

Colleycare Limited

The Radley Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 11 April 2018 and was unannounced.

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

The Radley Care centre can accommodate up to a maximum of 37 people. On the day of our inspection, there were thirty people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

This was the first inspection since the service was registered with The Care Quality Commission on 30 June 2017. We found there was no evidence or information from our monitoring that demonstrated serious risks or concerns.

The service had a registered manager. 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.

People were protected from the risk of potential harm. Staff had received safeguarding training and there were effective safeguarding processes in place.

Individual risks associated with people's care and support had been assessed and personalised risk assessments were in place. The assessments provided staff with clear guidance on how individual risks to people could be mitigated and or reduced.

People received their medicines safely, from staff who had been trained and had their competencies checked. There were effective systems in place for the safe storage and management of medicine and regular audits were completed.

Safe recruitment practices were followed to help ensure that staff were of good character and suitable to work in this type of service. There were sufficient numbers of staff deployed to meet people's needs.

Staff received regular support from their line managers. This included attending team meetings, individual supervisions and an annual appraisal.

Staff received training relevant to their roles. Staff completed an induction when they commenced work at the service followed by an on-going programme of training. Staff were positive about the training they received.

Consent was obtained from people before any care or support was provided. Decisions made on behalf of people were in line with the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

People interacted well with staff and appeared comfortable engaging with staff and managers. Staff were positive about their work and the support provided. People were treated with dignity and respect.

People received care and support which was personalised. People and or their relatives had been involved in the development and review of their care plans. Care plans and risk assessments gave clear guidance to staff and had been regularly reviewed and updated.

Staff were responsive to people's changing needs. There was an effective complaints procedure in place. Relatives were aware of the complaints procedure and knew who they needed to speak with should they wish to raise any concerns.

The registered manager operated an open, transparent and inclusive culture at the service. The staff worked well as a team and were positive about the support they received from the management team.

Quality monitoring systems and processes were in place and used effectively to make continual improvements in the service. People's views were sought and a quality assurance survey had recently been completed and analysed to help determine areas that could be developed.

Further information is in the detailed findings below

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.

People were kept safe by staff who had received training in how to identify and report potential abuse.

Peoples individual risks were assessed and measures put in place to mitigate and reduce risks.

There was an effective recruitment process in place to help ensure that people were suitable to work in this type of service.

Sufficient numbers of staff were available to meet people's individual needs at all times.

Accidents and incidents were managed effectively to help keep people safe.

People were supported to take their medicines safely by trained staff.

Infection control measures were in place to help reduce the risk of cross infection.

Is the service effective?

Good 

The service was effective.

Staff that were trained to meet people's needs effectively supported people.

People's consent was obtained by staff before care and support was provided.

The service operated within the MCA principles. People had their capacity assessed and best interest decisions completed.

People were provided with a nutritious and varied diet, which met their needs.

People's day-to-day health care needs were met; they were supported to access a range of healthcare professionals when it

was needed.

Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People and or their relatives were involved in the planning, delivery and reviews of the care and support provided.

People's dignity was promoted and their privacy respected.

People's confidential personal information was stored safely.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their individual circumstances.

People were supported by staff who had access to detailed information which enabled them to provide person centred care.

People were supported to participate in a range of activities that were of interest to them.

There was a robust complaints and comments system in place and people knew how to raise concerns, which were promptly dealt with.

Is the service well-led?

Good ●

The service was well-led.

People knew who the registered manager was by name and felt comfortable interacting with the management team.

The registered manager operated an open, transparent and inclusive culture at the service.

The registered manager demonstrated an in-depth knowledge of the people who used the service and staff they employed.

There were a range of quality monitoring checks and audits undertaken to help ensure that the service provided for people was safe.

People's feedback was obtained through a range of methods including a quality assurance survey to provide feedback about the service they received.

The Radley Care 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 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 inspection took place on 11 April 2018 and was unannounced. One inspector undertook the inspection.

Before the inspection, we reviewed all the information we have in relation to the service. This included 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 reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events, which the provider is required to send us.

During the inspection, we spoke with four people who lived at the home, five staff members, one member of the activities team, a team leader, the chef, the registered manager and the provider's area manager.

We reviewed care records relating to three people who used the service. We looked at two staff recruitment records and other documents, which related to the management of the service. These included staff training records, medication records and quality monitoring information.

Is the service safe?

Our findings

People told us that they felt safe living at the Radley Care Centre. One person's relative told us that their family member was safe. They said, "[Name] is definitely safe because I see staff making sure people don't wander off or fall over."

Staff we spoke with had received training in safeguarding and there were safeguarding posters on notice boards. Staff we spoke with told us that they would report concerns to their manager. Every person we spoke with told us that if there were any problems they would let the manager know. Staff were able to verbally demonstrate that they understood how to recognise signs of abuse.

Risks associated with people's daily living were assessed and measures put in place to help reduce or mitigate the risks. Staff demonstrated they were aware of how to effectively manage these risks. For example, skin integrity, mobility, risk of choking and falls were all assessed and kept under regular review.

Preventative measures were in place for people who were identified at risk of falls, for example low profile beds and 'sensor mats'. These are mats that can help detect movement to alert staff so that they can promptly assist people who are at risk of falling. Other measures in place included the use of pressure relieving equipment to help prevent people from getting pressure ulcers.

Where people could not use their call bell to summon help, staff completed regular checks and these were recorded on a hand held device, completed by staff. This was uploaded onto the main system so every relevant staff member or manager could see at a glance when the person was supported and what support they received.

People's feedback about whether there was enough staff varied. Some of the people we spoke with felt there were adequate staff deployed to meet their needs while others said they sometimes had to wait to be assisted. We observed that on each floor there were two care staff allocated to support people. There were five people in the home who required two staff to support them with their personal care needs. This meant that on occasions people had a short wait.

Three out of four staff told us that they did not consider there were enough staff provided. We were told that there was a 'floater' between the two floors. However, this person was an apprentice and was also responsible for hostess duties such as delivering and collecting trays and responding to call bells. When we were observing people on the first floor there were two people that required assistance at the same time but because they both required two staff to support them, one person had to wait. The person did not feel this was an issue as there was only a short wait.

We spoke to the registered manager about staffing levels. They told us they used a dependency tool to assess dependency levels, which then determined staffing levels. They told us that the staff member who was floating should be responding to call bells. The collection and delivery of trays were not time specific. They undertook to make sure the floating staff were aware of how to prioritise tasks with people's needs

always being addressed in a timely way.

We found that safe and effective recruitment practices were followed to help ensure that staff were of good character, and suitable to work in this type of service. Pre-employment checks included obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

People received their medicines safely by trained staff who had their competencies checked regularly. We found that medicine administration records (MAR) were completed accurately and signed by staff each time after they administered people`s medicines. We checked a selection of medicines for people and found that the amount corresponded with the records kept.

We observed staff following infection control procedures. The environment was clean and welcoming and we found that cleaning schedules were in place. This included deep cleaning specific areas on a rotational basis to ensure bedrooms and communal areas were regularly cleaned. Staff wore personal protective equipment when completing certain tasks. This included gloves and aprons.

Is the service effective?

Our findings

Staff we spoke with confirmed they had had an induction before they commenced work at the service. One staff member said, "I had a good induction, with lots of training and support before I worked on my own." They said, "Experienced staff showed me how to work properly." We saw staff supporting people to move with the use of a hoist and they carried out this with confidence and safely. All four staff confirmed that they had received training in moving and handling. New staff had an opportunity to 'shadow' more experienced staff until they were signed off as being competent to work alone.

Staff received appropriate one to one supervision with their manager and also attended regular team meetings along with an annual appraisal. This gave staff an opportunity to discuss the people they supported along with any training and or development needs.

Staff understood the importance of giving people choices. All staff confirmed that they had received MCA training but on a basic level. They all knew that it was important to assume that people had capacity until the need to carry out an assessment rose to formally assess people's capacity to take certain decisions. We saw documentation that confirmed best interest meetings had been completed to discuss best possible options for people. This ensured decisions made were the least restrictive and in the persons best interest.

We observed staff asking for people's consent before supporting them. In some cases where people could not always understand or respond we saw staff explaining what they were going to do. For example one person spilled a beaker of water over their quilt. The staff explained to the person what they were going to do to change their bed linen, and their clothing to make them more comfortable.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had good knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained to people the support and the care and gained consent before carrying out any aspects of this. Throughout the inspection, we saw staff speaking clearly and gently with people and waiting for responses. The registered manager and staff fully understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how and when to make an application for consideration to deprive a person of their liberty, and we saw appropriate documentation that supported this.

We observed the lunchtime meal being served. People sat at tables of four and the atmosphere was friendly and welcoming. However, there were no menus on the tables to inform people of the choice of meals provided and for people who lived with dementia there were no pictorial menus on the table however there were on the menu board, which people viewed as they entered the dining room help people chose what

they wanted to eat. The chef was exploring options to help make the presentation of pureed meals more interesting. The foods that had been pureed were all presented in separate scoops i.e. meat, potatoes and vegetables. The meal that we sampled was tasty and appetising. We gave feedback to the registered manager about the areas in need of improvement.

We also observed that some people were independent and could have been offered the opportunity of assisting themselves with vegetables and condiments instead of staff putting these on the plate for them. The registered manager addressed this issue during the inspection.

People were supported with their day to day health needs. Staff assisted people when they needed to see a GP, dentist, optician or chiropodist. When people needed to attend hospital appointments where family could not support, staff were able to attend with people.

Is the service caring?

Our findings

We saw kind and caring interactions between staff and the people who used the service. One person told us, "They do everything for you, meals, and laundry and bathing me; it takes all the stress and strains away from my family".

We observed people appeared to be comfortable in the presence of staff and the registered manager. Staff were observed to interact with people in a friendly non-intrusive way. One person told us, "The staff here are very kind, they know me very well and know the way I like to be supported. I have my favourites; some are better than others and have more time to chat with you. I have a good relationship with most of them".

We observed staff and management were fully committed to ensuring people received the best possible care in a compassionate, inclusive and caring environment. Throughout our inspection, there was an atmosphere of calmness with staff caring and supporting people. We observed warmth and compassion shown to people by staff who worked as a team to meet people's needs in a caring way.

We saw that people's privacy was respected for example when people required to be hoisted; the staff ensured their door was closed and they protected the person's dignity. One person told us, "I can have privacy or I can have company, which ever I choose.". Another person told us, "I like to keep myself to myself but equally if I need anything then they are right there when I need them".

We saw that staff communicated with people when providing care, explaining beforehand what they were about to do. All staff were seen to speak to people in a respectful manner, lowering themselves down to the person's eye level and speaking in a calm and soft voice. One person told us, "The staff are always cheery and polite, which is very important to me." A visiting relative told us, "They are caring and kind, not only to [name of person], but to me when I visit also".

People told us there were no restrictions in the home and they could have visitors or go out any time they wished. People told us they were encouraged to be independent. One person told us, "I'm able to go out any time as long as they know where I am. I like to sit in the garden especially when the weather is better".

The registered manager told us that people were able to access advocates to obtain independent advice or information if they required support. Details were posted on one of the many notice boards placed strategically in the corridors and outside the main dining room.

People's views were sought and there was a feedback box at the entrance to the home, for relatives, visitors and professionals to comment on their experience when visiting the home.

People's confidential information was stored securely, mostly online and was password protected. Where documents were in use, staff and managers were aware of the need for confidentiality to be maintained.

Is the service responsive?

Our findings

People received a service that was responsive to individual needs. Care plans contained detailed and specific information to enable staff to provide personalised care and manage people's individual requirements. Care plans were reviewed on a regular basis and updated when people's needs changed so that they remained reflective of people's current needs.

We saw that people's individual records contained a section on people's life history, which gave staff a really good insight into the people's lives and what was important to them. People's likes and dislikes and also their preferences were captured in the care plans to ensure staff had the information they needed to provide people with personalised care and support. People's rooms were personalised to reflect their individual personalities.

We saw one room was decorated with all different strings of lights, family photos, and soft furnishing. The room was very colourful and the person told us that the décor reflected their personality. People told us that staff always respected their preferences and wishes and this made them feel valued and happy. They felt that staff treated them as individuals and were very well looked after. One person told us, "The carers treat you like an individual and don't assume we are all the same". Another person said, "The chef has been working hard to improve the choice and types of food, this does make me feel like they listen when we raise points for discussion".

On the day of our inspection there were no activities provided in the morning. The registered manager told us the activities staff worked part time 25 hours over three days. In addition, they had external entertainers coming to the home over the weekend. People told us they did not always participate in the activities on offer. One person told us, "No one bothers much to attend so they then discontinue the activity, I would like to see more people getting involved and participating." The registered manager told us that when activities staff were not working care staff supported people with activities. This included one to one in people's own bedrooms, such as chatting, looking at photos and reminiscing. Relatives and family members were invited to attend when events were held at the service. We observed that people were watching TV, listening to the radio, reading and knitting. In the conservatory were a range of arts crafts and board games for people to engage with.

People were aware of how to raise concerns. We saw that information about how to complain was displayed on notice boards around the home. People we spoke with told us they would know how to raise concerns. One person told us, "I don't personally have any complaints, I am very happy with the service I receive. However, if I did, I would just speak with [name of registered manager]."

We saw that concerns raised were appropriately investigated and responded to in a timely way. For example, several people had raised concerns about the food. The registered manager and people met with the chef to discuss what people wanted and how they would address the points they raised. This demonstrated when issues were raised by people it was taken seriously.

We noted that people provided positive feedback as well and comments were recorded to reflect this.

Is the service well-led?

Our findings

The service was well led and managed. People knew the registered manager by name and interacted positively with them throughout the course of our inspection.

The registered manager operated an open, transparent and inclusive culture at the service. People and staff told us they felt the registered manager was approachable and staff felt well supported. We noted the registered manager was transparent and had open conversations with people, valued people's opinion and was committed to making continual improvements.

The registered manager demonstrated an in-depth knowledge of the people who used the service and staff they employed. The registered manager was able to describe confidently the people who used the service. They had only been the registered manager for a few months but had worked hard to get to know people and staff well and make a positive contribution to the service.

There were a range of quality monitoring checks and audits undertaken to help ensure that the service provided to people was safe. The registered manager and senior management team undertook a range of regular quality assurance checks to help make sure the quality of the service was consistently maintained. Audits were completed for all aspects of the service. These included documentation such as recruitment checks, care plan reviews, medication checks, complaints and staff training.

People's feedback was obtained through a range of methods including a quality assurance survey to provide feedback about the service they received. Information was analysed to identify where there were potential areas that could be improved. There was an improvement action plan in place to measure the progress of the improvements.

Regular meetings were held with people who used the service, their relatives, staff and all stakeholders. People were able to discuss anything they wished in relation to the overall management of the service. We saw that meetings were recorded and shared with people and staff so that they could monitor progress and continue to keep discussion topics on the agenda until the actions had been signed off as completed.

The service was undergoing some decoration at the time of our inspection. CCTV was being installed in communal areas and people had been consulted about this to help improve the safety and monitoring of the service.

The service was also transitioning from paper to online records, which was working really well and had already improved communication and record keeping. Staff told us it was more effective than completing copious amounts of paper records and any updates were immediately available for staff to review making it much more efficient and less time consuming. This meant that staff were able to spend more time with people who used the service.