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# Radnor House

## Inspection report

29-31 Radnor Road  
Handsworth  
Birmingham  
West Midlands  
B20 3SP

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Date of inspection visit:  
28 March 2019

Date of publication:  
17 April 2019

### 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

### About the service

Radnor House provides accommodation and care for up to 29 people who have mental health needs. On the day of our inspection visit there were 27 people using the service.

### People's experience of using this service

- People said Radnor House was a safe place to live because the staff were kind and reassuring and the building secure. Staff knew how to keep people safe and who to report any concerns to. The home was well-staffed to ensure people's needs were met.
- People and staff got on well with each other and the home had a happy, family atmosphere. People told us staff were caring, kind, and always willing to listen. Both they and the staff felt valued by the registered manager who people said was approachable, listened to them, and made changes to the home where necessary.
- The home was multicultural, reflecting the local area, with a multicultural staff team. Staff ensured people language, dietary, and religious needs were met and supported them with their chosen lifestyles and preferences. Staff were well-trained and knowledgeable about people's mental health and other needs.
- The cook provided meals to meet people's cultural needs and preferences including English, Caribbean, Asian, halal, and vegetarian. People told us they enjoyed the food served and commented on how much variation and choice there was.
- People had personalised care plans telling staff how they wanted their needs met. People's medical needs were addressed by a range of community health care professionals and staff accompanied them to healthcare appointments if they wanted someone with them. Staff sought people's consent before providing them with care support.
- People had access to a range of individual and group activities and used local community facilities. The premises were clean, comfortable and spacious with a large garden, four lounges, and a dining room. People said they felt safe spending time there, and they also enjoyed going out on their own or with staff.
- The home's quality assurance system helped to ensure the registered manager and staff continued to provide high-quality care. Action plans showed their commitment to continual improvement at the home based on the needs and wishes of the people using the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

At the last inspection we rated this service Good (report published on 3 April 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details at in our Well-Led findings below.

# Radnor House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care and support of people with mental health needs.

#### Service and service type

Radnor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We carried out the inspection visit on 28 March 2019. It was unannounced.

#### What we did

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider must let us know about.

During our inspection we saw how the staff interacted with people who lived at Radnor House. We spoke with eight people using the service and one relative. We also spoke with the registered manager, the two deputy managers, a senior care worker, four care workers, the activity co-ordinator, and the cook.

We looked at two people's care records as well as other records relating to the management of the home.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- All the people we spoke with said they felt safe living at the home. People said the presence of the staff and their kind and caring approach made them feel safe. A person said, "The staff are reassuring."
- Another person said they felt safe because, "The building's secure." A relative told us their family member was 'safe and happy' at the home.
- People told us if they had any concerns about their own or other people's safety they would tell staff or the managers. A person said, "I feel I could speak up if I was upset by anything."
- Staff were trained in safeguarding and knew how to protect people from harm. A care worker told us, "I would report any abuse to my manager and make a written report."
- If there were concerns about a person's safety or well-being staff worked closely with the local authority and other agencies to put plans in place to protect the person and others.

### Assessing risk, safety monitoring and management

- The managers assessed people prior to them moving to the home and regularly once they were there to ensure risks were identified and addressed. A care worker told us, "We carry our risk assessments to ensure people's safety."
- Each person's records included a chronology of key events in their lives including accidents and incidents so staff could identify any patterns of risk.
- Risk assessments covered people's mental health and physical healthcare needs and instructed staff on actions to take to reduce risk. They included instructions to staff on how to assist people to leave the building in the event of a fire or other emergency.
- Some people in the home smoked and one of the four lounges was a designated smoking area. The risk of passive smoking in this area was made clear to people and staff before they came to the home. This meant they could make an informed choice about whether it was the right place for them.
- A few people smoked in their bedroom subject to a satisfactory risk assessment. If people were at risk of an accident when smoking staff supervised them. Managers and staff encouraged people not to smoke or to cut down but said that ultimately it was up to people to decide for themselves.

### Staffing levels

- People told us the home was well-staffed. A person said, "There are enough staff on duty at all times, day and night."
- The managers calculated staffing levels based on people's needs at any one time. They assisted with people's care and support at busy times and if people were unwell.
- The home had safe recruitment policies and procedures in place which managers followed to ensure the staff recruited were suitable and of good character.

### Using medicines safely

- People said they were satisfied with how staff managed their medicines. A person said, "Staff ensure I get my medication at regular times each day."
- People had care plans in place for their medicines. These were personalised, for example one person's told staff what to do if the person declined their medicines and what actions to take.
- Staff were trained in the safe handling of medicines. A senior carer told us, "My competency in medicines administration is checked every few months and logged by management."
- The home's contract pharmacist had recently inspected the home and identified one minor issue concerning staff signatures. This had already been rectified.

### Preventing and controlling infection

- The home was clean, tidy and fresh. A person said, "The cleanliness is very good. They change my sheets every week." Another person told us, "The cleanliness is excellent."
- All staff were trained in infection control. The home's full-time cleaner was trained in how to store cleaning products safely. Staff followed the provider's infection control policies and procedures, for example by using colour coded mops to clean different areas of the home.
- The home had its Food Standards Agency/local authority food hygiene inspection on the day of our inspection visit and was awarded five stars, a 'very good' level of compliance.

### Learning lessons when things go wrong

- The provider had systems in place to analyse accidents and incidents and used these to identify themes and learning. Lessons learnt were discussed in staff meetings and supervisions so staff could support people to stay safe.
- The registered manager gave us examples of how staff had learnt to reduce risk, for example by obtaining consent from a person before intervening when they made an unsafe decision.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The managers assessed people before they came to the home to ensure their needs could be met. They told us their assessment considered whether the person was likely to fit in well with those already at the home. The registered manager said, "We're prepared to wait for the right person, that's the priority, not just filling a vacancy."
- The managers discussed potential new admissions with staff to get their views on whether the person would be right for the home and have a positive experience there.
- The provide employed staff from diverse cultural backgrounds that broadly matched those of the people using the service. This helped to ensure people's cultural and language needs were met.
- People were invited to spend time at the home before they moved in to reduce any anxiety they might feel about coming into new surroundings.
- Staff were trained in Human Rights principles (fairness, respect, equality, dignity and autonomy) and incorporated these into how they supported people at the home.

Staff skills, knowledge and experience

- Staff were well-trained and had a good understanding of the needs of the people they supported. They said their training was extensive and good-quality. A care worker said, "The trainers are very good and make learning fun and easily digestible."
- All staff had, as a minimum, National Vocational Qualification in Care at Level 2, and some had Levels 3, 4 and 5. The registered manager told us staff were encouraged to increase their skills and knowledge through training and staff confirmed this.
- To meet the specific needs of the people using the service staff completed a six-months mental health awareness course to give them a thorough grounding in mental health care.
- Some induction records were only partially completed and not all had been signed and dated by the staff member undertaking the induction and/or the staff member mentoring them. The registered manager said all staff had completed their inductions and he would ensure induction records were brought up to date to reflect this.

Supporting people to eat and drink enough with choice in a balanced diet

- People made many positive comments about the meals served at the home. These included: 'brilliant with plenty of choice on the menu', 'well-cooked'; and 'they [staff] ensure I have a balanced diet'.
- The cook, who had worked at the home for a number of years, was popular with people and staff alike and ensured that the meals were varied and interesting.
- The cook was adept at providing meals to meet people's cultural needs and preferences including English, Caribbean, Asian, halal, and vegetarian. The cook also served specialities, for example catfish and cow foot,

for people to try, or at their request, and these dishes proved popular.

- Care and other staff contributed to the cooking, preparing dishes from their own diverse cultural backgrounds for people. Staff encouraged people to eat healthily. If there were any concerns about a person's nutrition they were referred to their GP.

Staff providing consistent, effective, timely care within and across organisations and supporting people to live healthier lives, access healthcare services and support

- People told us staff ensured their medical needs were met. A person said, "Staff make appointments for me to see the dentist and the optician when I have to." Another person told us, "Staff make physical checks on me and check my bloods on a regular basis."
- Staff understood the importance of monitoring people's physical and mental health. A care worker told us, "If someone seemed unwell we would report it to the manager and comfort the resident until the doctor arrived."
- People could choose their GPs, although most were registered with a particular local practice. Staff said the GPs and other healthcare professionals there were accessible and had a good understanding of providing services to people with mental health issues.
- Records showed people were supported by a wide range of healthcare professionals including GPs, community nurses, consultants, and mental health teams. A care worker told us, "If people want us to we make appointments for them and accompany them when they go."

Adapting service, design, decoration to meet people's needs

- The premises were comfortable and spacious with a large garden at the rear with seating areas.
- There were four lounges and a dining room which meant people had a choice.
- The provider employed a maintenance person so repairs could be carried out quickly to avoid inconvenience to the people.
- At the time of our inspection all the people using the service were mobile. However, the home had a passenger lift, and hoists in case they were needed.
- Bedrooms did not have en-suites, but there were bath and shower rooms on each floor for people to use.

Ensuring consent to care and treatment in line with law and guidance

- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities. The service took the required action to protect people's rights and ensure people received the care and support they needed.
- Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and knew when to make applications to the local authority for DoLS assessments. This told us people's rights were being protected.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People said the staff were caring, kind and willing to listen. A person told us, "The staff are always there for me." Another person said, "The staff make themselves available if I want to chat."
- The staff had a positive approach to their work and got on well with people. A person said, "It's nice to see young staff with a good attitude to me." Another person told us, "The staff have a good laugh with me and will do anything for me, they are great."
- The home was family-run and had an established staff team who knew people well. This meant people had continuity of care and the opportunity to build relationships of trust with staff. A person told us, "The staff know me very well and they know my likes and dislikes." A care worker said, "I've worked here for years. I love it because we're like a family."
- The registered manager valued the people using the service and his staff. We saw a person, who was having a challenging time with their mental health, relax when they saw the registered manager and go over and give him a hug.
- On the evening of our inspection visit the registered manager, deputy, and some of the people using the service were visiting a person using the service who was in hospital. The registered manager told us they visited this person every day. This was an example of the caring nature of the managers and staff.

Supporting people to express their views and be involved in making decisions about their care

- People said staff encouraged them to share their views and make decisions about their own care. A person told us, "I have regular chats with staff about my care."
- People had access to their care plans if they wanted to. A person said, "I know of my care plan and have discussions with staff about it."
- If people wanted their relatives involved in their care staff facilitated this. A relative told us, "The staff allow me to ask any question and they keep me informed all the time."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity. A person said, "The staff are always polite to me and show me respect." People also said staff made their family members welcome when they came to the home.
- Staff checked people's preferences regarding the gender of the staff who provided them with personal care. People's wishes were recorded in their care plans so staff were clear about how they wanted their needs met and by who.
- Staff understood the importance of ensuring people's privacy was maintained. A care worker said, "We lock the door when providing personal care and, where necessary, keep a watchful distance when people are bathing."

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

### Personalised care

- People's care plans were personalised and contained the information staff needed to support them with their daily routines, personal care, and medical needs.
- Care workers told us care plans were re-written as people's needs changed. A care worker said, "The senior carers update the care plans and we make sure we look at them for updates on people."
- If people wanted to change their routine staff supported them to do this. For example, on the day of our inspection visit, some people had chosen to have lunch at 2pm and staff accommodated this.
- Staff understood people and knew how to meet their needs. For example, one care worker demonstrated excellent knowledge of how one person communicated when they supported them to speak with us.
- People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.
- People had access to a range of individual and group activities. The activity co-ordinator told us activities were personalised and based on people's hobbies and interests. They said, "Management encourage us to try new activities with people and give us full support with the activities we do."
- Activities were based in the home and in the local community. They included trips out to places of interest, visits to restaurants, cinemas, and pubs, exercise and therapy sessions, and games and activities in the home. Staff used the home's three seven-seater vehicles to take people to and from activities and appointments.
- People who wanted to attend local churches, mosques, and temples supported by staff where necessary. Some people attended weekly bible readings at the home.

### Improving care quality in response to complaints or concerns

- People told us they would have no hesitation in speaking out if there was anything they weren't happy with. A person said, "I feel confident speaking to staff about any concerns." Another person told us, "[If I had a complaint] I would speak to the owner or the staff."
- The provider had a complaints procedure which was displayed in the home. Staff told us they would support people to use it if they needed to and advocate on their behalf.

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### End of life care and support

- If people wished to stay at the home at the end of their lives staff supported them to do this, assisted by staff from a local hospice and community palliative care nurses.
- The registered manager said that if a person died their room would not be filled straight away as this

might appear disrespectful. They said they would rather wait until people and staff had begun to come to terms with the loss of one of their community.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager had led the service for 32 years during which time it had always been rated as 'Good' by CQC and its predecessor organisations.
- The registered manager was directly involved in the home's day to day operations and knew the people using the service and staff well. A person said, "I know who the [registered] manager is and see them regularly." Another person told us, "The [registered] manager is very nice and good to me."
- The registered manager promoted transparency and honesty. They had an 'open door' policy and spoke with people and staff on a daily basis.
- The registered manager was nominated for a lifetime achievement award at the 2016 National Care Awards for his work with people who use care services.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff understood their responsibility to provide a high-quality, personalised service based on the home's ethos and values. They told us they were proud to work and the home, found their role rewarding, and were well-supported by the registered manager.
- The registered manager understood their legal duties and sent notifications to CQC as required.
- The home's quality assurance system helped to ensure that staff continued to provide high-quality care. The managers completed audits of all aspects of the service such as medicines, health and safety and care records. Action plans followed and the registered manager ensured any required improvements were carried out.

Engaging and involving people using the service, the public and staff

- People and staff said the managers were approachable, listened to them, and made changes to the home where necessary.
- People told us they were encouraged to share their views at regular resident's meetings. The minutes of the most recent meeting, held in February 2019, showed it was well-attended and people discussed a number of items including activities, meals, and health and safety.
- The minutes of the most recent staff meeting, held in March 2019, was also well-attended. Staff discussed how to meet people's changing needs, improvements to medicines administration, and other issues. A care worker said, "We have regular meetings and the managers tell us everything we need to know [about people's support needs]."

- The home carried out in-depth annual quality assurance surveys. These culminated in a detailed report analysing the findings and explaining how the home continued to provide high-quality care. The results of the 2018 survey should that people, relatives, professionals, and staff overwhelmingly rated the home as 'good' or 'excellent' in all areas surveyed.

#### Continuous learning and improving care

- The managers and staff were continually striving to improve the home. The registered manager discussed any improvements needed with people and staff and put action plans in place to monitor and drive improvement.
- Managers and staff were encouraged to take up training opportunities to advance their skills.
- Staff attended three handovers a day to ensure they had the information they needed to meet people's needs which could change from one shift to the next.
- We witnessed one of the handovers and observed staff were knowledgeable about the people they supported and passed on crucial information to their colleagues about people's support needs on the day in question.

#### Working in partnership with others

- Managers and staff worked in partnership with other health and social care professionals to ensure people's needs were met.
- The registered manager was a member of a number of learning and development organisation including a registered managers' network and a local care consortium. These organisations enable members to share and network with each other, discuss good practice, and keep up to date with developments in the care industry.