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Radnor House

Inspection report

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Handsworth
Birmingham
West Midlands
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Tel: 01215236935

Date of inspection visit:
23 March 2016

Date of publication:
29 April 2016

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

Our inspection was unannounced and took place on 23 March 2016. At our last inspection on the 14 January 2014 the service was meeting all of the regulations that we assessed.

Radnor House is a care home which is registered to provide care for up to 29 people. The home specialises in the care of people who have mental ill health needs. At the time of our inspection there were 28 people living at the home.

There was a registered manager in post and they were present during our inspection. 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.

There were systems in place to ensure that the service was assessed and the quality of care provided to people was monitored. However, these had not always been effective at identifying where some improvements were needed.

People felt safe using the service and they were protected from the risk of abuse because the provider had systems in place to minimise the risk of abuse.

People were supported by staff that were kind, caring and respectful and knew them well. People were treated with dignity and respect. Staff understood people's needs well. Staff received the training and support they needed to carry out their role.

Staff had a good understanding of the risks associated with people's care needs and knew how to support them. There were enough staff to support people safely. Recruitment procedures ensured that only staff that were of a suitable character to care for people were employed.

Medicines were stored and administered safely, and people received their medicines as prescribed. People were supported to have their healthcare needs met.

People were supported to make everyday decisions themselves, which helped them to maintain their independence.

People were supported to eat and drink food that met their dietary requirements and that they enjoyed eating.

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

Risks to people were assessed and staff understood how to keep people safe.

Staff we spoke with knew how to keep people safe. The provider had effective systems in place to minimise risks to people.

There were adequate numbers of staff to support people.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before they were provided with care. Staff understood their responsibilities to ensure people's rights were protected.

People were supported by staff that had the skills and knowledge to meet their needs. Staff received the training and support needed to carry out their role.

People received food and drink they liked.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring. Staff responded quickly to people's requests for assistance.

People were treated with kindness and respect.

People were supported by staff that knew them well and understood the things that were important to them.

Is the service responsive?

Good ●

The service was responsive.

Care was delivered in a way that met people's needs and preferences.

People were able to do things that they enjoyed.

People knew how to complain if they were unhappy.

Is the service well-led?

Good ●

The service was not always consistently well led.

The registered manager was visible in the home and knew people needs very well. Staff told us that they were supported by the manager.

People benefitted from an open and inclusive culture in the home.

Systems in place to access and monitor the quality of the service had not always been effective at identifying where some improvements were needed.

Radnor 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 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 23 March 2016 and was unannounced. The inspection was carried out by one inspector.

In planning our inspection, we looked at the 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. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

We met with 14 people who received support from the service. We spoke with three relatives, three health care professionals, the registered manager, deputy manager and five support staff.

We looked at the care records of three people who received support from the service including, medication records. Other care records looked at included staff training records, two staff recruitment files, safeguarding records, complaint records, staff rotas and quality audits completed by the registered manager.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at Radnor House. People told us if they had any concerns they would speak to staff or the manager. One person told us, "I feel safe living here. I am looked after and this is my home". Another person told us, "I feel safe and I can lock my bedroom door". One person told us that once someone had walked into their bedroom by accident. They told us that they made sure they kept their room locked and they showed us their key.

People were cared for by staff who recognised the types of abuse people could be at risk from. Staff told us that they had received training that enabled them to identify the possibility of abuse and take the appropriate actions to keep people safe. All staff spoken with were able to describe different types of abuse. Staff told us that they knew who to report to if they had any concerns that people were at risk of abuse. Staff were aware of how to escalate any concerns if they felt that action had not been taken. Records showed a recent safeguarding concern raised by a health care professional had been closed with no further action needed.

Staff that we spoke with knew how to minimise risks to people on a daily basis. For example, staff knew how to support people in a variety of situations including the risks associated with smoking and accessing community facilities. Records we looked at showed that people had risk assessments in their care files. These were specific to their care needs and detailed what actions staff needed to take in order to reduce any potential risks and how to respond when required.

People we spoke with told us that there were enough staff on duty. One person told us, "There is always staff around to talk to". We saw that although staff were busy staff were always available to respond to request from people for help or to talk to. In addition to care staff we saw that student social workers on placement and the deputy and registered manager were very involved in the day to day care of people. Domestic and catering staff were available to undertake housekeeping tasks. The registered manager told us that staffing levels were determined by the needs and dependency levels of the people and if needed staffing levels would be increased. The registered manager told us that they had their own bank of staff to support the service, and to cover for sickness or annual leave. This ensured people were consistently supported by staff they knew.

People were kept safe in emergencies. All staff spoken with knew what to do in the event of an emergency. Staff knew how to report accident or incidents so these could be managed effectively. Records showed that staff had completed fire safety training and first aid training. This showed that staff had the knowledge and skills needed to ensure people would be supported safely in an emergency situation.

Staff told us that prior to commencing employment the required employment checks had been completed. We looked at two staff files and spoke with the registered manager about the recruitment process. We saw that the provider had a robust recruitment procedure in place. This meant that systems were in place to reduce the risk of unsuitable staff being employed by the service.

People told us that staff reminded them to take their medicines. One person told us, "Staff do my medicines and I get them on time. I have never ran out of medication". A staff member had a lead role to oversee medicine management in the home and they talked us through the systems in place for managing medicines. We saw that records were maintained to ensure that people had received their medicines as prescribed. Protocols were in place to ensure staff were provided with the information they needed so medicines were administered safely to people. All staff had received medicine management training. A staff member told us, "The medicine management training is good we do ten training sessions before we are signed off as competent". We saw that medicines were stored safely.

Is the service effective?

Our findings

People spoke positively about the staff who supported them. One person told us, "The staff are good they take care of us". Staff were able to describe to us how they provided care to people and they demonstrated that they knew people's needs and preferences well. The staff we spoke with told us that they had the training they needed to do their job. A staff member told us, "The training is good we do regular updates. I have also done NVQ level two and three". The registered manager had a record of the training they provided to staff and this showed that staff had received the training they needed to meet people's needs.

Staff told us that they felt supported in their role and that the registered manager and deputy were supportive and very approachable. A staff member told us that they had the opportunity to meet regularly with one of the managers. Staff also told us that regular staff meetings were held. Records of the meetings were available and showed that discussions had taken place about what was happening in the home.

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. We checked whether the service was working within the principles of the MCA. We saw that staff listened to what people wanted to do and respected the decisions they made. Staff told us they had received training in MCA and could give an explanation of how they applied these principles within their role. We saw that people's care was provided with their consent. We heard staff asking people what they wanted to do and how they wanted to spend their time. We saw that some people went out independently. However, we saw that some people that lived at the home may not have the mental capacity to make an informed choice about some decisions in their lives. We saw staff cared for people in a way that involved them in making some choices and decisions about their care.

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment. They are also required to submit an application to a 'supervisory body' for the authority to deprive a person of their liberty within their best interests in order to keep them safe. The registered manager was knowledgeable about their understanding of DoLS and was aware of their responsibilities. We saw that where DoLS applications had been submitted, copies of the forms were in place. The registered manager told us and information we hold about the service showed that one application had been authorised to date. This ensured that any decisions made on behalf of people were made in their best interest and was done so lawfully.

People told us that they were able to see the doctor when they were not very well. One person told us, "I can see the doctor when I am not feeling very well. I just tell the staff and they will ring up". We saw staff sat and took time to listen and speak with people who were anxious or feeling unwell. Staff knew people's needs well and told us that they recognised the signs when people's mental health was deteriorating. People had regular appointments with other health care professionals. For example, community psychiatric nurse and psychiatrist.

People told us that they liked the food. We saw that staff offered people a choice and people could choose to eat in the main dining room or the lounge area. We saw people who needed some assistance were offered this and the meal time was not rushed. People who we spoke with told us they liked the food. One person told us, "The food is nice we get plenty to eat". People told us that hot drinks were served at set times throughout the day and that water and squash was available throughout the day. Another person told us that they sometimes choose to eat their meal later in the evening and their meal would be saved for them. Staff told us that some people based on a risk assessment have kettles in their room so they could make themselves a hot drink. Some people were also involved in food preparation with staff support. Staff told us that some people's weight was being monitored and information about any weight changes would be shared with the GP and where needed referrals had been made to the dietician services for advice and support. Menus showed that people's preferences, religious and cultural needs had been considered.

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Is the service caring?

Our findings

We saw that staff were patient and kind with people. One person told us, "She [Pointing at a staff member] is really nice". We saw that people were comfortable and relaxed in the company of the staff who supported them. Everyone we spoke with were complimentary about the staff team.

People we spoke with were generally happy with the care provided at the home. Some people told us that they would like to move on to live more independently. Staff told us that they had supported people to move towards more independent living where this has been appropriate. People told us that they looked after their own bedrooms and did some cleaning tasks. Some people told us that they were involved in preparing their own meals. Staff told us that some people needed a lot of encouragement to carry out everyday tasks but they would always encourage and support people to do so.

Staff that we spoke with had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they would respect people's privacy and dignity when providing personal care to people. We saw that staff knocked on people's doors before entering. We saw that staff spoke with people respectfully. We saw that staff sat with people and listened and spoke with people about the things that mattered to them. We saw that when a person became upset staff reassured the person and took time to find out what was upsetting the person.

People told us that they were supported to make choices and decisions about their care. Choices included how they spend their day. One person told us, "I get up when I want and have a bath when I want. I spend my day how I want to". Another person told us that they liked going out to different shops and to visit friends. When they returned to the home they told us that they mainly spent time in their room doing things they liked to do.

People told us that they were supported to maintain relationships that were important to them. Some people told us about how staff had helped them to make contact with family members that they had lost touch with. People were supported to make telephone calls to relatives. One person told us that they were supported by a staff member to visit a relative recently. They told us that they really enjoyed the visit and it meant a lot to them. We saw some people spoke with staff about their family members and staff took time to listen and acknowledge to people the importance of the relationship. Staff demonstrated that they understood and respected the importance of these relationships to people.

Relatives of the people who lived at the home told us that they were happy with the care and support their relative received. They told us that staff were caring and approachable and that they were kept informed about their family members care. Health care professionals told us that staff were professional and caring and treated people as part of an extended family.

Is the service responsive?

Our findings

People were supported by staff that were knowledgeable about their needs. They were able to describe to us how people liked to be supported and the things that people liked to do. Staff told us that they monitored people's wellbeing and worked closely with health care professionals. We saw that staff were responsive to people's needs. Records seen supported our observations.

We saw that a number of people took part in an activity which involved people painting and decorating their own mug. Staff told us that they had a chocolate egg for each person and these would be put into the mugs people had decorated in celebration of Easter which was in a few days' time. Some people told us that they went out to day centres and employment training centres. One person told us that they liked to spend time in their room and liked to do word search and some crochet. We saw that some people enjoyed chatting with each other and watching television in the lounge. There were different communal areas for people to use including two lounges and a dining room. A conservatory had recently been built this provided a pleasant seating area which overlooked the garden.

The service provided placements for trainee social workers. Two trainees were on placements at the time of our visit. They spoke positively about their experience at the service. They told us that they worked closely with a few people and this had enabled them to build up a rapport and to support people to do things they liked to do. They told us how they had supported a person for several weeks to work towards their goal of going out shopping and this had been achieved and had been successful.

Meetings with people that lived in the home were held regularly. Some of the people we spoke with told us that they sometimes go to the meetings. Records we looked at showed that these meetings were used by staff to discuss health and safety issues such as smoking in bedrooms. Support available to people to stop smoking was also discussed. There were also discussions about people's rights to vote, menu planning and things people wanted to do for example, going out for a meal.

Health care professionals that we spoke with were very complimentary about the care and support that people living at the home received. A health care professional told us, "They provide excellent support to people. People are well supported by staff to attend clinic appointments". Another health care professional told us, "They really have a way of working so well with people. They support people to have a better quality of life. They have a really good way of encouraging and supporting people to do things for themselves".

People told us that they would speak to the registered manager or staff if they were not happy about something. One person told us, "I tell the staff if there is something I am not happy about". A relative told us, "The manager is easy to talk to and helpful". The provider had information about how to make a complaint and this was displayed. Records showed that there was a system for recording, and investigating complaints. Records we looked at showed that the provider had not had any complaints in the last 12 months.

Is the service well-led?

Our findings

We saw that a recent incident had happened between two people living at the home and had been appropriately reported to the safeguarding team and the incident had been investigated. However, the registered manager had not notified us of this incident. When we brought this matter to his attention he immediately completed the required paper work and a notification was sent to us. The registered manager was aware of the requirement to do so and records we hold confirmed this. However, there had been an oversight on this occasion. When looking at care records we saw another incident between two people that had been managed appropriately by staff and staff told us that there had been no reoccurrence. We discussed with the registered manager that this incident should have been shared with the local safeguarding team so they could make a decision if they felt the incident needed further investigation. The registered manager was responsive to our feedback and this information was shared immediately with the wider staff team.

The registered manager demonstrated to us that he knew the individual needs of the people that used the service well. He understood his legal obligations including the conditions of his registration. He had been the registered manager for a number of years which had ensured stability of management. We saw throughout our inspection that the registered manager led by example supporting staff and modelling a positive response to people's needs. The registered manager told us that they attended relevant training and spent time seeking information about best practice in relation to the needs of the people who used the service. They and the newly appointed senior staff member had recently attended a CQC conference.

All of the people we spoke with told us that the service was well run and that the registered manager was approachable. Relatives told us that they were happy with their family members care. Health care professionals spoke highly of the care that people received at the home. Surveys had previously been distributed to people and relatives to seek their views about the service and the findings had been analysed. The registered manager told us that they were due to send out new surveys in the near future.

We saw that there were systems in place to monitor the service and quality audits were undertaken. This included audits of medicine management and health and safety. Where audits had taken place an action plan had been developed so that the provider could monitor that actions had been taken. For example, we saw that audits had identified where some repairs were needed in people's bedrooms and plans were in place to make these improvements.

Staff told us that communication arrangements were good and that they received support to maintain a good quality service. Staff told us that they had the opportunity to contribute to the running of the home through regular meetings. A staff member told us, "The manager is firm but fair". They told us that they were confident that any concerns raised would be dealt with by the registered manager. Staff knew about the whistle blowing procedures and were confident in using it if they felt it was necessary.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that

requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice.

A number of people living at the home chose to smoke. The registered manager had systems in place to ensure that where possible the impact on non-smokers living in the home were minimised and risks to people were managed. We contacted West Midland Fire Service following our visit to the service and they agreed to visit the home in a supportive role to see if they could offer any additional support and advice. The registered manager welcomed this input.