The Radway Lodge Partnership

Radway Lodge Residential Home

Inspection report

Vicarage Road
Sidmouth
Devon
EX10 8TS
Tel: 01395 514015
Website: www.radwaylodge.co.uk

Date of inspection visit: 4 and 6 November 2014
Date of publication: 30/01/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

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 home specialises in the care of older people but does not provide nursing care. There were 14 people living at the home at the time of the inspection.

Staff had good knowledge of people including their needs and preferences. Care plans contained all the relevant information although the amount of information dating back to 2009 in some plans made it difficult for staff to access this easily. Staff said they were going to streamline the care plans but they all were able to tell us about people's individual needs. Staff were well trained; there were good opportunities for on-going training and for obtaining additional qualifications.

Summary of findings

People were well cared for and were involved in planning and reviewing their care if they wanted to be. There were regular reviews of people's health and staff responded promptly to changes in need. For example, involving appropriate health professionals in a timely way. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs. One person was going out with staff for an optician appointment.

There was a manager who was responsible for the home. 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 and associated Regulations about how the service is run.

We last inspected this service on 25 September 2013 where we found Radway Lodge to be compliant.

On the day of the inspection there was a positive and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful way. People were encouraged and supported to maintain their independence. They made choices about their day to day lives which were respected by staff who took time to listen to them. For example, one person preferred to be assisted to get up mid-morning and another person preferred to spend time in their bedroom. People said the home was a safe place for them to live. One person said "I need lots of help; the staff always come straight away. The girls are very helpful and there's always plenty of people about to help me." Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and knew where to find contact details for reporting potential abuse. Staff said they were confident that any allegations made would be fully investigated to ensure people were protected.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. We saw relatives speaking with the provider and staff throughout the day on an informal basis and the office was always open so that people could talk about any concerns at any time. A relative who visits every other day said they had no concerns about the home and in eighteen months she had "never seen anything untoward".

People's privacy was respected. For example, staff knocked on doors and waited for a response before entering and noticed if someone's clothes were askew. Staff ensured people kept in touch with family and friends. Each visitor we spoke with told us they were always made welcome and were able to visit at any time or book a meal at the home. People were able to see their visitors in communal areas or in private. A relative said she has never observed anything but politeness and kindness from staff. Relatives said they were well-informed about their relative's health. One said "They've called if she's not well and they've taken her to the health centre".

People were provided with a variety of activities and trips. People could choose to take part if they wished. Staff at the home had been able to build strong links with the local community. Many people were local and the home was within walking distance of the town and amenities.

There was a management structure in the home which provided clear lines of responsibility and accountability. The provider showed great enthusiasm in wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people.

There were quality assurance processes in place to monitor care and plan ongoing improvements. There were systems in place to share information and seek people's views about the running of the home. Although the home did not have formal relatives' and residents' meetings, the provider told us they talked to people individually all the time. For example, people all knew about the current building works to improve the facilities and were watching progress with interest. People's views were acted upon where possible and practical. Quality assurance surveys were sent out and responded to individually.

Summary of findings

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

This service was safe. People who lived in the home felt safe because staff knew how to meet their needs. Staff were recruited safely. There were enough staff to provide the support people needed.

Equipment and all areas of the home were well maintained. The home was kept very clean and there were no offensive odours.

Staff in the home knew how to recognise and report abuse. Medicines were well managed and safely stored.

Is the service effective?

Good

The service was effective. Meal time was a social occasion and well organised. People received the support they needed to eat their meal.

The staff knew the people they were supporting and the care they needed. Staff knew people's likes and dislikes and were asked for their consent before they received any care. Best interest decision making was understood and national guidelines followed.

People were able to access health care in a timely way and their health needs were well met. Staff were trained and competent to provide the support individuals required.

Is the service caring?

Good

This service was caring. People told us they were well cared for and people were treated in a kind and compassionate way.

Staff were friendly, patient and discreet when providing support to people. Staff took time to speak with people and to engage positively with them.

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

Is the service responsive?

Requires Improvement

Some aspects of this service were not responsive. People's needs had been thoroughly and appropriately assessed and people's support was provided as agreed in their care plans. However, although care plans contained all the relevant information, the amount of information dating back to 2009 in some plans made it difficult for staff to access this easily in an organised, clear way.

People made choices about their lives in the home and were provided with a range of activities.

There was a good system to receive and handle complaints or concerns.

Summary of findings

Is the service well-led?

Good

The service was well-led. There were systems in place to assess the quality of the service provided in the home which were effective and formal as well as informal such as spontaneous meetings with relatives, residents and staff.

There were good systems in place for staff to discuss their practice and to report any concerns about other staff members.

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.

We visited the home on 4 and 6 November 2014. Our first visit was unannounced and the inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

On the first day of our visit to the home we spoke with people who lived in the home visitors and staff, speaking with staff and observing how people were cared for. The inspector returned, announced to the home on 6 November as the provider and manager had been attending external training on the first day. We looked in more detail at some areas and examined staff records and records related to the running of the service.

During our inspection there were 14 people living at the home. We spoke with nine people who lived at the home, three visitors, four care staff, two ancillary staff and the provider. We observed care and support in communal areas including the lunchtime period. We spoke with people in private and looked at the care records for four people. We also looked at records that related to how the home was managed such as audits, quality assurance and staff records.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection.. A notification is information about important events which the service is required to tell us about by law. We reviewed the last inspection report. We contacted local commissioners of the service, GPs and district nursing teams who supported some people who lived at Radway Lodge to obtain their views about it.

Good

Is the service safe?

Our findings

People received their medication as prescribed. For example, staff waited for people to take their medication before signing to say it had been administered. There were processes in place to ensure the correct medication was given in relation to regular blood test results. Medicines were stored safely. People said their medicines were given on time and brought to them if they wished to remain in bed. Medicines given on an "as needed" basis were given safely and staff knew when to give it but instructions were not recorded. The provider said they would ensure this was done immediately. No-one at the home currently wished to manage their own medicines but this was offered. There were weekly audits of medicines. For example, checking opening dates were recorded and when medication was out of date. There were no discrepancies when we checked the medicines meaning that people were being given the correct medication at that time.

Staff had received training in how to recognise and report abuse or were booked on an external training course in the near future. All were clear about how to report any concerns and knew where to find contact details for reporting potential abuse. Staff said they were confident that any allegations made would be fully investigated to ensure people were protected. We saw a sensitive issue involving a relative had been well handled. Although information about what staff needed to do was difficult to find easily in the care plan as it was within the daily records, all staff were aware of how to manage the situation to protect the person. Staff said they also asked people if they wanted to see a visitor before showing them in to ensure people saw who they wanted to see which was important as there had been a safeguarding issue relating to visitors for one person.

The records we hold about this service showed that there had been no safeguarding incidents. The provider knew how to take appropriate action to make sure people who used the service were protected. We observed people in all of the communal areas of the home. Not everyone was able to verbally share with us their experiences of life at the home. This was because of their dementia/complex needs. We saw that people who could not speak with us directly about their experiences were comfortable and relaxed with the staff who were supporting them.

Safe systems were used to make sure staff were only employed if they were suitable and safe to work in a care environment. People benefited from a very stable staff group for many years. Only recently, in August 2014, due to changes in the management structure, had a group of new staff been employed. All the checks and information required by law had been obtained before new staff were offered employment in the home. One record did not include discussion during an interview about a negative comment in a reference. The provider was able to tell us in detail about the issue showing there had been consideration of risk and said they would write it up immediately.

People's risks were well managed and risk assessments were completed in people's individual care plans. This included actions staff needed to take to protect people. For example, the use of pressure sensor mats was discussed with people before use because it was a form of monitoring, and possibly restricting, their movements. One person did not like to have this mat in their room and so it was removed. A temporary fire escape route had been put in place due to the building works and this had been risk assessed and shared with people living at the home to keep them safe.

We found water from two basin hot taps was excessively hot so that people would be unable to put their hands under it safely. There were small written warning signs but no general risk assessments. The provider said they would address this immediately by seeing if the temperature could be reduced and place more prominent signage and conduct individual risk assessments relating to this.

Two people told us they enjoyed following activities in the local community on their own. They said they felt safe doing this and knew how to maintain their safety. They told us staff gave them advice about maintaining their safety but did not stop them from following their choice of activities. For example, one person living with dementia was able to move around the home as they wished, including going into the office and kitchen for a chat. They then enjoyed time on their own in the garden. Another person living with dementia was able to go out in the community as they had lived there all their life and staff knew where they would go. This showed people were able to take reasonable risks that improved their quality of life without being restricted.

Good

Is the service safe?

People said the home was a safe place for them to live and that there were enough staff to meet their needs. One person said “I need lots of help; the staff always come straight away. The girls are very helpful and there’s always plenty of people about to help me”. Another person said “There are plenty of staff, we don’t have to wait for call bells to be answered and staff are well-trained”. The two care staff on duty were busy but we saw them taking time to assist people and recognising people’s choices. For example, one person preferred to get up mid-morning which they did and when assisting people to mobilise staff were patient and explained what was happening. They took great care assisting people to use the stair lift. One person said “I get very tired and I stay in bed every other day. The staff bring me my medication and my drinks and food and keep an eye on me.” There was no formal staff dependency tool to calculate staffing levels but the provider said they had extra staff if, for example, someone was end of life or needed more assistance.

The home had a communal lounge and separate dining area on the ground floor. We observed the midday meal being served. Two people required assistance with eating and were attended to in a timely way. We looked at the staff rota and saw there was always a third care worker on duty in the afternoon to enable people to go out or to help with activities.

Good

Is the service effective?

Our findings

People were provided with enough to eat and drink and provided with appropriate support. People were offered a range of snacks during the afternoon, which they enjoyed. People were also able to help themselves to drinks throughout the day. One person had been identified as being at an increased risk of burning themselves due to wanting to maintain their independence when getting a hot drink. Equipment had been bought to enable them to remain independent and safe. We saw people asking the chef for snacks and drinks directly which were provided.

People had been involved in planning the menus. They had been asked which meals on the menu they enjoyed and if there were any meals they did not like. The chef knew people's likes and dislikes and any special diets, such as one person who had a sore mouth and was temporarily having a soft diet. The service prided itself on providing home-made, fresh food. For example, the soup, cakes, biscuits and spaghetti bolognaise was all freshly prepared and the home used very little frozen food, preferring local produce. People knew what was on the menu telling us, today was "spotted Richard" There was a hot meal available at supper time. The chef said they were able to access any equipment they needed in the kitchen such as equipment to promote independence and were very knowledgeable about how people's taste could change as they got older. One person had tried a new dish and really liked it, coming into the kitchen to say they had enjoyed it.

People said their diet was healthy with "lots of fruit". Lunch was served restaurant-style with silver service. A relative said "the food's wonderful". Another person said, "The food's very good, very tasty. We don't get two meals the same, and it's healthy food. I get up when they bring my breakfast, it's got bananas and fruit too which I like". One person was at risk of weight loss and the care staff noticed they weren't eating their lunch. They got an alternative meal for them and monitored their progress discreetly.

People told us they received the support they required for their health needs, including access to district nurses and GPs. The health centre was across the road and people were able to attend appointments with staff support if needed. Relatives said they were well-informed about their relative's health; one said, "they've called if she's not well and taken her to the health centre".

Some people had complex needs and required support from specialist health services such as the tissue viability team. This is a team of health professionals who advise on wound care and skin pressure damage. Care records showed people received support from a range of specialist services such as mental health and occupational therapy teams.

We contacted local GP practices and district nursing teams before our inspection. None of the services we contacted raised any concerns about how people who lived in the home were supported to maintain their health.

We discussed the Mental Capacity Act 2005 (MCA) with the provider. Staff demonstrated an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We saw this had happened.

Staff showed they were knowledgeable about how to ensure the rights of people who were not able to make or communicate their own decisions were protected. We looked at care records which showed that the principles of the MCA had been used when assessing an individual's ability to make a particular decision such as the use of bed rails. There was a list showing that people were involved in decision making and that relevant parties were included in best interest decision making. The provider told us how they had acted as advocate for one person when there had been concerns about their visitors. Records showed peoples' ability to make decisions had been assessed. At the time of our visit no-one was subject to a Deprivation of Liberty application and no restraint needed to be considered to keep people safe.

People were supported by staff who had completed training to make sure they had the skills and knowledge to provide the support individuals needed. There was an induction course which included staff signing they had read people's individual life stories to promote person centred care. Each new staff member "shadowed" a more

Good

Is the service effective?

experienced staff member until they felt ready to work on their own. They were extra to the usual staffing numbers and timescales for the shadowing varied depending on individual staff learning needs.

Records showed all staff had completed a range of training relevant to their roles and responsibilities. This included training to keep people safe, such as in moving and handling, infection control, food hygiene and fire safety. Each staff member had a file that recorded the training they had completed and certificates they had been awarded. The provider was devising a spreadsheet to make it easier to check when staff were due for training but as a small team they knew this information. A relative commented, "The manager trains all the staff really well".

Staff were all able to tell us in detail about peoples' needs as individuals. This included knowing who became anxious and how to reassure them, and ensuring people were assisted to move their position if they were at risk of pressure area skin damage. The provider and manager had been inspired by a recent dementia conference and were cascading information to the staff team to further promote person centred care. The provider gave us examples of how they monitored staff competence on a day to day basis, for example noticing when a staff member did not ask someone if they needed the toilet in a discreet way.

Care staff told us there had not been a formal staff meeting since June 2014 but they felt well supported as they were a small stable team who communicated key information on a daily basis. A team meeting was booked for December 2014. Minutes were printed out and sent to staff with their pay slips to ensure staff were aware of any issues. Records showed care staff had regular formal meetings with the manager to discuss their practice. One staff member told us, "We can talk to them at any time though". For example, one staff member wanted to try helping with cooking and another had had a meeting brought forward to discuss a particular area of work. When the staff team had been made up mainly of long term staff, the supervision and appraisal records were less detailed. The provider said this was because they knew the staff so well. The provider said they had now started following a set format as there were new staff.

People's rooms were kept clean and tidy and people were able to decorate and furnish their rooms in a homely way. Communal areas were clean and tidy but homely and the building was warm on a cold day. We spoke to the maintenance man who was readily available and ensured that maintenance issues were dealt with promptly. Overall, there was a good system of maintenance and on-going refurbishment so that people were living in a comfortable and pleasant environment. The office area also housed the laundry which meant that private meetings with relatives and staff were carried out in the dining room at present. However, the building of a new laundry was in progress during our visit as it was recognised there needed to be space for confidential conversations.

Good

Is the service caring?

Our findings

The home was very much a family and a community concern with the providers having been in the care business for many years. People living at the home and relatives said they had chosen the home because of its small size, reputation within the town and its location, near to the town and family. Visitors were welcome to visit at any time and people said they had frequent contact with their families and friends. One person who did not have family said “Everything you want, no matter what time of day or night, you only have to ask”. Staff treated people with respect. The chef said “We care about people here, like in a hotel or restaurant”.

None of the people who lived in the home, their visitors or the staff we spoke with raised any concerns about the quality of the care. People all said they were very well cared for saying “They’re good girls. I can’t do very much but I ask for things when they come in and see me. I go down for mealtimes and in the afternoons and we all join in. We do games and things.” A relative referred to the care as “Excellent”.

Staff were cheerful and relaxed. They were pleasant and spoke politely and appropriately to people throughout the time we were there. Staff knew people and their needs well. A relative who visited every other day said they had never observed anything but politeness and kindness from staff.

Staff asked people how they were feeling and chatted about the day and what was going on. They explained what they were doing before carrying out a task and gave encouragement to people. For example when moving someone from a wheelchair into an armchair they said “Could you stand up please? Stand tall. Well done! Fantastic!” Staff encouraged people to be independent and do as much for themselves as they were able to. Some people used items of equipment to maintain their independence. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it. Staff were particularly supportive, chatting about different subjects when helping people to use the stair lift to reduce anxiety.

People’s dignity was maintained as people were assisted with hygiene, were well-dressed in appropriate clothes which people had chosen and looked cared for. People enjoyed the hairdresser visiting. Staff also ensured that people had regular access to these amenities. Staff were very polite and personal care was carried out carefully behind closed doors. Staff were attentive to people’s needs such as noticing when someone’s clothes had gone askew and when someone appeared cold they fetched a blanket. We saw sensitive and respectful care for people who were near the end of their life, ensuring they were checked on regularly and were comfortable.

Requires Improvement

Is the service responsive?

Our findings

Staff had good systems for communicating with each other. However, care records were not easy to use. Care records showed each person's needs had been assessed before they moved to the home. The assessments had been reviewed regularly to make sure they were up to date and gave staff accurate information about the support each person required. The assessments had been used to develop care plans which had information for staff about how to support the individual.

However, although all the information was available for staff within the care files, the format included information from some years ago and review updates were sometimes written within daily records. This meant up to date instructions of how staff were to meet peoples' needs were not always clear. For example, one person was being nursed in bed but their care plan indicated initially that they were able to get up. Another care plan did not give detailed information about how to manage one person's weight loss although staff were aware. The deputy manager said she was about to simplify the care plans and archive older information. Staff were able to tell us about people's needs in detail. People and their families had been included in developing the care plans. The care plans included information about the person's life, likes and dislikes. This meant the staff had information about the person as a whole, not just their care needs.

People said staff were responsive to their needs. For example, people felt able to ask for alternative meals, access health professionals and contact people outside the home. Some people used their own telephones in their rooms. People told us that they made choices about their lives and about the support they received. They said the staff in the home listened to them and respected the choices and decisions they made. One person liked to have a lie-in and another preferred to spend most of the time in their room. Staff gave people the time they needed to communicate their wishes.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One person said, "As far as I'm concerned you ask them and they do it. I've no worries or complaints". No-one could recall making a complaint and relatives said they brought any grumbles straight to the staff or managers and therefore problems did not escalate. The provider showed us an example where a person had discussed a concern with them. This had been dealt with immediately and involving the staff member concerned. They spoke directly to the person to see how improvements could be made in the future regarding their night routine preferences. A relative said there had been an unpleasant odour in a bedroom on one occasion. They told staff who immediately ensured the room was cleaned. Relatives were able to talk with staff who had time to discuss their concerns with them. A relative said they had no concerns about the home and in eighteen months they had "never seen anything untoward and nothing but politeness and kindness."

There were no formal residents' or relatives' meetings, although the provider said they were planning to re-offer these. However, we saw that there had recently been a quality assurance survey sent to all residents and relatives and each comment had been acted on individually and actions taken recorded. For example, one suggestion was that there could be increased opportunities for engaging people in meaningful activities outside of the organised group activities already provided. The provider showed us records of how they were offering more activities.

People's records did not always show clearly when they were engaged in activities but the provider was aware of this and was starting a different way of recording this information. People who chose to stay in their rooms were regularly checked on by staff and these people said they were happy. There was a hand-written list of activities for the month on the noticeboard. It included quizzes, musical and craft events. Topical parties and events were organised and included trips to the town and local areas. For example, a Halloween party was being prepared and other people were getting ready for Remembrance day. Staff had helped one person ensure they had their preferred clothes to wear for the parade. A number of people in the lounge had their own books and newspapers brought to them. One person enjoyed pottering in the garden and we heard staff ensuring that people were happy with the TV channel chosen.

Staff showed that they were knowledgeable about the people in the home and the things that were important to them in their lives. People's care records included a "life history" which gave the staff information about their life before they came to live in the home, which staff read

Requires Improvement

Is the service responsive?

during their induction. Staff knew what was recorded in individuals' records and used this to engage people in conversation, talking about their families or where they used to live. Many people were local and known to the staff before admission to the home.

Good

Is the service well-led?

Our findings

People living at the home and relatives all told us they felt able to talk to management and staff at any time. The provider and manager worked a shift pattern which enabled one of them to be available seven days a week. The provider had also worked night shifts to support night staff and check how peoples' needs were met during the night. They were visible within the home and we saw how any improvements were discussed with staff at the time. For example, the provider had given constructive advice to one staff member about how to be more discreet when assisting someone. All staff read people's life histories so they got to know people as individuals. Staff told us "It's a fantastic team, we all work well together." One staff member said "I love this job, we all get on well and there's a lovely atmosphere".

The provider and manager had recently been on a dementia care conference and had been inspired by their learning. They were planning to share this with all the staff at a staff meeting before Christmas.

There were systems to assess the quality of the service provided in the home. The provider showed us quality assurance surveys. Different questions were asked of relatives and people living at the home covering various topics such as care, meals and activities. There were few formal complaints and the provider said they tried to encourage people to come and see them as soon as they had any concerns so it could be addressed. These smaller concerns were going to be recorded in the future so the provider could see if there were any patterns that needed addressing. People and relatives all gave us positive comments about the service.

Audits were carried out such as medication, care plans, environment and health and safety. Where areas for improvement were identified we saw actions had been taken. For example, the menu had been changed and care files format was being reviewed.

An open and inclusive culture existed in the home. Staff said there was lots of communication, they knew what was going on and felt included in the management and decision making and able to make suggestions. Staff appraisals and supervisions showed how the provider and manager also cared about staff morale and well-being. The provider was aware that some record keeping had fallen behind recently due to the change in staff and had begun to address this to make information clearer and more readily accessible. For example, the deputy manager was looking at reducing the amount of information in the care plans and archiving the older paperwork.

People benefitted from being cared for by staff who had worked at the home for a long time. The home had a long history of staff working at the home for many years and only recently had there been a change, including the manager. We saw that the provider was very supportive, ensuring that new staff were settling in. Staff were able to tell us about people's needs and how they cared for them and that they felt well supported. The office was seen as having an "open door" policy where staff could always discuss any issues with the provider or manager.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The manager had been working at the home for some time and for 30 years with the company or sister company.