Warrington Community Living

Radcliffe Meadows Learning Disability Nursing Home

Inspection report

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Ratings

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

Overall summary

We carried out an announced inspection of Radcliffe Meadows Learning Disability Nursing Home on 03 December 2015.

At our last inspection in April 2014 the service was not meeting the regulation required that they notify Care Quality Commission of safeguarding incidents.

The home provided care, support and accommodation for up to twelve people. At the time of the inspection there were nine people living in the home. All bedrooms were single and communal areas included two kitchens and two lounges. People had access to a pleasant patio area and garden at the rear of the home and there was car parking at the front of the home for visitors.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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 experiences of people who lived at the home were positive. Staff had good relationships with people who lived at the home and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were protected from abuse and felt safe at the home. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's needs and that safe and effective recruitment practices were followed.

People's health care needs were met and their medicines were administered appropriately. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

The home was clean and staff had received training in infection prevention and control. Bedrooms were well furnished and contained equipment necessary to support the person such as ceiling hoists and specialist beds.

Consideration was needed in respect of how the home could develop to meet the collective needs of those living there with regard to access to personal space and noise levels.

Staff had an understanding of the systems in place to protect people who could not make decisions and knew how to follow the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The provider had a whistleblowing policy to inform staff how they could raise concerns, both within the organisation and with outside statutory agencies. This meant there was an alternative way of staff raising a concern if they felt unable to raise it with the registered manager

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

The service was safe.

There were effective systems in place to make sure people were protected from abuse. People said they felt safe and staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to check staff employed at the home were suitable to work with vulnerable people.

There were enough staff to ensure people received appropriate support to meet their needs and maximise their independence.

Policies and procedures were in place to support staff to raise concerns outside the organisation if required.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Training was provided to instruct staff on how to perform their role and staff received formal supervision and appraisal to support them so they worked in line with the organisations expectations.

Arrangements were in place to access health, medical, social and specialist support to help keep people well.

The registered provider complied with the requirements of the Mental Capacity Act. The manager and staff had a good understanding of people's legal rights and were aware of the correct processes to be followed in the event of Deprivation of Liberty Safeguards being required.

Is the service caring?

Good

The service was caring.

People were provided with care that was with kind and compassionate.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families in order to provide person-centred care.

Is the service responsive?

Good

The service was responsive.

People were given choices throughout the day. They were given choices about activities, food and how they spent their day.

People living in the home were supported to go out into the community and see their families.

Summary of findings

Plans were also written to help ensure staff provided support in the way the individual preferred.

Is the service well-led?
The service was well-led.

Good

There was a registered manager in post at Radcliffe Meadows.

We found that systems were in place to monitor the quality of the service provided in the home with regular audits and spot checks being undertaken by senior staff in the home.

Staff supervision and appraisal was in place to ensure staff had opportunity to raise concerns and contribute to the running of the service.

The staff we talked with spoke positively about the leadership of the home, and told us the registered manager often worked alongside them.

Radcliffe Meadows Learning Disability Nursing 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 December 2015 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. On this occasion we did not request the provider complete the Provider Information Return (PIR). The PIR is a form that asks the provider give some key information about the service. The local authority contracts quality assurance team had not visited the home during 2015. However the registered manager sends quarterly reports to the Clinical Commissioning Group. Clinical commissioning groups(CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed two care records of those living in the home, staff training records, and records relating to the management of the service such as surveys and policies and procedures. We spoke with eight of the nine people living in the home and talked at length with three people in particular. We also spoke with the registered manager and five staff on duty during our inspection. We had the opportunity during our visit to also speak with a visiting GP.

Good

Is the service safe?

Our findings

We spoke with eight of the nine people who lived in the home; one person told us it was "good" living at Radcliffe Meadows. One person told us he was leaving, but then said it was a joke; we observed this person throughout the day and saw that he said he was leaving to various people as "banter" along with the fact that staff were "sacked". We saw that everyone living in the home enjoyed laughing and joking with staff and appeared comfortable around staff. The relative we spoke with also confirmed that they felt their loved one was safe living in the home and she felt confident that they were well looked after. She said "I am kept well informed he is looked after very well". The relative told us that they would feel confident speaking with a member of staff or to the manager should they have any concerns.

During our visit we saw that staff provided care and support as and when people needed it. We saw enough staff on duty to meet people's support needs, hospital appointments and their activities as set out in their care plans. On the day of our visit there we spoke with six staff on duty as identified on the rota and eight of the nine people living in the home. We found extensive risk assessments in place for each person living at Radcliffe Meadows all of whom clearly had busy lives. Some examples were; going on walks, attending appointments with health professionals, journeys in cars and other transport and attending events. One person's care record identified that the person needed complex health care support and we found that risks associated with their condition such as choking and acquiring infection had been assessed and appropriate safeguards were in place to minimise any risk.

Providers of health and social care services have to inform us of important events which take place in their service. At the last inspection the service was not notifying CQC of safeguarding events. At this inspection we found the provider had told us about any safeguarding incidents of which they were aware and had taken appropriate action to make sure people who used the service were protected. We also found that staff had received further safeguarding vulnerable adults training. Staff told us that they would challenge any poor practice with their colleagues. As we spoke with staff they demonstrated good knowledge of situations they should report to the management of the home, including concerns and unusual occurrences. Staff told us that they felt confidentto raise any concerns they may have with either senior staff in the home or the registered manager. We saw records in the organisations office which confirmed that staff reported regularly to senior staff. Policies and procedures were in place to support staff in contacting external agencies or to report concerns to other regulators.

We looked at the recruitment files of two staff on duty during our visit. We found there were suitable recruitment processes and required checks in place to minimise the risk of unsuitable people being employed to work in the care environment with vulnerable people. These included obtaining references, confirming identification and checking with the Disclosure and Barring Service (DBS) that people were suitable to work with vulnerable adults. All staff working in the home with the exception of the registered manager had worked there for many years and knew the individuals living there well. The organisation had processes in place to update DBS applications every three years.

The company's fire risk assessment had been completed on 27 October 2015 and any identified risks had been addressed and work had been completed or was scheduled. Personal Emergency Evacuation Plans were available for people living in the home and we saw that they also participated regularly in fire drills and practises. All staff working in the home had received fire awareness training. This helps to ensure that people know what to do in the event of a fire occurring.

People were protected against the risks associated with medicines because the organisation had appropriate arrangements in place to manage medicines. Registered nurses were responsible for ordering, receiving, storing and administering medicines. During our inspection we inspected medication administration records. We looked at the medication records for two people; these indicated people received their medication as prescribed. Records showed that all staff who administered medication had been trained to do so. We found the systems and audits ensured that medicine administration was safe.

The home was clean and staff had received training in infection prevention and control. Bedrooms were well furnished and contained equipment necessary to support the person such as ceiling hoists and specialist beds.

Good

Is the service effective?

Our findings

Care records showed us that people were registered with a GP and accessed other care professionals as needed. A relative told us that they were kept well informed of the well-being of their loved one. They told us that in respect of a recent health issue "They [the staff] could not have done anything better", their care is "exceptionally good". Care plans, risk assessments and mood charts were maintained to a high standard to support staff with understanding and interpreting people's needs when they were unable to explain to staff how they were feeling. We saw that family members and other professionals were included in these discussions to jointly facilitate positive outcomes for the people living in the home.

We spoke with the GP who told us that staff were very knowledgeable, and that they "work well often in challenging circumstances".

The provider had policies and procedures and guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLs). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the home was operating within the principles of the MCA. We discussed the requirements of the MCA and associated DoLS with the registered manager who told us that two referrals had been made to the regulating body. We saw that multi-disciplinary meetings and best interest meetings had been held and had included relatives. One relative confirmed that they had agreed with the decision as their relative had been in the habit of absconding.

Staff told us that they felt they were appropriately trained to do their job in supporting people with learning disabilities and complex needs. We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. Staff working in the home had worked in Radcliffe Meadows on the whole since it opened following the closure of the hospital. All staff therefore had a good knowledge of people's individual needs and preferences and knew them well. When asked about individuals staff were able to describe their needs, likes, and dislikes and what worked best in supporting them. Information in people's care plans reflected this. Warrington Community Living had an induction programme for new staff employed at the home which included, moving and handling, fire training, food hygiene, adult protection and shadowing. However with the exception of the manager nobody had been recently employed.

Systems were in place to record training completed and to identify when training was needed to be repeated. We saw that the registered manager had identified individual training needs and had addressed this by scheduling training events. We found that staff had access to training on the computer and staff told us that the training from the organisation supported them in being able to fulfil their role.

Staff supervision and appraisal processes were in place. These processes gave staff the opportunity to discuss their performance and identify any training needs they may have. It also assessed the quality of their performance with supporting people living in the home in achieving their goals. Staff told us that they felt supported by the new registered manager and that regular meetings gave them the opportunity to share experiences and good practice.

We observed the staff and people living in the home preparing for lunch which was an inclusive experience. Menus were planned in advance to assist with shopping and help ensure people were achieving a balanced nutritious diet; however there was some flexibility in choices to suit individual likes, dislikes and preferences on the day. We observed people being offered choices and portion sizes. Mealtimes were sociable events with

Good

Is the service effective?

allowances and strategies in place should people require personal space. We found that staff worked flexibly to ensure people were supported according to their moods and behaviours.

The home was an older property and not designed to meet the needs of those living there. We found due to behaviours of the people living there the environment was extremely noisy. The long narrow corridor through the centre of the home restricted the flow through the home and often was a flash point between those living there. Noise echoed throughout the home and therefore those needing quiet and space and calm found it difficult to achieve it.

Good

Is the service caring?

Our findings

We observed activities during our inspection and we saw that people living in the home were relaxed around staff, they were happy to make their wishes known and engaged with staff positively. We heard conversations between people living in the home and the staff which enabled individuals to be in control of their day, for example, "Do you want to go out after coffee and before lunch or after lunch?" We felt they knew the staff members working in the home well and heard them reminiscing with staff about things that had happened in the past and talking about staffs family members. A relative told us, "The staff are brilliant"; "He is looked after very well"; "I couldn't ask for more", "I feel very lucky to have this service".

We saw that people who lived at the home and their family members were involved in planning their care. Care plans were person centred and people were described in a positive way, we saw examples when people's personalities had been described as "Helpful", Full of fun", "A very nice man". People's life history was recorded in their care records, together with their interests and preferences in relation to daily living and their usual routines. Files provided staff with information how people liked to be supported and how best to achieve their wishes, for example, he likes to look smart, takes pride in his appearance, prefers smart clothes and likes to be clean shaven.

Care plans were written to engage staff regarding individual needs and behaviours and both plans we inspected included information of how to manage individual behaviours and what triggers to avoid and how to understand one person's needs who was unable to verbally communicate with them. Care planning showed that staff embraced people's individuality and diversity and that those living in the home were valued.

We spoke with staff and asked them to tell us about the people they supported. Staff were knowledgeable about the care people needed and what things were important to them. We found that the staff understanding of people's needs were in line with care plan records and identified risks.

We spoke with a visiting GP who told us that people living in the home were registered with the local practice and referrals were made to Hollins Park hospital as required for any additional services. The GP felt that staff were very knowledgeable about people living in the home and therefore good at monitoring their well-being and mental health. The GP confirmed that staff requested GP visits when people became unwell and reported any concerns to the GP practice. He also confirmed that people were seen in private usually in their bedrooms.

We saw that bedrooms had been thoughtfully decorated with preferred colours and incorporated interests and hobbies. We saw that bedrooms were personalised and contained family photographs and personal items.

Good

Is the service responsive?

Our findings

We looked at care plans and we discussed people's needs with staff and a relative. We found that plans were accurate and had been written in a person centred way. Plans were also written to help ensure staff provided support in the way the individual preferred. This also meant that care and support was given causing the minimum of distress. Staff worked very flexibly with individuals and worked in accordance with their moods and behaviours, this meant it caused the least disruption to their routines. Care plans identified what time people liked to get up and go to bed, what foods they liked, what activities they enjoyed, and what routines and behaviours they had adopted.

People living at Radcliffe Meadows had a full schedule of community based activities which they participated in. A relative told us, "I am happy for the home to phone me to make alternative arrangements to visit my relative as it means he is getting out and enjoying other social activities. I recall changing my plans so that he could go to the cinema for his birthday, which was great". We saw that care plans and associated risks were monitored and evaluated regularly so that people continued to receive the support they needed in a way they preferred. We noted that reviewing documents stated that plans should be reviewed monthly, when in reality they are reviewed bi-monthly.

Plans of people's care identified routines and activities that individuals found necessary to support their well-being which included keeping in contact with relatives and those important to them. Each person living in the home had a keyworker; this is a person who would maintain an overview of that person's care, support them with their wishes, liaise with health professionals and their families.

There was a formal complaints procedure in place around receiving and dealing with concerns and complaints. Complaints could be made either to staff, senior staff (if more appropriate) or directly with the registered manager. A relative told us that they felt confident that any concerns they may have would be dealt with. They said if you have any worries "You only need to ring and it's sorted immediately". We spoke with staff and a relative and asked how people living in the home would be able to complain or make their feelings known; staff told us that they would identify problems in respect of people's behaviours and the relative confirmed this would be the case. The relative also told us she felt her daughters would tell her if they had a complaint as they had done so before where they had lived previously.

Good

Is the service well-led?

Our findings

There was a registered manager in post at Radcliffe Meadows who had been in post for six months.

We found that systems were in place to monitor the quality of the service provided in the home with regular audits and spot checks being undertaken by senior staff in the home. Monthly home audits covered areas such as the environment, medicines, care records, accident records, complaints, staff records including training and supervision and maintenance to name a few key areas. We found that audits were submitted to head office but copies not retained in the home. This needed improving to enable the registered manager to review and evaluate the findings and enable them to demonstrate how they had responded and when they had completed any improvements where they had found shortfalls. We spoke with the registered manager on 04 December and she confirmed that this had since been addressed with head office and systems had been put in place.

The registered manager also completed a quarterly report to the CCG.

Supervision and appraisal systems also identified standards of competency within the staff team and allowed for added support when required and as a consequence staff continual improvement and development. Staff supervision and appraisal had been implemented and planned for the year. This afforded staff the opportunity to raise concerns, suggest improvements, request any training needs and participate in the running of the home.

The staff we talked with spoke positively about the leadership of the home. Staff told us that the registered manager was approachable, had implemented change for the better and led by example working alongside staff.

We spoke to the registered manager of the home and she demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as manager. She told us that feedback was currently gained from people and their relatives through direct conversations. She informed us that an annual survey had not been sent to gain feedback during her time as the manager but this was to be addressed. Regular meetings were held with the people living in the home and the staff to establish their thoughts on the quality of the service at Radcliffe Meadows. It was evident that a number of auditing processes had lapsed before her appointment and these had recently been reinstated and improvements were evident.

The organisation had a whistleblowing policy to inform staff how they could raise concerns, both within the organisation and with outside statutory agencies. This meant there was an alternative way of staff raising a concern if they felt unable to raise it with the registered manager.

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