

Mosaic Care Group Limited

Radcliffe Gardens Nursing Home

Inspection report

11 Radcliffe Gardens
Pudsey
West Yorkshire
LS28 8BG

Tel: 01332564484

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11 January 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 11 January 2017. Our last inspection took place on 13 October 2015 when we gave an overall rating of the service as 'Requires Improvement'. We found two breaches of the legal requirements in relation to the recruitment of staff and people were not protected from being deprived of their liberty. At this inspection we saw improvements had been made.

Radcliffe Gardens Nursing Home is registered to provide accommodation for up to 20 people who require nursing or personal care. The home is located in a quiet area of Pudsey and close to local amenities, shops and churches. The home is on two levels with lift access and has a garden area and car parking to the front of the building.

At the time of our inspection 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.

Medicines were not always stored safely as a new delivery of medicines was found in an accessible area of the home along with confidential information. Protocols for the use of 'as and when' required medicines needed more detail. Controlled drugs were managed appropriately.

Windows were not restricted as required by the Health and Safety Executive. The registered provider took appropriate action to remedy this following our inspection. Other maintenance and fire safety checks had been carried out.

Mental capacity assessments (MCA) had been completed, although these were not decision specific. Best interest's decisions had not been completed appropriately as relevant individuals had not been consulted. We recommended the registered manager look at guidance on the appropriate use of best interest decisions. Applications for Deprivation of Liberty Safeguards had been appropriately made to the local authority.

There were sufficient numbers of staff on duty. Staff received support through their induction, supervision and appraisal. Records showed staff were mostly up-to-date with their training needs. Recruitment was appropriately managed as relevant background checks had been carried out and professional checks were taking place. Risks to people had been appropriately managed.

People who lived at Radcliffe Gardens Nursing Home felt safe. Two safeguarding incidents had not been referred to the Care Quality Commission. We discussed this with the registered manager. Staff knew how to recognise and report abuse.

People received access to healthcare services when they needed this and health professional spoke very

positively about this service. Special dietary requirements were well managed and people received enough to eat and drink.

Care plans were sufficient to meet people's care needs. Some gaps around a risk assessment and guidance for staff to respond to challenging behaviour were discussed with the registered manager. People and relatives were involved in care planning.

People received care from a staff team who were very familiar with their preferences. People's privacy and dignity was respected at all times. Staff spoke with people nicely and were kind and attentive when people needed assistance.

The registered provider had not identified the areas of concern we found during this inspection. A number of quality audits were carried out and the registered provider visited the service to carry out their own checks. Surveys and meetings gave people and relatives an opportunity to feedback about the quality of the service. People knew how to complain and when this happened responses were provided within identified timescales.

People, relatives and staff were complimentary about the registered manager who had a visible presence in the home and was approachable. The staff team worked well together.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not stored safely and PRN guidance needed strengthening. Window restrictors did not comply with legal requirements. Other maintenance checks were completed.

People felt safe. Staff received safeguarding training and knew how to recognise and report abuse. Safeguarding incidents had not always been reported to CQC as required.

Risks to people had been assessed and reviewed. Staffing levels were satisfactory. Recruitment was appropriately managed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The use of MCA assessments was not decision specific and best interest decisions were not used appropriately. DoLS applications had been submitted to the local authority.

Staff received support through their induction, supervision and appraisal. Training completion levels were high.

People enjoyed their food and had enough to eat and drink. People had access to health professionals who were very complimentary about this service.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated a clear understanding of people's care preferences as they knew them well.

People and relatives were happy with the support they received from staff.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans mostly contained sufficient information and people and relatives were involved in this process.

There was sufficient stimulation for people through a programme of activities.

Complaints were responded to within identified timescales.

Is the service well-led?

The service was not always well-led.

The registered provider's quality management systems had not identified concerns regarding window restrictors and storage of medicines.

Other quality management checks were in place and the registered provider carried out their own checks.

People and staff were positive about the leadership at this service.

Requires Improvement ●

Radcliffe Gardens 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 11 January 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience with a background in care for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 19 people living in the home. During our visit we spoke with the registered manager and a further five members of staff. We also spoke with 10 people and seven visitors as well as two health professionals. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at three people's care plans.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At our last inspection we found the registered provider had not carried out sufficiently robust checks to ensure staff professional qualifications were up-to-date. At this inspection we found a comprehensive staff file audit had been introduced which showed these checks had been carried out. We also found checks with the Disclosure and Barring Service (DBS) for all new and existing staff were being carried out. The DBS is a national agency that holds information about criminal records.

We looked at the recruitment records for three members of staff and found appropriate checks had been completed. Where it had not been possible to gather last employer references, we saw the registered provider had obtained other suitable references.

The medication store was secure, although this area was restricted by the amount of available space. On the morning of our inspection we found a new delivery of medicines consisting of 38 pre-dosed packs which had been in the home for 24 hours had been stored in the accessible bathroom on the ground floor. Along with the medicines were the medication administration records (MARs) for the week commencing 16 January 2017 for people in the home. This meant there was a risk people and visitors were able to access medicines which had not been prescribed for them. In addition, confidentiality of personal data was not being maintained.

We showed the storage arrangements to the registered manager who agreed the medicines should not have been kept where they were and immediately arranged for them to be moved to a secure part of the premises. Following our inspection the registered manager sent us a copy of their new procedures for safely storing medicines delivered into the home.

Where medicines were stored within the medication room, this was safe and the medicine trolley was locked between each administration. We observed a member of staff administering medicines and heard them say to one person, "[Name of person] are you ready to take your tablets for me? What do you want to take your tablets with?" This meant people were asked for consent and given choice around how they wanted to take their medicine.

However, on one occasion a staff member left a person with their medicine without watching them take this. We discussed this with the registered manager who told us the person does not like staff watching them, although when asked about this, they acknowledged this was not recorded in the person's care plan.

We looked at protocols for the administration of as and when required (PRN) medicines and saw these required strengthening. Where people did not have capacity to say whether they needed these medicines, the guidance advised staff to refer to the person's body language. This meant there was insufficient information for staff to follow.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at four MARs and found these records showed people had received their medicines as prescribed. MAR charts contained a picture of the person and details of any allergies. Where people had refused their medicines, this was followed up. During our inspection we were made aware of one person who had recently started refusing their medicines. We saw the registered manager had taken appropriate action by meeting with the person and also referring them to a health professional for further support. A visiting health professional confirmed they had been made aware of this.

Staff responsible for administering medicines had received this training and the registered manager had carried out medication competency assessments in the last 12 months. The registered manager carried out monthly medication audits, although we saw the three months recording from October to December 2016 was identical. The registered manager told us this was because their findings were the same. However, in October 2016, the registered provider made us aware of a medication error which was not referred to in the medication audit for this month.

We looked at the safety of the premises and found the home was clean, odour free and welcoming. We looked at some of the windows on the first floor of the home and found the windows we checked opened to a minimum of 200mm. The health and safety executive states that 'where assessment identifies that people using care services are at risk from falling from windows or balconies at a height likely to cause harm (e.g. above ground floor level), suitable precautions must be taken. Windows that are large enough to allow people to fall out should be restrained sufficiently to prevent such falls. The opening should be restricted to 100mm or less'. We discussed this with the registered manager who took action following our inspection and ensured restrictors were fitted appropriately.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We found personal emergency evacuation plans were in place which meant staff had relevant information to use in the event of a fire. Fire safety and emergency lighting checks had been regularly carried out since our last inspection. We saw evidence of maintenance issues having been responded to within reasonable timescales. Water temperatures checks were carried out every month and all maintenance certificates for gas and electricity were found to be up-to-date.

In the November 2016 monthly quality provider compliance visit, it was identified the kitchen floor was noted as 'grim in appearance' and needed attention. We spoke with the registered manager about this who told us they still needed to obtain quotes for work to replace the flooring.

We looked at two matters recorded in the complaints file and found these should have been referred to the Care Quality Commission as safeguarding alerts. We discussed this with the registered manager who acknowledged this.

People and relatives we spoke with told us they or their relative felt safe living at this home. Staff also told us people were safe.

Staff were able to describe abuse and how they would identify this. They felt confident the registered manager would take appropriate action if they reported concerns and knew how to report abuse externally. Staff we spoke with were familiar with the registered provider's whistleblowing policy and we saw information about whistleblowing on display in the nurse's station. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

Although the registered provider did not have a dependency tool to ensure they had enough staff to meet people's assessed needs, people, relatives and staff told us they felt there was enough staff. One person told us, "I don't think they had enough staff, but it has a better feel now." One relative commented, "They are around all the time, always two in the lounge." We observed staff were on hand in communal areas at all times. During mealtimes there was enough staff to provide appropriate support to people. The registered manager told us they did not have any staff vacancies and they did not use agency staff. Two visiting health professionals told us they felt there was enough staff on shift. One staff member said, "I think we're quite adequately staffed."

The registered manager checked staff response times to nurse call buzzers. We looked at these records covering a three day period and saw calls were promptly responded to during the day and on night shifts.

We saw evidence which showed risks to people had been appropriately assessed and responded to. We saw one person was at risk of choking. We discussed this with a member of staff who was able to describe the risk in detail and what action staff should take. However, this was not recorded as part of their assessment. Following our inspection further detail was added to this person's risk assessment for choking.

We were made aware one person had fallen the week before our inspection. We looked at the accidents and incidents folder and saw this had been documented. Since their fall, this person's moving and handling needs had been reassessed and they were supported by two members of staff. On the day of our inspection a visiting health professional came to see this person in response to a request from staff. Where people were at risk of falls this had been assessed and we found bed sensors were in place to alert staff if people who needed assistance with walking had mobilised.

Is the service effective?

Our findings

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). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty.

At our last inspection the registered provider was not meeting the regulations as they had not submitted DoLS applications to the local authority. This meant people had their liberty unlawfully restricted. At this inspection we saw improvements had been made as they had submitted relevant DoLS applications and were able to demonstrate they had followed these applications up.

We saw mental capacity assessments in people's care plans, but found these were not decision specific. The assessments covered people's ability to consent to living in the home, but did not consider decision specific issues where people would require additional support to make decisions. We saw the registered manager had created 'best interest decisions', although these were not appropriately used as they had been signed off without the consent of individuals involved in people's care such as family members or GP's. We recommended the registered manager look at guidance on the appropriate use of best interest decisions. Following our inspection the registered manager told us one family member had been involved in a best interest decision for their relative to live at Radcliffe Gardens Nursing Home.

We saw staff had completed a 'quiz' on MCA and DoLS in October 2016. During our inspection staff were able to demonstrate a satisfactory knowledge of both MCA and DoLS and how they applied to people living in the home. Staff told us they ensured people were asked for their consent before they provided care. They said they provided choices for people about the way they wanted to receive their care and we saw this during our inspection. One staff member said, "We give them as many options as we can."

Staff we spoke with felt they received appropriate support through a programme of induction, supervision and appraisal. Records we looked at showed staff received regular supervision which in particular, since October 2016 had become more detailed. Staff we spoke with told us they were satisfied these were two way discussions where they were able to have their say. We saw evidence of staff appraisals dated April 2016 in staff files. Training records we looked at showed staff were mostly up-to-date with their training requirements.

People received enough to eat and drink and the feedback from people about the quality of food was positive. One relative told us, "Food is fresh and home cooked." We observed the mealtime experience and saw people were well supported by staff who were kind and provided encouragement and reassurance. Staff communicated with people throughout the meal. The meals looked appetising including those which

had been pureed to meet people's dietary needs.

We found kitchen staff had up-to-date records about people's special dietary requirements including food textures, allergies, use of fluid thickeners, special cutlery and level of assistance needed from staff. On the day of our inspection a dietician visited the home and kitchen staff were able to demonstrate they knew about the action needed to support the person they had visited.

We looked at care plans which recorded people's 'catering preferences'. One care plan noted guidance for staff to follow in preparing one person's meal which stated, 'To have food cut down into bite size portions'. We looked at monthly weight audits and found people had consistently maintained their weight. Care plans included 'hospital passports' which were used to accompany people to hospital as they were used to record important information about the person.

Relatives we spoke with confirmed their family members were promptly supported by staff when they needed access to healthcare. Records we looked at and conversations with health professionals confirmed people received access to a range of health services. Staff told us they worked with GPs, nurse practitioners, physios, opticians, dieticians and chiropodists.

One visiting health professional said, "They're very quick to address any little change. They've got a very good relationship with the GP." Another health professional told us staff communicated with them effectively and added, "Our patients come here and improve."

Is the service caring?

Our findings

People and relatives we spoke with felt staff knew their care preferences and expressed they were very satisfied with the staff who cared for them. One person who commented about staff told us, "Nothing is too much for them." Another person who we asked about living at Radcliffe Gardens Nursing Home said, "It is safe and I would give it five stars."

One relative said staff were, "Caring and clothes are spotless." One relative who previously had concerns told us, "I feel a lot better now" in reference to the quality of care provided. A third relative said, "Book me in here." One relative we spoke with told us they felt fortunate finding this service for their family member. During our inspection we saw a poem written by a relative which was very complimentary about the staff and the registered manager. It was evident they were particularly pleased with the quality of care provided for their family member.

We overheard staff speaking with people positively making comments such as, "That's lovely singing that is" and "You've got a lovely smile."

Staff we spoke with were consistently able to tell us in detail about people who lived in the home and their care preferences. One person we spoke with told us they liked the staff referring to them as royalty.

A visiting health professional who was very complimentary about this service told us, "It's definitely one I'd choose for my own family." Another health professional said, "They do know the little anxieties and things to be done in a certain way. It's very patient centred." The registered provider's PIR stated, 'We have last wishes care plans which capture people's preferences and choices when they reach end of life. We have brilliant liaisons with our specialist palliative care nurse from the hospice. She visits at least once a week when we have people who are on end of life care'.

During our inspection we saw people's privacy and dignity was respected. One relative we spoke with said, "Even when hoisting they make sure people's shirts are down." We saw all staff knocked on people's doors before entering their bedrooms. When asked about important things to remember to protect people's privacy and dignity, one member of staff said, "Keeping doors closed when we're getting people ready." They also said they would ensure people were covered with towels during personal care.

Some people living in the home shared a room. One relative noted they would like a separate space in the home where they could have private discussions.

At the time of our inspection no one required an independent mental capacity advocate to support them with decision making. However, we saw information on these services on display. The registered manager told us people's equality, diversity and human rights were respected. They told us people were given the opportunity to share their sexual orientation as part of their initial assessment. Training records showed staff received equality and diversity training.

Information issued on visiting people in care homes dated November 2016 was on display. This meant relatives and other visitors were aware of their rights and responsibilities.

Is the service responsive?

Our findings

We looked at people's care plans and found they were personalised and mostly contained sufficient information for staff to provide effective care.

'This is me' documents provided personalised information about people. They covered, for example, religious beliefs, family, job history, interests, mobility, food likes, allergies and communication. Care plans contained information on how to support people through daily routines such as providing personal care, moving and handling and recorded the number of staff needed for these tasks. People's care plans contained 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) documentation which was up-to-date.

Whilst staff knew about people's needs, we saw there were occasional gaps in care plans where information was not recorded. For example, one person who staff said presented with some challenging behaviours did not have information recorded in their care plan about how this should be managed by staff. However, we saw other examples which provided clear detail. One person's communication plan noted, 'When talking to [name of person], keep language simple and sentences short. Offer limited choices and avoid complex topics'.

We saw evidence of involvement from people and relatives in care planning when they moved in to the service. At the assessment stage they were asked how often they wanted to be involved in care planning. One relative we spoke with said their family member's care plan had been recently updated. They told us, "I can go and get it anytime."

The registered provider's PIR stated: 'Our recent links with the wider community include monthly church service, visiting entertainers, local shopping trips, bowling green, park, local pubs and cafes'.

People we spoke with were satisfied they had enough activities to keep them stimulated. One relative told us, "They have a singer, exercises and activities." One staff member commented, "There's loads of activities." A weekly activities planner was on display in the home which showed two events were scheduled every day from Monday to Sunday. For example, sing-a-long, exercise, newspaper events, film afternoon and a quiz took place. On the day of our inspection hairdressing and manicures were listed as activities and both happened. We saw entertainers regularly visited and the registered manager told us they were planning to hold a celebration in February 2017 to mark the home being open for 30 years.

People received monthly newsletters which covered items, for example, upcoming events in the home, a profile of a staff member and reminiscence.

We saw there was information displayed in the home about how people could make a complaint if they were unhappy with the service. This was also stated in the resident's guide. People we spoke with told us they knew how to complain. One relative told us, "If I had a complaint, I would go to [name of registered manager] the manager." We saw complaints had been investigated and responses had been sent within

timescales identified in the registered provider's complaints policy.

Is the service well-led?

Our findings

At this inspection we found a new delivery of medicines had not been safely stored and confidentiality had not been maintained. Environmental checks of the building had not identified the need for windows to be restricted as per guidance from the Health and Safety Executive.

At our last inspection we found the registered manager had covered a number of nursing shifts due to staff shortages. At this inspection we found there were no staff vacancies and the registered manager had been able to dedicate more time to systems which helped to provide oversight of the service.

We saw a number of audits had regularly been completed which covered; mattresses, infection control, health and safety, catering, wheelchairs and wounds. These were used to identify actions, for example, the December 2016 maintenance and grounds audit showed a response to the need to replace some furniture which was recorded as, 'Fabric armchairs replaced for leather for infection control purposes'.

The registered manager had completed walkabouts and we also saw evidence of staff spot checks to ensure staff practice was appropriate.

A service improvement plan dated October 2016 covered responses to areas which needed strengthening following our last inspection and showed relevant actions had been completed. The registered manager told us the registered provider tried to visit the home every month. We saw evidence of their visits in October and November 2016 where they had looked at the living environment, spoken with people, relatives and staff and looked at staffing levels, complaints and reviewed audits.

We saw evidence of staff meetings in August and September 2016 where the findings from the last CQC inspection were discussed. In December 2016 the home reflected on an outbreak of sickness they had successfully managed.

We saw meetings for people and their relatives had taken place. In July 2016, people asked for some different meal options. We discussed this with staff and saw they had been able to introduce the requested changes to the menu. This meant feedback from people was listened to and actions were carried out. In October 2016 the registered provider attended this meeting and met with people and their relatives. The registered provider's 'monthly quality compliance visit' dated November 2016 noted staff meetings were not held monthly and were not always recorded. However, we saw some examples of these and when we asked staff about their meeting, one staff member said, "You can give your ideas and say things."

The registered provider's PIR stated, 'Feedback on how resident/relatives and staff felt about the management and leadership of the home is addressed in surveys. Staff and resident feedback confirmed satisfaction with management of the home, and confirmed they had support from me and could approach me at any time'.

Satisfaction surveys for people and relatives, staff and external professionals were carried out in July 2016.

Only two people had responded to their survey, although they were satisfied with their service. One relative who responded said, 'My mother is extremely well cared for by all staff who are led by the manager'. 13 staff overall showed high satisfaction levels in response to their surveys. One response to the professionals survey stated, 'I would happily recommend this home to my family and friends or myself if ever needed'.

People and relatives knew the registered manager who had a presence throughout the home. One relative told us, "At first when I first met her I thought she was a bit aloof, then I realised she is very efficient." A visiting health professional told us, "She's definitely hands on and knows the people." Another health professional said, "I think they are very much on the ball about maintaining that standard. [Name of registered manager] will know what's going on." Staff we spoke with were happy with the support they received from the registered manager. One staff member told us, "I just think she's spot on. You can talk to her." Another staff member said, "She's definitely got the residents at heart." One member of staff who talked about the staff team said, "It's like a small family. We have a good team and we try as best we can."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	We concluded the provider did not ensure the premises were safe.
Treatment of disease, disorder or injury	Medicines were not stored securely.