."

An occupational therapist said, "I come here every week or so to see how everyone is doing. I help support people to increase their independence, arrange education and look for voluntary work. I have arranged workplace experience with a tree surgeon and wood working. We are currently looking for a person here to attend a food bank to help them slowly integrate into the working community. We need to plan for activities. For example, for a person to go to a concert we must make sure the venue is suitable and there is a plan to leave if we have to. This is because sometimes people with an autistic disorder can react in a way we do not expect."

Activities were provided which were suitable to the age, gender and aspirations of the people who used the service. Activities included going to the gym, swimming, going to concerts and places of interest, walking for exercise and pleasure, watching films, computer gaming, going to football matches and playing football.

Both people who used the service attended schools. This had been arranged by the service who provided support for a person to attend school and liaised with the schools to ensure support was maintained throughout the day.

The plans of care we looked at showed that prior to moving into the care home a pre-admission assessment was undertaken. Staff took a background history of a person's social and medical needs, a record of their medicines, any allergies, daily living abilities and any religious, cultural or social needs. This provided the registered manager and staff with the information required to assess if the service could meet the needs of people being referred to the service prior to them moving in. There was also an assessment from the health authority or social services department a person was funded by to ensure the home could meet their needs.

A clinical psychologist said, "Part of the support we provide entails setting goals. One of the people here achieved their goals and it is pleasing to see the person did it and no longer needs support for that part of their care. Another person set a goal to feel more confident and went to drama group which worked for that person. We agree a task that they can achieve and staff support them to do it."

We looked at two plans of care during the inspection. Plans of care were detailed and provided staff with information about people's health and social needs. There were separate plans for what support people needed daily, positive behaviour, health needs, medicines and participation (which told us what people had done or how they were feeling).

The plans were person centred and included input from people who used the service. The plans showed quite clearly what a person could do or were working towards their goals which therefore promoted

independence. The plans were regularly reviewed to ensure they provided staff with up to date information.

There was a document which could be provided to other organisations or emergency admission to an accident and emergency department which explained the person's condition, how the person needed to be cared for and keep them the shortest time possible. This would help to minimise the distress the person may feel.

There was a handover at the start of every shift. The handover informed staff how a person was, any health care professional visits or for any planned activities. Staff also wrote daily notes to pass more detailed information on to their colleagues. There were systems to aid good communication between staff and management.

There was a complaints procedure for people to report any concerns they may have. The person we spoke to did not have any concerns. One record we looked at showed the service had investigated a concern and responded to the person's satisfaction.

We discussed end of life care with the registered manager. Both the people who used the service were young and in good physical health. However, the registered manager did see there was some benefit in a staff member receiving end of life training. The service also liaised with many organisations and would provide appropriate care and treatment should someone be diagnosed with a life threatening condition.

Good

# Is the service well-led?

## Our findings

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they 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. The manager first registered with the CQC in February 2018.

We asked the person who used the service and staff how they thought the service was managed. The person who used the service said, "I can go to the manager if I need to. You can talk to the manager." All the staff we spoke with said managers were approachable and supportive. All thought there was a good staff team.

Staff were also encouraged to develop the service and their skills. A psychologist said, "I love working here. I have been given the opportunity to develop a department from the ground up, develop job descriptions and roles as we go. That's the support we get from management."

Staff could attend monthly house meetings and also met with the organisations specialist professionals for support regularly. Topics discussed included competent monitoring of records, the implementation of a medicines champion, checking the finances of people who used the service, training and recruitment. If required an action plan was produced with the member of staff responsible and timeline for expected completion.

There was a statement of purpose available which informed people of the facilities and services provided at Radcliffe House, including the provider and registered manager details.

We looked at some of the policies and procedures which included medicines administration, infection control, safeguarding, confidentiality, complaints, health and safety and whistle blowing. The policies were available to staff to follow good practice.

Staff were issued with a handbook to guide them in their work when they commenced employment. Topics included the rules of working at the service, safeguarding, health and safety, whistle blowing, stress management, disciplinary procedures, equal opportunities, the confidentiality policy, the use of the internet and other guidance such as gifts acceptance.

The registered manager and other staff completed audits to see how the service was performing. The audits included accidents and incidents, complaints, lone working, health and safety in the environment, fire system, infection control including cleanliness, training, plans of care, risk assessments and activities. The registered manager used the audits to maintain and improve standards at the service.

The service displayed their CQC rating in the home and notified us of any incidents as required in the regulations.

There was a recognised management structure within the home and wider support from professionals

within the organisation to guide staff to the support they needed for any aspect of care and support.

The service had received feedback from a person who had moved on from the service. The person said, 'I have never looked back since I joined the service, you do a brilliant job. I have been able to talk to an incredible psychiatrist and been supported by the most exceptional team of support workers, leaders and managers.'