

Mr Kevin Martin

The Radcliffe

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Radcliffe is a residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service can support up to 34 people.

People's experience of using this service and what we found

Care records included a range of risk assessments although where people needed a hoist to transfer, more detail was required. The premises and equipment were safe although a safety belt on a stair lift had not been replaced, as recommended following a safety check. Some improvements were needed to ensure the storage of medicines were safe. The recruitment of staff was safe and there were enough numbers of staff on duty to meet people's needs.

People were assessed to ensure the home could meet their needs before moving into the home. People had access to other health care professionals if needed. Staff received induction, training and ongoing management supervision. Feedback about the meals people received were mixed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and kind. People were treated with dignity and respect. People's right to privacy was respected and their personal information was stored confidentially. People were supported to express their views and were involved in their care plans.

People's care records were detailed, person centred, neatly organised and updated at regular intervals. Care records included the support people needed to communicate. There were a variety of activities provided for people to keep them engaged. Complaints were logged and addressed.

Staff, people and visitors felt the home was well led. Regular audits were undertaken although the audits had not identified the shortfalls we raised during the inspection. The registered manager understood their regulatory responsibilities. Regular meetings were held with people who lived at the home. The registered manager regularly met and communicated with all staff who worked at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

The Radcliffe

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Radcliffe is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with ten people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, a senior carer, four care assistants, activities organiser and three staff from the catering, housekeeping and maintenance team. We also spoke with a visiting health care professional.

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

After the inspection

We requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Care records included a variety of person-centred risk assessments which were reviewed and updated at regular intervals.
- We reviewed the care records for two people who required staff to use a hoist to transfer them. Neither of the care records provided detail of which sling was to be used and how it should be applied and fitted. We brought this to the attention of the registered manager at the time of the inspection. They assured us this would be addressed.
- Regular checks on the premises and equipment were completed to ensure peoples safety. We noted the previous two checks on the stair lift had recommended the safety belt be replaced. This had not been actioned. Following the inspection, the registered manager confirmed the belt had since been replaced.

Using medicines safely

- Not all medicines were stored securely on one of the units. Some medicines were dispensed to the home in weekly packs. Although they were stored in a locked cupboard, all staff had unsupervised access as their personal belongings were stored there. We brought this to the attention of the registered manager at the time of the inspection. The following day they told us action was being taken to address this.
- Medicines were not always administered in line with the prescriber's instructions. For example, the instructions for a specific medicine for one person noted 'take 30 – 60 minutes before food'. We saw this medicine had been administered after they had eaten breakfast.
- Instructions were in place where people were prescribed medicine to be taken 'as required' and topical creams.
- Staff followed safe practices, supporting people to take their medicines and making sure they had done so before signing the medicine administration record. Staff had completed training in medicines administration, an assessment of their competency had also been completed.

Preventing and controlling infection

- The home was clean, tidy and odour free.
- Staff had completed training in infection prevention and control.
- We observed staff following safe practices, for example, washing their hands and using disposable gloves and aprons.

Staffing and recruitment

- People and their relatives felt there were sufficient staff. One person told us, "There's always staff to check up on you." A relative said, "There are enough staff, yes." Another relative said, "The staff (team) are quite

consistent."

- Recruitment of staff was safe.
- Staff were happy with the numbers and deployment of staff at the home. Staff told us both the registered manager and deputy manager both helped on the floor if extra support was needed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. A relative told us, "[Person]is safe here."
- Staff had completed safeguarding training and understood how to recognise and report abuse. One of the staff we spoke with said, "I know how to raise a concern."
- Appropriate referrals had been made to the local authority safeguarding team. Concerns and allegations were acted on to make sure people were protected from harm.

Learning lessons when things go wrong

- Systems were in place to record accidents and incidents.
- The registered manager completed a monthly analysis to identify possible themes or trends.
- The registered manager and deputy manager demonstrated an open and transparent attitude towards a learning lessons when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the home to ensure their needs could be met. The assessment was used to develop people's care plans and risk assessments when they moved into the home.
- Care plans and risk assessments were reviewed and updated at regular intervals and in the event a person's needs changed.

Staff support: induction, training, skills and experience

- Staff were trained. People told us, "Somebody must have trained them because they do their job right" and "Yes, staff are trained."
- New staff were supported. A staff member told us, "I did shadow shifts. The training is quite good, they ask if you are confident before starting. You are called in for a meeting after your induction and you could ask for more shadowing if you need it."
- Staff had completed training in a range of topics. The majority of training was online with some face to face training provided for specific subjects, for example, moving and handling.
- Staff received regular management supervision.

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

- Feedback about the meals at The Radcliffe were mixed. Positive comments included; "There's nothing wrong with the food, I had a lovely breakfast of Weetabix and scrambled egg" and "The food's nice I don't eat puddings." A relative said, "I have seen the food it looks good with a good selection, his weight is stable." However, two other people told us, "There's lots of things I don't like - like curry, I don't like vegetables only marrowfat peas" I like mushroom, tomato and oxtail tinned soup" and "The food is not good."
- We observed the lunchtime experience on both units. The atmosphere was calm and relaxed. The food was hot and nicely presented. Staff asked people if they had had enough before removing plates. Where people needed support, this was provided in a discreet manner.
- We shared people's feedback about the food with the registered manager at the end of the inspection. They assured us they would review people's satisfaction with their meals.

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

- Staff received a handover at each shift changeover to ensure relevant information was shared within the staff team.
- Information was retained at the front of people's care records to instruct staff what information should be sent with the person in the event they needed to go to hospital.

- We saw evidence people received input from other health care professionals. Staff sought advice from other professionals in a timely manner.
- A relative told us, "They always let me know if there is a problem."

Adapting service, design, decoration to meet people's needs

- The Radcliffe is comprised of two buildings joined by a first-floor corridor. One building has 17 en-suite bedrooms and the other building has 17 bedrooms, including five en-suite. Each building includes a communal lounge, dining areas and communal bathrooms and toilets.
- Bedroom doors had a number and a photograph of the person whose bedroom it was. Bedrooms were personalised with photographs and mementos.
- There was signage on toilet and bathroom doors, although there was a lack of directional signage throughout the rest of the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Twelve people living at the home had a DoLS in place, there were no conditions attached.
- We saw people had consented to their care and support where they had capacity to do so. Where a family member had signed the document on their behalf the rationale for this had not been recorded.
- Throughout the inspection we consistently heard staff asking people's consent prior to any care or support being provided.
- Where people lacked capacity to make specific decisions, we saw evidence of capacity assessments and best interest decision making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were caring and kind. People told us, "Everybody is so kind, it's nice lovely. If you need any help they help you", and "The staff are kind. If I ask for anything, they get it. I sometimes ask for lemonade. I have a bath, I get one once or twice a week which is ok for me." Relatives told us, "[Person] seems happy and content. I have not met anyone I am not happy with" and "[Name of staff] is really good, they are kind to everyone."
- From our conversations with staff, they clearly knew people well. People looked clean, suitably dressed and well cared for.
- Our observations of care, review of records and discussion with the registered manager, staff, people and relatives evidenced discrimination was not a feature of the home.

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

- People were involved in their care plans. One person said, "They come now and again to discuss the care plan." A relative said, "They ask us about [persons] care at reviews and take notice." We saw a comment in one care plan, "I would like to confirm that both [name] and I are completely satisfied with [name's] care plan."
- We saw a letter in one care record inviting the relative to a review of their family members care.
- People were supported to make decisions about their care and support. We heard staff offering people choices regarding where they sat, what they wanted to drink and if they wanted to participate in the daily activities.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Care records were stored confidentially.
- People were treated with dignity and respect. Staff were able to describe the steps they took to maintain people's privacy and dignity. For example, closing doors and curtains. We observed staff speaking discreetly to people and knocking on bedroom doors prior to entering.
- People were encouraged to retain their independence. One person told us, "I did my own breakfast of toast and marmalade." A thank you card noted, "You have all helped [person] to reach their goal which was to remain as independent as possible."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples care files were organised with information easy to locate and read. The language used was respectful.
- Care records contained enough detail to enable staff to provide individualised care and support for people. One care record noted, "[Name] prefers (to wear) a skirt, top and a cardigan... They like a cup of tea with one sugar."
- Care records were reviewed and updated at regular intervals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples care records included how they communicated their needs. Information included if the needed any equipment for example, glasses or hearing aids.
- At the time of the inspection people did not require information to be provided in alternative formats. This could be facilitated if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed the activities at the home. One person said, "I go to [name of church]. We have people come and entertain us... We have exercises and quizzes." Another person said, "We had a singer yesterday, I liked them. I like Bingo."
- The activities organiser told us a variety of external entertainers visited the home on a regular basis. There was also someone from a local organisation who visited each Saturday to do projects which had recently included growing vegetables. They also told us a monthly church service was held at the home.

Improving care quality in response to complaints or concerns

- People were satisfied with the service they received. A person who lived at the home said, "I'd complain to the staff, I have no complaints", a relative said, "I would complain to the office, but I have no complaints."
- Complaints were recorded, investigated and responded to.

End of life care and support

- In the compliments file we saw a relative had written, "Thank you to you all. You cared so well for [person] until she passed away... Your kindness and thoughtfulness will always stay with me."
- Where people had a Do Not Resuscitate (DNR) instruction in place, this was easily located in their care records. We saw information regarding people's end of life wishes in one of the care records we reviewed.
- A member of staff had recently been accepted on an end of life care champion course run by the local hospice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was a visible presence at The Radcliffe. People told us, "I know her [registered manager] but don't know her name, she comes and talks." Another person said, "I am glad I am here. The manager is nice. If I had anything to say I could say it, if it needed action, I am sure she would do it. She has the welfare of all of us at heart."
- Staff were also predominantly positive. One of the staff said, "I enjoy my job. I would recommend it as a job and as a service. It's very homely... the staff are lovely." Another member of staff told us, "I would recommend it for a place to work. The atmosphere is good, things get dealt with."
- A visiting health care professional told us, the management were approachable.

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

- A range of audits were completed at regular intervals. These included, medicines, health and safety, infection prevention and control.
- The registered provider employed an operations manager who visited the home at least monthly. They told us they had recently changed the format for the medicines audit to include a weekly check. They said improvements had already been identified with medicines management as a result.
- A monthly report was submitted each month to the registered provider. This provided information of the operations managers visits to the home. The report included information on staffing, hospital admissions, visits by the local authority and completed audits. The report also included evidence of the care plan audits and the operations managers discussion with the person who care file they had audited.
- Although we have identified some shortfalls in the safe section of this report, we were satisfied from our discussions with the registered manager, feedback from other staff, people who lived at the home and relatives, the home was well led. There were systems of governance in place, although they had not highlighted the concerns we raised. Each of the concerns was addressed promptly by the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A relative told us they had been notified by staff following an incident with their relative and another person who lived at the home.
- The registered manager acted on their duty of candour. This is to ensure providers and registered

managers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf).

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

- A survey had been sent to relatives of people who lived at the home in July 2019. We reviewed a random sample of the returned surveys. All the feedback was positive.
- Two of the people we spoke with were unaware resident meetings were held. The activities organiser told us they held resident meetings four times per year. We saw minutes from the most recent meeting, June 2019, displayed within the home. A relative told us there were no meetings for families.
- The registered manager told us they did not hold formal staff meetings. They explained due the hours they worked, they ensured they saw met and spoke with all staff regularly, including attending handovers. They felt this was a more effective way of communicating and sharing information with staff.

Continuous learning and improving care

- The registered manager and deputy manager were clear in their desire to learn and continually improve the quality of the service people received.
- A representative of the registered provider attended local authority run good practice events. Information from these events was shared with the registered manager.

Working in partnership with others

- We saw evidence the registered manager worked in partnership with other organisations. These included the local authority, clinical commissioning team, social workers and the local community.