The Radway Lodge Partnership

Radway Lodge Residential Home

Inspection report

Vicarage Road
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Devon
EX10 8TS

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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

This inspection took place on September 28 and October 5, 2016 and was unannounced.

We last inspected the service on 4 November 2014. At that inspection we found the provider was meeting all of the regulations we inspected.There were no breaches of legal requirements at the previous inspection.

Radway Lodge is a residential care home for older people. It is registered to provide accommodation for up to 15 people who require help with personal care. The service specialises in the care of older people but does not provide nursing care. At the time of the inspection there were 13 people living at the home.

There was a registered manager who was responsible for the service. A registered manager is a person who has registered with the Care Quality Commission 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.

This was a family run service which promoted the feeling of being part of a family group. The atmosphere in the home was warm, friendly and supportive with lots of interaction between people using the service and staff. Staff engaged actively in conversation with residents. The premises were light, airy, very clean and comfortable. People living at the service had brought their own furniture which gave individual rooms a very personal feel. The service has held a good reputation in the local neighbourhood for many years

Visitors all confirmed that the home was a safe place, was a caring place and was well run. People living at the service said they felt safe, and this was supported by relatives and visitors. Staff had received training in how to recognise and report abuse. They understood what safeguarding meant and how to deal with any issues. Staffing levels were sufficient for the level of need.

Medicines were well managed and kept secure. People received their medicines in a timely way and where errors were noted, staff acted quickly to ensure people were not at risk. People were offered pain relief and received their medicines on time.Staff had been well trained, felt well supported in their roles and most were very experienced. They had a good understanding of mental capacity and consent issues and were praised for being very caring by both people using the service, their families and visiting healthcare professionals. One of them said, "The rapport between staff and patients is excellent-it's fantastic."

People were offered a variety of activities which they could choose to take part in or not as they wished. Several of the residents were able to leave the premises independently, which are very near the town centre. Others who spent time alone in their rooms confirmed that they had free choice of activities and that their privacy and dignity was respected at all times.

People and visitors alike praised the service for the quality of its food, most of which was cooked from fresh ingredients. Mealtimes were enjoyable social occasions, mostly taken in the small dining room, although

residents who preferred this had their meals served to them in rooms.

Care plans had been overhauled this year and a new revised system was in place. This gave a clear contents list and series of assessments and action plans based on people's individual needs and on their own wishes. Family members who had Power of Attorney for care and welfare had been regularly consulted about care needs and individual preferences where people could not do this themselves.

The culture of the home was that of an open, approachable management team of provider and registered manager. The registered manager had proactively take steps to protect a resident from potential financial abuse. An independent external consultant had reviewed all the quality assurance processes and some new systems had been implemented. There was a good record of partnership working and the service was held in high esteem by local healthcare professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who lived in the service felt safe because staff knew how to meet their needs, how to recognise and report abuse and were in sufficient numbers to provide the support people needed.

Safe recruitment procedures had been followed.

Equipment and all areas of the home were maintained, clean and there free from offensive odours.

Medicines were well managed and safely stored and administered.

Is the service effective?

Good

The service was effective.

Staff were trained and competent to provide the support required and people's health needs were well met in a timely way. Visiting healthcare professionals considered the service to be of high standard.

Staff knew people's likes and dislikes, consent was sought before people received care. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards for protecting people.

Meal times were a social occasion, food was of high standard and people received the support they needed to eat their meal.

Is the service caring?

Good

The service was caring.

People were well cared for and were treated in a kind and compassionate way.

Staff were friendly, patient and discreet when providing support to people.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were actively involved in making decisions about care and treatment.

Is the service responsive?

Good

The service was responsive.

Care and support was well planned and any changes to people's needs were identified and acted on promptly.

There were few concerns and no complaints.

Is the service well-led?

Good

The service was well-led.

The home was well-run by the registered manager and provider who supported their staff team well within an open and inclusive culture.

People's views were taken into account in reviewing the service and in making improvements.

Systems were in place to ensure that records, training, premises and equipment were all monitored on a regular basis.

Radway Lodge Residential Home

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 checked 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 inspection took place on September 28 and October 5, 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to the inspection we looked at the information we held about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC) and the Provider Information Record (PIR). A notification is information about important events which the service is required to send us by law. The PIR is requested by us and asks the provider for key information about the service, tells us what the service does well and the improvements they plan to make.We also reviewed information from the previous inspection report and by checking the provider website.

The methods used on site included talking to six people using the service, four relatives and friends of people using the service, interviewing eight members of staff, including the registered manager, the cook, the housekeeper, two care staff. We looked closely at the care plans for four people, cross-referencing with other records such as weight charts. We undertook several observations of activities on the premises, including medicines administration, mealtimes and reviewing records.

Records which were reviewed included staff duty rosters covering a four week period, four people's care files, medicine administration records (MAR) and MAR chart audit, staff training matrix, file of staff training certificates, three staff recruitment files, two completed quality assurance questionnaires, the accident and incident record book and auditing form, four- weekly menus, and a variety of policy documents. These included the medicines and safeguarding policies . Contact was made with five health and social care

professionals who worked with the service, asking them to comment on the quality of care provided in relation to the five key domains. Responses were received from three.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. People visiting the home also commented as follows "I feel Mum is quite safe here"

People were protected against the risks of potential abuse from others by staff who had the knowledge and confidence to identify and act on safeguarding concerns. The registered manager explained action she had recently taken to protect a vulnerable person from potential financial abuse. She had identified this as a safeguarding concern and had acted to keep the person safe by contacting the person's social worker, alerting the safeguarding team and the person's solicitor.

External health and social care professionals involved in this safeguarding activity confirmed the registered manager had taken the correct action.We saw the registered manager offering support and constructive advice to the person, which helped the person to feel less anxious. .

Care staff had a good understanding of safeguarding people from abuse, of how to keep people safe in the premises and of their responsibilities for reporting accidents, incidents or concerns. One member of staff said: "We are working with vulnerable adults and so we need to guard their safety in all aspects."Risk assessments had been undertaken and plans were in place to minimise these risks. These protected people and supported them to maintain their freedom to be as independent as possible. For example, elderly frail people who wished to go to the town centre were observed being offered the use of a wheelchair accompanied by a care worker.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. For example, one person experienced a series of falls in their bedroom which were noted as becoming more frequent around bedtime. The registered manager reassessed the risk and purchased a bed which could be lowered to floor level in order to minimise the risk of further falls. A new lift had been installed in the building. People were observed operating this lift independently and it was clear they were able to operate easily accessed controls, even when using a walking frame.This meant people were now safer moving around the home alone.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Personal Emergency Evacuation Plans (PEEPs) had been created for each person living in the home. These were laminated and presented in an easy to read large print format with photograph and kept in a prominent position on the noticeboard in the centre of the staff room. This represented an excellent safety resource.

The premises were conspicuously clean, tidy, and free from potentially hazardous items such as trailing flexes. One visitor said, "There is no smell, it's spotlessly clean". Systems were in place to ensure no cross contamination, for example different coloured cloths and different coloured laundry bags for soiled and ordinary laundry were used.

The premises had been inspected by food hygiene inspectors on 21 July 2015 and had gained the maximum five stars.

The premises was kept in a safe state. For example, kitchen and laundry machines were serviced annually by an external contractor. Fire equipment was serviced annually by an external contractor.
Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. The provider told us that because the home had been recruiting for over 30 years from within the local community, she was often familiar with the family background of prospective staff.

People told us there were sufficient staff to meet their needs. Call bells were responded to in good time. One visitor said, "Normally they come in a reasonable time." Staff were observed moving frequently between the dining room and the lounge to check whether people required assistance at mealtimes. The registered manager said the service had used a basic tool in the past to calculate the number of staff required. They used this as their starting point but were flexible in adapting the numbers of staff to meet needs. Numbers of people living at the home had gone down from 14 to 13 residents when one bedroom was converted to an office, but the same number of staff were employed. This improved the ratio of staff to residents. One healthcare professional said, "We've never encountered any problems with staffing levels and that includes going in at weekends."

The registered manager was aware that needs could change and said they responded appropriately. For example, "If we had someone really poorly, we put someone extra on… We use bank or existing staff as extras." Staff working at the service felt the staffing levels were safe. "It depends how busy it is, but still we can cope."

There were safe medication administration systems in place and people received their medicines when required from staff who had received appropriate training. One person using the service confirmed how effective they believed the medicine administration system was by saying:
"There's nothing that they miss…if you try to get extra painkillers you don't get them!" This demonstrated that the system was protecting people from the risk of accidental overdose.

Medicines was stored securely, including controlled drugs which were in an appropriate separate storage system. Records were very clear and maintained accurately. Medicines were administered to each individual at a time. The registered manager had a clear process for auditing medicines and for checking other safety systems such as fridge temperatures.

Good

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs.

Staff told us they had completed training which included safeguarding, fire safety and moving & handling. One person explained what she had learned about evacuation procedures following fire safety training: "Now I know how to do it properly!" New staff were supported to complete an induction programme before working on their own. They told us: "(name of registered manager) showed me everything; I shadowed every shift to start with…"

The provider maintained a checklist of training which needed to be updated regularly and employed an independent training consultant to deliver this training. The registered manager used updates from a professional body which kept her knowledge up-to-date of what staff needed to know. Staff received both formal and informal ad hoc supervision. They were encouraged to take qualifications in care. Training in conditions such as dementia was available.

Staff told us they felt well supported by the registered manager: "(name of registered manager) is very supportive. She always says, 'Are you all right?' You can always grab her, even when she's busy with office stuff."

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 so that they can 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.

Staff said they had received training in the MCA and were able to describe its principles in general terms. One care worker said: "If the service user has still got capacity to decide for themselves not involving any person, then they need to make the decision."

Information from the PIR showed that there had not been any DoLS applications since the last inspection. We discussed this with the provider who said they had two applications pending, but the people had died before authorisation was granted.

There were four people currently living at the service who had been assessed as not having full capacity. For one of these people, a best interests decision had been made with other healthcare professionals in relation

to the covert administration of medicines. The assessment had been carried out and recorded appropriately. Professionals and family members confirmed they had been consulted and involved in the decision. This demonstrated that correct legal safeguards were being followed. A DoLS application was not required as there was no restraint involved.

However, following discussion with senior care staff about the remaining three people who lacked capacity, the provider decided to make an application for a DoLS for one of them. If this person wished to leave the service, they were either accompanied or encouraged to stay within the premises, without the use of any restraint. The provider reassessed the decision to interpret this as a deprivation of liberty and acted promptly and appropriately by submitting an application to authorise this action on the second day of the inspection.

A member of care staff said: "We don't restrain…if they want to go out, we help them to sit in the garden."

Consent forms in care files, which were signed by either the person or their relative, confirmed that consent to care and treatment was being sought by this service The registered manager had assisted another person to make a current application for Power of Attorney for finances by arranging a GP appointment. The person's solicitor visited the home during the inspection which corroborated the provider's description of action they had taken to ensure consent was always sought from the appropriate person.

Another person who lived at the service described how she had been asked to give her permission for staff to open her door at night to check on her welfare. She found this very reassuring and caring; "I think this is wonderful, I really do."

It was clear from the conversation and interaction at lunchtime that mealtimes were an enjoyable relaxed occasion. All food was freshly prepared and people were given a choice. For example, one person did not wish to eat carrots and was offered two alternative vegetables, whilst another person requested additional carrots and was offered a second helping. People's dietary needs and preferences were documented and known by the chef and staff. The chef kept a record of people's needs, likes and dislikes. People told us they liked the food and were able to make choices about what they had to eat. People were observed eating a hot meal at lunchtime which had a choice of three vegetables in addition to roast potatoes and roast meat. One person made a point of explaining that there was a very wide choice of food here: "The vegetables are always varied here, so that's better than home cooking, isn't it?"

People particularly liked the fact that the chef spoke to them individually about their food needs and responded to requests: "We asked for corned beef hash the other day and we got it! Our chef is wonderful... We love him, if you ask him for something, he'll try and do it." A person visiting the service said: "The food here is excellent. (Name) is a superb chef. (Name) treats Mum like a princess." Another visitor said: "The food is very good here, it's old-fashioned home cooking."

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's health needs. These were regularly reviewed. Different professionals were observed visiting the service during the inspection. One of them commented (after looking at a person's skin condition) "Your legs are nice and moisturised… The girls are looking after you nicely. They're doing all the right things here."

One healthcare professional said: "The (registered manager) is quite proactive about taking them to the surgery rather than waiting for us to come out. We've never really had any pressure ulcer problems and we only rarely see any skin tears. That's a good indication that they're doing their moving and handling

properly."

Good

Is the service caring?

Our findings

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. For example, whilst being interviewed, a member of staff spotted a person using the service trying to come in by the wrong door. They immediately went to their aid and treated them with the utmost care and gentleness.

There was a warm, friendly atmosphere in the home which has been part of the community for approximately 30 years. The people running the home have developed relationships over many years with people living in the service and with their families. One person living at the service said: "I know the house as I used to visit people here myself. I am able to come and go as I please. I have no fault with the place at all. The staff have the real personal touch. They are very very kind."

The home was spacious and comfortable and allowed people to spend time on their own if they wished. People were observed spending time alone in their rooms from choice. One person was seen sitting reading the newspaper in the porch, as it was sunny there. Other people were observed in their rooms and explained they were staying there from choice: " I'm quite happy sitting here with my novel." Other people had formed friendships and were observed sitting and chatting with each other in the lounge. Staff took the time to talk to people each time they entered and left the lounge. This showed that there were warm, friendly relationships between all members of the staff and people living at the service.

Comments from visitors included the following: "The care is very good here. There's a lot of social interaction. The staff are always respectful and privacy is always observed. If we're talking to (name) and someone's doing something in the corridor, they will close the door."

"The care here is excellent. They really are lovely people. They ask, they don't demand, they're polite. They do have a lot of respect and they also have a lot of patience"; "I've just been so impressed with their care. There's a friendliness here, a welcoming feel… You never feel like you're in the way"; "They are a local family, it's home from home" and "I think they're looked after exceptionally well here… They all seem to be happy people."

People's records included information about their personal circumstances and how they wished to be supported. Staff were observed giving careful, patient explanations to people using the service. Records showed that people had been consulted about their wishes for end of life care. Relatives had particularly valued people being taken on special visits, usually by the registered manager, in order to allay a particular anxiety about something. For example, being taken to visit a friend who was ill in hospital or being taken back to visit their home whilst in a transition phase. A visiting healthcare professional commented;" I have always heard staff talking to the residents with kindness and respect, from domestic staff to home management and feel they should be praised for delivering an excellent service."

Good

Is the service responsive?

Our findings

At the last inspection care plans needed improvement. An external consultant had advised and action had been taken as described below.

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the initial admission assessment had also informed the plan of care. A functional capabilities form was completed for people once they were living at the service .This was an assessment of things like mobility and continence. Care plans clearly explained how each person would like to receive their care, treatment and support.

The service recently developed a new method of ensuring people received more personalised care. New admissions were given a form called "All About Me". The form was used to augment information gained verbally. It asked for details about the person's likes and dislikes, interests and activities and other matters of choice. This was then compiled into a personal laminated document. We saw four completed versions which included personal information which acted as triggers for conversation and reminiscence, such as wedding photos.

A visitor said of the admission process: "The thing that impressed me was that it was a very professional conversation... (they were) really understanding about our situation and what they could and couldn't offer. They were checking whether this would be the right place for Mum."

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. An example of this was a person who was very underweight on admission to the service. Records showed that the service had involved the person's social worker, GP and dietician, as well as the community psychiatric nurse. A plan was put in place which resulted in the person regaining a proportionate amount of weight for her height. A relative showed the inspector before and after photographs to evidence the high quality of care.

Handover of information between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to monitor people's progress. A checklist was used to ensure that all aspects of care were covered in the handover meeting. This was appreciated by staff. One of them said, "It makes it easier for us… If we are working a long day, it's a reminder so we don't forget anything." A healthcare professional said;" if I find any… health problems , the staff are always keen to help and act promptly to resolve the problem."

People had a range of activities in which they could be involved. People were able to choose what activities they took part in, or whether to remain in their rooms. For the month in which the inspection commenced (September 2016) there was a list of an activity for every day displayed on the noticeboard. However, one particularly active person said there were not enough activities: "I get a little bored here." People were observed leaving the service, either with relatives or with care staff, to make the short journey into the town

to visit the library or the shops. A healthcare professional said;" In my experience the staff and management at Radway Lodge provide a caring , individual centred service. On my last visit a carer was helping a group of ladies complete a daily crossword from the paper and this small group activity was causing much banter and great conversations with all concerned."

There was a complaints policy. Friends and family were encouraged to discuss concerns with the manager as they arose. A resident and family meeting was held in September 2016 .There were no complaints, although the possibility of having more call bells in the lounge was discussed and put under review. Comments and concerns were taken seriously and used as an opportunity to improve the service. The manager suggested that people could bring their own call bells from their room. The minutes of the meeting noted "It was not necessary to meet that often as everyone felt they can discuss any issues with (name of provider and manager) when necessary"

There had been no official complaints since our last inspection. A member of staff said: "If you raise something you're not happy with, (the registered manager) will check it out straight away."

A visitor said: "They always look after us. You can come and go at any time. I can phone up to discuss if there's any problem. They will also ring me."

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 provider was a frequent presence in the home and we saw her supporting the registered manager in dealing with day to day management issues.

On the first day of inspection it was noted that there was no information on the provider's website about the latest CQC rating. We were told that this was out of date and by the end of the inspection the website was no longer available. The ratings were on display within the service in a prominent conspicuous position on the hall noticeboard.

A new office had recently been created and the door was open during the inspection. People living at the service were observed going to the registered manager's office and talking to her. This meant that issues were dealt with promptly and people were not left with undue anxiety. One visitor said "You can say anything you like to (the registered manager)"

Staff explained that there was a family oriented culture in the service and the management encouraged a very open, warm, friendly atmosphere. Staff said, "The whole setup is quite like one big happy family… It's banter… it's fun to work here… We all get on well here." "This is a very small care home. I really like it because I can be directly talking to the residents."
Many staff have worked at Radway Lodge for a long time. For example, the registered manager has been in post for seven years and has worked for the Radway partnership for 30 years. The culture of the home encourages concerns to be as a addressed as soon as possible. Managements can be approached by residents, family or staff at any time. The culture is one of a small team working closely together.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. All staff were very clear on how to raise concerns or "whistle blow". They expressed great confidence that both the provider and the registered manager would listen to their concerns and that they would be received openly and dealt with appropriately. One said, "They are very nice.. they are approachable… the manager is sometimes strict, but she's really open-minded with us. If you raise something, she'll check it out straight away."

Good communications systems were in place which included a communications book, a diary of healthcare professionals visits, the daily report record and a handover meeting at the beginning of each shift. Key action points were noted in large letters on a whiteboard in the staff room. Healthcare professionals said, "The (registered manager) always communicates a lot with us. She keeps herself quite current and up to date."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of

the home.

The service had employed an independent consultant who had undertaken a comprehensive review of all quality assurance systems. The CQC inspection framework had been used and improvements against each of the five key questions had been identified and implemented promptly. For example, a new format for care plans had been brought in, as this had been identified as "Requires Improvement" at the last inspection. New folders had been created with sections clearly divided and labelled. Old information was archived to reduce the amount of paperwork held on file.

An accident and incident book was completed and regularly reviewed by the registered manager. This had helped to identify someone who was having an increased risk of falls so that prevent to action was identified and taken.

People's views were sought. A meeting of residents and family members had been held. Questionnaires had also been completed by four people living at the service. This showed that very few issues were raised at the family meeting. In response to the question "What does the organisation do well?" The following comment was received: "It's clean, tidy… Making us feel happy as we can be supported and listened to." Changes which were implemented as a result of the above meeting included making the complaints procedure more obvious by changing the position of the notice on the noticeboard.

The registered manager was proactive in seeking ways in which to improve the service. For example, she had sent a list of all treatment escalation plans (TEPs) to the relevant GP for each person living at the service. This was done so that they could be updated each time a person saw their GP. This was a good method for making sure records remained accurate so that people received the correct treatment in accordance with their wishes.

The registered manager had made links with the local community. For example, the vicar for the local Church of England parish visited the service monthly, there were Methodist church voluntary visitors and primary school children visited at Christmas.

The service kept up-to-date with legislation and national guidance by membership of professional organisations. Resources were being utilised to improve the service, such as installing a state-of-the-art lift to improve access and mobility for people living at the service.