

Radian Support Limited

# Radian Support Limited - 4 Ashley Drive

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on the 4 and 5 March 2015 and was unannounced. We previously inspected the service on the 17 December 2013. At that time the service was meeting the regulations inspected.

4 Ashley Drive is a care home which provides accommodation and personal care for up to six people with learning and or physical disabilities.

At the time of our inspection there were five people living in the home. 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.

# Summary of findings

Systems were in place to safeguard people who lacked capacity to make decisions on their care. It is recommended the provider ensures decisions made by other professionals are also recorded. Relatives told us they felt their relative was safe. Staff were trained in safeguarding adults and protocols were provided on the action to take if such incidences occurred.

Staff were suitably recruited. Permanent staff were supported to meet people's needs through induction, training and supervision. Agency staff were not always suitably trained, inducted and aware of people's needs and risks to enable them to safely meet people's needs. The home had a number of staff vacancies and used agency staff on a regular basis to cover shifts. Relatives and staff felt this resulted in inconsistent care for people. The provider was aware of this and was trying to address it. Staff worked well as a team. They were motivated and enthusiastic in developing the service to provide the best care to people.

Medicines were administered to people safely. Care plans recorded the support people needed. These were detailed and kept under review which ensured staff provided consistent care for people. People had a weekly programme of day centre activities and had access to leisure activities and community involvement. Records were maintained of what people ate and drank but these were not consistently completed and guidance was not in place to indicate the required fluid intake for people.

Relatives told us they were happy with the care provided and said their relatives was always nicely dressed, presented and well groomed. Staff had a good understanding of people's needs and were responsive to them. We saw staff were kind, gentle, respectful, caring and engaged positively with people. They offered people person centred care and encouraged and enabled them to be involved in all aspects of their care.

Risks to people, staff and visitors were identified, addressed and managed which promoted safe care and a safe working environment. The home was clean, well maintained and systems were in place to prevent the risks of cross infection. Accident and incidents were appropriately managed which ensured people's safety.

The provider had systems in place to satisfy themselves that the service was being effectively managed and monitored. Staff and relatives were happy with the way the home was run. They told us the registered manager was approachable and they supported staff well to provide safe care to people.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which from the 1 April 2015 is the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# 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?

The service was safe.

Relatives felt people were safe and the provider had systems in place to make sure people were protected from abuse and avoidable harm.

Risks to people were identified and managed including infection control, falls fire safety checks and accidents and incidents.

People were supported with their medicines in a safe way by staff who were trained and competent.

Good



### Is the service effective?

The service was not always effective.

Agency staff were not always suitably inducted, trained and were not aware of people's needs and risks.

Systems were in place to safeguard people who lacked capacity to make decisions. This needs to be improved on to ensure decisions made by other professional are recorded.

People had access to health professionals. Their health and nutritional needs were met but were not always recorded.

Requires Improvement



### Is the service caring?

The service was caring.

Relatives were happy with the care provided. Staff were kind, gentle, caring and supportive of people and had a positive and enabling relationship with them.

People were supported to make choices and day to day decisions.

People's privacy was promoted and they were treated with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

Care plans were in place which were detailed, specific and reviewed in response to people's changing needs.

People had access to activities including leisure activities.

Systems were in place to manage complaints and complaints were acknowledged and investigated appropriately.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

The registered manager was approachable and accessible. Staff were clear of their roles and worked well as a team. They had developed positive relationships with other professionals and were responsive to feedback and suggestions for improvement.

There were comprehensive quality assurances systems in place to make sure that any areas for improvement were identified and addressed.

# Radian Support Limited - 4 Ashley Drive

## 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 4 and 5 March 2015. This was an unannounced inspection. The inspection was carried out by one inspector.

We previously inspected the service on the 17 December 2013. At that time the service was meeting the regulations inspected.

Prior to the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed the

previous inspection reports and other information we held about the service. We also contacted professionals involved with the service to obtain their views about the care provided. All of the feedback we received was positive.

People who used the service were unable to communicate verbally with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven staff which included the registered manager. We spoke with three relatives by telephone after the inspection and received feedback from a dietitian, a day centre and the Quality in Care team from Buckinghamshire County Council. We looked at a number of records relating to people's care and the running of the home. These included four care plans, medicine records for three people, three permanent staff files, three agency staff records, accident/incident reports and audits. We observed staff practices and walked around the home to review the environment people lived in.

# Is the service safe?

## Our findings

Relatives told us they felt confident their relative was safe and felt happy leaving their relative there. One relative commented “It is like home from home and I feel my relative is safe there”.

People were protected from the risk of harm and abuse. Staff told us they had received training in safeguarding adults. We viewed training records which confirmed this was the case. Staff were clear about their responsibilities to report abuse and were confident any such allegations would be properly investigated. The provider had a prevention of abuse and safeguarding adult’s policy in place. This outlined the types of abuse and how an allegation of abuse was to be dealt with, which was in line with the Local Authority Safeguarding of Vulnerable Adults (SOVA) procedures. We saw safeguarding alerts were made when required and action taken to safeguard people and prevent reoccurrence. The registered manager was looking at ways of enabling people who used the service to understand what abuse was and how they were to be protected. A pictorial abuse notice had been developed to reinforce this. This meant people were informed of how they were safeguarded.

People’s care plans contained risk assessments. Risk assessments were up to date and reviewed annually. This meant risks to people were identified and managed to promote people’s safety and well-being. These included risks in relation to epilepsy, use of bed rails, falls, finances, medicines administration, choking and risks associated with trips out. Detailed moving and handling assessments were in place for people who required them. We saw one person was identified as a high risk of malnutrition however a pressure sore risk assessment was not in place on how to manage the risk of potential pressure sores. Staff confirmed they regularly checked for changes in the person’s skin and we saw this was recorded on body charts and daily records.

The home had recently being totally refurbished. It was spacious, bright, homely and wheelchair accessible throughout. Each person had a large personalised bedroom and en-suite shower. The home was suitably maintained to ensure it was safe for people living there. The home had a large garden at the front of the property which was on the main road, exposed, over looked and was

currently unusable as it did not provide privacy. Areas of the home had recently being decorated and plans were in place to develop the garden and outside area further. Maintenance issues were logged, reported and dealt with.

During observations, we saw a fire door was propped open. Staff told us this was because it was not staying open. Other fire doors were not closing fully however we saw when the fire alarm was activated they closed shut. The registered manager told us the fire door wedged open was not set properly which is why it did not stay open. This was addressed immediately and guidance put in place for staff on their responsibilities in relation to fire doors.

Staff understood their responsibilities in relation to health and safety, fire safety and in promoting a safe environment for people. The service/provider had environmental risk assessments in place which addressed risks to people who used the service, staff and visitors. These were up to date, reviewed and action taken to reduce and minimise the risks identified, such as risks associated with lone working and medicines administration. Health and safety checks took place monthly and fire safety checks, fire drills, legionella testing and the servicing of equipment were all up to date and safe to use.

The provider had a business contingency plan in place which provided guidance for staff on the action to take in the event of a major incident at the home such as fire, flooding, electric, gas or water supply failure.

Staff were aware of the reporting process for any accidents or incidents that occurred to promote safe care for people. We viewed the accident and incident records. Body charts were completed for people following an accident. These were signed off by the registered manager and action taken to prevent reoccurrence such as changes to the person’s care plan or introduction of a risk assessment to manage the risk.

People’s medicines were managed safely. The provider had a medicines policy in place which provided guidance for staff on how medicines were to be managed. Each person had a medication risk assessment in place which outlined potential risks to them. Individual guidance was in place on the use of “as required” medicines and these were signed off and agreed by the prescribing GP. Staff were trained and assessed as competent to administer medicines. We saw staff were reassessed yearly to ensure they remained safe and competent to administer medicines. We looked at

## Is the service safe?

medication administration records for three people. There were no gaps in administration records and medicines were administered as prescribed. Systems were in place to record medicines received into the home and audits of medicines took place to monitor and promote safe medicines practices. We saw medicines awaiting collection for disposal were not logged and left insecure. This was addressed by day two of the inspection.

Relatives told us they worried about the staffing levels as people had high care needs and required one to one care at all times which they felt was not always maintained. They also told us the home had a high turnover of staff which resulted in them relying on agency staff who did not know people as well. Staff told us the home did not have enough experienced staff and there was an over reliance on agency staff which they felt did not provide continuity of care for people.

We were told the minimum staffing levels was two staff per shift but that three staff were provided for most day time shift. A waking night staff member and sleep in staff member were available to support people at night. We looked at the rotas and saw three staff were rostered on the day shifts. On day one of the inspection a permanent staff member and two agency staff were on duty. The permanent staff member had taken people to the day centre leaving two agency staff in the home. One of those agency staff members was a regular agency staff member who knew the service and people who used the service well. The registered manager and a senior staff member alternated their time between two homes. The home had two full time support worker vacancies, one 31.5 hours vacancy and a nine hour waking night staff vacancy. Two

other full time staff were leaving at the end of the month. We saw there was a regular use of agency staff. The registered manager was aware of the impact of regularly having to use agency staff. They tried to address this by requesting the same agency staff. The provider was continuously trying to recruit into the vacancies to address the staff vacancies to provide continuity of care for people. They had attended a job fair, advertised on the local radio and were looking at alternative ways of trying to attract and recruit staff.

A new staff member told us they had attended for an interview at the office and an informal interview at the home with people who used the service. The provider had a policy in place which outlined the process to follow when recruiting staff. We looked at three staff recruitment files and the information supplied by agencies for the three agency staff working at the home over the two days of the inspection. There were suitable recruitment procedures and the required checks were undertaken before staff commenced work at the home which safeguarded people.

The home was clean and odour free. The provider had infection control policies available. An up to date infection control audit and risk assessment were in place. The organisation had a nominated infection control lead. Staff were trained in infection control and they were clear of their responsibilities in relation to control and prevention of infection. Staff were responsible for cleaning the home and for supporting people to keep their bedrooms clean. The home had cleaning schedules in place and protective clothing, gloves and colour coded mops and buckets were provided to prevent the risks of cross infection.

# Is the service effective?

## Our findings

Relatives told us they thought staff were suitably trained especially the permanent staff. A relative commented “regular staff know people really well and they are trained to do things such as give medicines”.

Staff confirmed they had an induction which was suitable to their role. They said they initially worked in a shadowing capacity alongside permanent staff. They confirmed they were inducted into the home and worked through an induction booklet which was signed off by the registered manager when completed. We looked at induction records for new staff and saw they had completed a comprehensive induction booklet and were suitably inducted.

Staff told us they felt suitably trained to do their job and that regular training and updates were provided. We looked at the training records and saw staff had training in subjects the provider considered to be mandatory for the service. Some people in the service required medicines and liquid food to be administered through a tube directly into the stomach. We saw staff were assessed and deemed competent to administer medicines in this way. Alongside this some staff but not all staff had received training from Abbott’s nurses. Abbott’s nurses are a community based service who support people who need to be fed in this way. The registered manager told us staff who had not received the Abbotts nurse training had been instructed by them but this was not recorded. Staff told us they were suitably trained and competent to manage this task. The provider had a policy and procedure on learning and development which outlined how the organisation would support staff to obtain the required skills to do the job expected of them to ensure they were suitably trained. .

An agency staff member on duty on day one of the inspection told us they had not received an induction into the home. They said they had limited training from the agency and they were not aware of key risks to people. They did not know where people’s care plans and risk assessments were kept and did not know the fire assembly point or how to contact the registered manager or support lead. People’s care plans outlined their individual communication needs and permanent staff were aware of people’s responses and behaviours and what it indicated for that person.

We observed an agency staff member was not effective in responding to a person who appeared distressed. On day two of our inspection, a permanent staff member and a regular agency worker were on duty. The same person who appeared upset the previous day was very happy and we observed positive interactions and engagement between them and staff. The provider contacted the agency to inform them what training they expected agency staff to have. The provider also has a responsibility to ensure agency staff are suitably inducted and made aware of key information on the service and the people they supported. .

**This was a breach of Regulation 23 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Staff were supervised and supported to carry out their work. They said they felt supported, received regular supervisions and appraisals after being a year in post. They told us they were happy in their roles and felt they worked well together and supported each other as a team. All staff had a named supervisor and records were maintained which showed staff received formal supervisions every three months. All staff had an annual appraisal of their performance and new staff had three and six monthly reviews of their performance. The provider had a supervision charter which outlined supervision should take place at least every three months to ensure staff were suitably supported to do their job.

Staff were trained and indicated during discussion with us that they were clear of their responsibilities on the actions to take if a person was unable to consent and lacked capacity. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. The provider had a policy on the Mental Capacity Assessment procedure to support staff in their practice. We saw in records viewed where people were assessed as not having capacity to make a decision a best interest decision was made involving people who knew the person and other professionals. One person who did not have capacity attended for dental treatment which they cooperated with. The decision to provide the treatment was not recorded by the decision maker.

Staff had been trained in Deprivation of Liberty Safeguards (DoLS) and during discussions with us they demonstrated a

## Is the service effective?

good understanding of the legislation which enabled them to provide effective care to people. DoLS is a framework to ensure that people in care homes are looked after in a way that does not unlawfully restrict their freedom. At the time of our inspection there were no DoLS authorisations in place, however applications had been submitted to the Local Authority to enable staff to continue to restrict people in their best interests.

People could see health professionals to meet their specific needs. Staff supported people to see a doctor, health professionals and go to hospital appointments with them. We saw records were maintained of appointments with professionals and the outcome of those visits and action required. There were regular reviews of people's care and progress and referrals were made to appropriate health professionals as required for individuals. We saw guidance from professionals was followed and equipment was provided for people to improve their posture, independence and comfort.

Systems were in place to promote good communication. A daily handover took place, a communication book was in use and people who attended day centres had a diary that was used to communicate between the home and day centres.

We received feedback from a day centre that people attended. They told us the home provided people with packed lunches. They said the lunches provided were varied, balanced and of good quality. A health professional involved with the home told us the required charts for

example bowel charts, food and fluid charts were completed and accessible and staff supported people well and knew how they were responding to the nutritional guidance in place. Staff were clear of people's dietary needs, special diets and individual likes and dislikes.

People's care plans outlined the support they required with their meals and people were weighed regularly to ensure they maintained a safe weight for them. Staff were responsible for cooking the meals. We saw a meal being cooked and saw fresh meat and produce was used. We viewed the menu and saw people were offered a varied menu. The meals eaten were recorded. We saw one person was identified as a high risk of malnutrition and guidance was in place to support staff to manage that risk. The guidance did not outline how much food and fluid the person should be supported to have. We saw the food eaten was recorded but only one drink was recorded in each 24 hours. Staff told us the person had regular drinks but acknowledged it was not recorded. We did not observe a meal time as people who used the service were out all day. Staff told us they ate with people and promoted a family environment.

**It is recommended the provider develops specific guidance for individuals on the recommended fluid intake required to ensure they have adequate fluids.**

**It is recommended the provider ensures that decisions in relation to people's care are made by relevant professionals and recorded.**

# Is the service caring?

## Our findings

Relatives told us the staff were caring and they felt the care provided was good. They had developed good working relationships with the nominated key workers and found the permanent staff knew people really well. A relative commented “They are all lovely and they go the extra mile to ensure their relative is happy”.

A health professional involved with the home told us that they have always found the staff to be caring and have a good knowledge of the people they support.

Staff engaged with people in a kind, gentle, caring, supportive and professional way. All staff except for one agency staff member had an excellent knowledge of each person and their needs. We heard staff chatting, laughing, use of appropriate touch and engaging positively with people. During discussion with staff they were able to tell us how people were cared for and the level of support they required with specific tasks. This demonstrated they had a good knowledge of how to meet each person’s needs.

We observed people being supported to go to the day centre. We heard staff providing people with explanations as to where they were going and what they were doing. Both staff involved in the trip provided person centred care.

They had a good understanding of people’s communication needs and were responsive and tuned into them. The people they supported were visibly happy, relaxed and comfortable with the staff assisting them.

We saw people were supported to make choices and decisions in relation to their day to day care. Residents meetings took place. We saw from the minutes people were involved in discussions on holidays, trips out and kept informed of what was happening in the home. The minutes of the meeting were developed in a pictorial format suitable to the needs of people. We heard a person being asked if they would like to go out. The person responded positively to the question and this was supported. Staff told us people communicated their choices and decisions on food, drinks, activities, holidays, clothes they wished to wear through their facial expressions, yes or no answers, sounds and gestures.

People’s independence was promoted. Aids and adaptations were provided to enable people to be as independent as possible.

We saw people’s privacy and dignity was promoted. People had their own bedroom and en-suite toilet and shower. We saw staff treated people with dignity and respect in the way they communicated with people and their privacy was at all times respected.

# Is the service responsive?

## Our findings

Relatives told us staff kept them informed of changes in people's health and seek medical input if required. Each person had a health action care plan which outlined people's health needs. This wasn't consistently kept up to date. A professional involved with the home told us staff were quick to respond to changes in people's needs and seek advice as required.

During the inspection we observed a person using the service had a seizure. The staff member calmly responded to that, providing reassurance and support throughout and immediately afterwards to safeguard the person.

All of the staff spoken with except one agency staff member were aware of people's care plans and we saw they provided care in line with these. Care plans were detailed and specific as to how staff were to support people with all aspects of their care. These were based on personalised assessments and needs. They were kept up to date and reviewed when people's needs changed. People were informed of their care plans and annual reviews took place which professionals and families were invited to. We saw care plans outlined whether people required a male or female carer and this was promoted.

Four of the people who lived at the home attended a day centre five days a week. The other person had one to one

care and support during this time. We saw on both days of the inspection they were supported to go out for an activity. The home had a well-equipped sensory room which was used regularly by people. Some people who used the service went home at weekends whilst others were supported with leisure activities of their choice if they wished. The registered manager confirmed people had access to in house activities such as sensory sessions, arts and crafts and a musician who came to the home and sang and played the guitar to people every two weeks. People also went for walks, trips to garden centres, shopping and two people were due to go on a forthcoming theatre trip.

Relatives told us they would talk to staff if they had any complaints or concerns. Relatives could not recall making a formal complaint but said if they had any issues they would tell staff and it was dealt with straight away. Staff knew how to support people to make a complaint and knew the procedure for reporting complaints. The provider had a complaints procedure in place which outlined how complaints were to be managed and timescales for investigating and responding to complainants. We looked at the complaints log. We saw all concerns no matter how small were recorded, investigated and acted on. Complaints were logged and reported each month on a monthly reporting form and this enabled trends to be picked up and addressed. The home had one complaint recorded in 2014 which was investigated and resolved.

# Is the service well-led?

## Our findings

Relatives said the registered manager was approachable and accessible. They said they felt happy to raise any issues with them and they felt issues raised were addressed. They told us they thought the home was well led and the registered manager had a visible presence and involvement in the home.

Staff also confirmed the registered manager was approachable. They felt they were listened to and the registered manager acted on their suggestions and/or concerns. They told us they felt the home was well led. We saw the registered manager took an active role in the shifts and assisted where required.

Professionals involved with the home told us they had a good working relationship with the registered manager and staff team. They said staff were very engaging and they had positive interactions with them.

The registered manager and staff spoken with were clear of the home values to enable people who lived there to live a full and valued life. They had made improvements to the environment to promote people's independence and they were proactive in looking at what was available to people in the community to promote community involvement.

The provider had a quality monitoring policy in place. This outlined their responsibility to monitor services and how they would do that. Four compliance audits and four quality audits took place over the year. Two were carried out by the registered manager and the other two were completed by the locality manager. Both of those audits were detailed and comprehensive. The registered manager was responsible for carrying out a range of in house audits which included medicines, care plans, infection control, health and safety and audits of finances. They also carried out an observation of staff practice and night visits to ensure staff worked in line with expectations and that night staff were awake.

The provider carried out a further three monthly monitoring visit of the service. Reports of the visits were

available. We saw these were comprehensive and thorough which enabled the provider to satisfy themselves that the service was being effectively managed. The actions from all of the audits were transferred onto the service's continuous improvement plan. This was monitored by the provider and actions were signed off when completed. The development plan was continuously reviewed and updated.

The provider facilitated an annual carer's conference which relatives were invited to. This was an opportunity for them to give feedback on the service. We saw annual surveys were sent out to people who used the service, relatives, staff and stakeholders. The last one was completed in March 2014. We looked at the results and saw feedback was positive. They included comments such as "happy with the service and grateful for how well my relative is looked after", "friendly staff, approachable and helpful". An area for improvement was a comment for "more permanent staff".

We saw people's records, staff records and other records viewed were secure, well maintained, kept up to date and accurate. However records which were archived were not secure in that they were stored in an unlocked cupboard. This was addressed immediately.

We saw the rota was not accurate as it was not reflective of the staff on duty. The rota available to staff in the home indicated the registered manager and support lead staff member were on duty which was not the case. The agency staff were unsure where the registered manager and support lead were or how to contact them. Permanent staff we spoke to also said they were not always aware if the registered manager was going to be in the service or not. The provider confirmed they were aware of this and they were looking at ways of try to improve it to ensure the rota was continuously kept updated.

We saw a process was in place to keep policies and procedures up to date and reviewed. Staff were informed when a new policy or procedure had been introduced and they were expected to read and sign to confirm they had done so and understood it.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>A breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person failed to have suitable arrangements in place to ensure agency staff received suitable induction and training.</p>