

Homes Of Rest For Old People Also Known As Radcliffe Manor House

Radcliffe Manor House

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 ●

Summary of findings

Overall summary

Radcliffe Manor House is a 'care home' for 26 older people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provider, and both were looked at during this inspection. The building has two floors with a shaft lift and stair lift to access the top floor. There are extensive gardens to the front and rear of the property with accessible pathways.

At our last inspection we rated the service as overall 'Good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. There were 26 people using the service at the time of our visit. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were kept safe at the service. Staff recognised signs of any abuse and knew the process to follow to report such incidents. Staffing levels were maintained to ensure people were fully supported in a safe manner. Medicines were stored and handled in line with current regulations.

People's consent was obtained before any support or care was provided. Staff completed regular training and refresher courses to ensure their knowledge was up to date and people's needs were met in the correct way. People had access to health care professionals and had a choice of food throughout the day.

Staff were caring and understood the needs of the people receiving support and how their choices were to be provided. People's independence was respected and supported, with people enjoying trips outside the service when they wanted.

There was a range of activities offered and regular discussions about how people wanted to spend their days. The local community was regularly accessed and a range of meals were available each day with snacks offered between mealtimes. Contact with family and friends was supported and encouraged.

People were happy with the leadership of the service and told us that they knew the registered manager who was actively involved in the daily routines. Staff felt they were fully supported by the management team and were included in any developments of the service.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Radcliffe Manor House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 11 December 2018. The inspection team consisted of one inspector, one assistant inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, particularly regarding people who have a physical disability.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

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. We also contacted the local authority and commissioners of people's care who purchase the care on behalf of people to ask them for information about the service.

During our inspection we met with nine people living at Radcliffe Manor House, one visitor, a district nurse and a doctor. We observed one mealtime and undertook observations around the premises to see how staff spoke with and supported people.

We spoke with the registered manager, the deputy manager, the administrator and five members of staff. We looked at a range of records that included three people's care plans, three recruitment files, records relating to medicines and a range of quality assurance systems.

Is the service safe?

Our findings

We saw that people were smiling and chatting with members of staff in a relaxed and comfortable way. People told us they felt safe at Radcliffe Manor House and one person said, "Oh absolutely I do feel safe here." A visitor confirmed that a key pad entry was used to prevent the general public from gaining access to the premises. We noted that the main door and the door to the rear were monitored and all exits were key pad controlled.

Staff expressed a thorough understanding of the risks that may be presented to people, such as unsuitable moving and handling practices. They confirmed that they had regular training and all staff attended this, supporting the safety of people. Staff described how they used the risk assessments on care plans and any changes were communicated verbally to staff and through various hand over meetings and records. One staff member said, "We are kept up to date and information is updated at all levels, to make sure we all know what is happening." Risk assessments were reviewed and updated regularly.

The numbers of staff met the needs of people and we were told that staff did know how support and care was to be provided. All trips and outings were risk assessed and the appropriate staffing levels put into place. One person living at the service told us, "The staff keep a register of the resident's abilities with regard to going outside supported or unaccompanied. If you did need support then this could be pre-arranged with the staff." This meant that people were safely able to go out for activities or appointments. Another person said, about a small step leading into the hair salon, "The staff help me up the step or use a small wooden ramp for others that are unable to walk."

People received their medicines at the correct time and these were stored and handled appropriately. We carried out a mini audit and this showed that records were accurate and fully completed. Observations of a medicines round showed that staff did deal with medicines in a safe way throughout the dispensing routines.

The recruitment of staff was fully completed with all appropriate checks in place prior to any person starting work. Where there were any questions about previous jobs, the registered manager had investigated these to ensure only appropriate persons were employed, for the safety of people living at the service.

Any incidents or accidents were thoroughly documented and monitoring processes put into place to support the well-being of people involved.

We found the premises to be clean, tidy and odour free in all areas. One visitor and two healthcare professionals confirmed that this was how they always found service, clean and fresh throughout.

Is the service effective?

Our findings

People's needs, choices and mental health were fully assessed on admission to the service. Records clearly set out the wishes of people, what support they required and how they chose for this to be provided. The individual capacity for a person to make such choices was regularly assessed and monitored.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty and the appropriate legal authority were being met.

Records showed that people had their mental capacity assessed and, where necessary, had the required applications in place and these had been regularly reviewed.

People were supported to have choice and control of their lives and daily routines. Policies and systems in place supported people in the least restrictive way possible. One person told us, "If I wish to go in the garden alone the staff will ensure that I have a call button round my neck so that I can call for help." People confirmed that staff always respected their wishes and supported people to be as independent as possible.

There was a choice of meals and snacks available to people and individual choices were obtained daily for each meal. We undertook observations of the lunchtime meal. We saw that one person with a visual impairment had been given a rimmed plate and a member of staff explained the location of food on the plate. This meant that the person was enabled to eat independently with the items and information that had been provided. A few people said that food was "bland" but many others enjoyed their meals. The menus and food choices were always on the agenda at the meetings held with people living at the service.

The staff team asked people if they wanted sauce on their meal and where they would like this to be placed. We also observed a drinks trolley being offered to people mid-morning and glasses of water or juice offered with lunch. Showing that people were offered choices and had their meals set out as they preferred.

People's health needs were met and there were regular visits by the local GP and district nurse. Both told us that staff were always aware of people's needs and that they followed any instructions given at all times. We were told that staff were readily available with up to date information about people's health and medical requirements, demonstrating that staff knew the people they supported.

People lived in a well maintained environment that was decorated in a homely way. There were three lounge areas that offered a quiet space if needed.

Is the service caring?

Our findings

People were smiling and laughing as we entered the service and this continued throughout our inspection. We saw people walking around the building and staff spoke and laughed with people as they passed. People clearly enjoyed this discussion in a relaxed and confident way.

People were supported by staff who were kind and respectful. One person told us, "Staff are very caring and always ready to help." We saw a member of staff negotiating a corridor with a person in a wheelchair. They were moving very carefully, ensuring that the person's limbs were in the confines of the chair to avoid any discomfort.

We heard staff discussing outings and meal choices with people. Staff spoke in a quiet tone to respect the person's privacy and allowed time for a response, not rushing the person. Staff supported people's dignity by having consideration for how they spoke to each person, they waited to be invited into people's room and spoke quietly to prevent conversations from being overheard by others. They allowed time for people to move around corridors, chatting as they went, and provided personal care in an appropriate way.

At the lunchtime period, staff were checking with people if their meal was alright and saying that they knew the person liked the specific meal being served. People responded in a happy tone and we heard staff checking if people needed assistance with cutting their food.

People's choices and wishes were clearly set out in their care plans. These were updated and reviewed to ensure the most current decisions were recorded. Staff confirmed that they read care plans and made certain they were aware of people's preferences.

Staff told us that they enjoyed their working environment, making the atmosphere in the building a positive and relaxed one. They were motivated and supported to achieve high standards of care and support for people living at the service.

Relatives and visitors were encouraged and welcomed at any reasonable time. One visitor told us that they felt welcomed by staff who were caring and friendly. We saw that visitors and relatives were chatting in an open and friendly way with staff, and there was much laughter shared between people throughout the inspection.

People confirmed that their visitors and relatives were comfortable when visiting the service. Social events regularly took place within people's planned activities. On our arrival for this inspection, people were being taken out in a minibus for a trip to a pub. We met a person whose relative was taking them out for coffee. We saw photographs of other outings that had been enjoyed.

The service had a strong working relationship with healthcare professionals and this enabled people to have their medical needs supported at all times, including during end of life. Records contained the wishes and choices of people for such a time and these choices were supported by staff and external professionals for

as long as possible.

Is the service responsive?

Our findings

People received personalised care, that had been chosen by the individual during their admission process. Assessments were completed following discussions with the person and we saw that these were detailed. Prior to a person living at the service, any specialised equipment was obtained and these were regularly serviced. Care plans were routinely updated with the full involvement of the person, and any other person such as a family member if required.

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put on place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given.

We saw that information such as activity plans, had been produced in large print and clearly displayed to support people with a visual impairment. The deputy manager told us that any format that a person required would be produced to support their individual needs.

There were two activity coordinators and a list of activities were on display in the building as well as in each person's room. One person said, "If there is an activity on offer I generally join in to be sociable. Since arriving, the home has introduced scrabble, which I enjoy as well as reading daily newspapers and doing Sudoku puzzles." One person said, "I have poor vision and so playing games and reading are difficult so I have a large TV in my room and access to talking books." Another explained, I enjoy gardening so the gardener/maintenance man has given me my own area in the garden to spend time with and organise as I wish."

Regular trips, chosen by people living at the service, were undertaken with sufficient staff to support people. People's religious and cultural needs were supported and this was confirmed by people living at Radcliffe Manor House.

The registered manager had a complaints policy that was regularly reviewed and updated. This was also produced in large print and copies of this, and other documents, were provided for people in the details and brochure that was issued to people prior to them moving into the service. People confirmed that they would have no hesitation making a complaint or speaking with any members of staff about any issues. One person said, "They [staff] are all very helpful and always ready to listen."

There were regular meetings for people to discuss any issues they may have, plus individual one to one discussions if they preferred. These meetings were fully recorded in minutes and any action required was undertaken and monitored.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Staff and people we spoke with told us that they felt the service was appropriately run and managed. People were assured of receiving support and care from a service that was managed by a registered manager, who promoted and supported people and staff from within the organisation. We were told that their approach as a registered manager was very 'hands on' with an open-door policy.

The service provided was regularly monitored and audited, with improvements being made when required. Care staff were provided with the information they needed regarding whistleblowing procedures should they need to raise any concerns. Records showed that any previously raised issues had been appropriately investigated and outside agencies contacted as needed. Audits included regular reviews of documents such as the medicine administration records, daily notes and the routines and practices undertaken by staff. Such monitoring processes supported the quality of the service and ensured the service fully complied with current regulations and standards.

Staff told us that their work/life balance was always considered by the registered manager. One member of staff explained that their working hours had recently been adjusted to support their family commitments. Staff confirmed that the manager, and the management team, were always available to discuss any issues. Staff also said they received regular supervision where they discussed any issues, including their personal development.

People and their relatives were issued with questionnaires to give their opinion of the service provided. We saw that where any action was required, this had been undertaken. We saw that comments were very positive about the quality of support and care provided.

The service worked closely with external professionals and the district nurse and doctor we spoke with at this inspection, confirmed that they enjoyed a good working relationship with all staff.

We saw that all conditions of registration with the CQC were being met. Any incidents had been dealt with appropriately and reported to the correct authorities when needed. Notifications, such as accidents, had been received which the provider was required by law to tell us about.

Registered providers are required by law to display the ratings awarded to each service. We confirmed that the rating of Radcliffe Manor House was displayed. Showing this rating demonstrates an open and transparent culture and helps relatives and visitors to understand the quality of the service.