

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

Radcliffe Manor House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
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Is the service safe?	Requires Improvement ●
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Is the service well-led?	Requires Improvement ●
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Summary of findings

Overall summary

Radcliffe Manor House is a 'care home' for 26 older people. The building has 2 floors with a shaft lift and stair lift to access the top floor. There are extensive gardens to the front and rear of the property with accessible pathways. At the time of our inspection there were 21 people using the service.

People's experience of using this service and what we found

Risks were not always assessed, monitored and mitigated for all the people living in the home.

Medicines were not always managed in a safe way. Medicine audits failed to identify some issues and concerns.

The home was clean, and infections were managed well, however there were some concerns regarding how the building was maintained.

Staff were recruited safely and in line with the providers policy and procedures, however some people and staff felt more staff would help cover busy times.

People were protected from avoidable harm and staff knew how to raise concerns about poor practice.

Referrals were submitted to the local authority safeguarding teams and notified to CQC.

The providers audits did not always ensure health and safety guidelines were followed.

We have made a recommendation about the provider following current health and safety guidelines for testing water temperatures and managing Legionella.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Management and staff were aware of their roles and responsibilities. The provider adhered to their legal obligations.

The provider took action to drive improvement for care planning and recording care needs to ensure staff provided care and support in an efficient way.

The service worked well with healthcare professionals to ensure people's care needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was good (published 19 January 2019).

Why we inspected

We received concerns in relation to an inquest response from the coroner's office. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Radcliffe Manor House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have made 1 recommendation in regard to maintaining safety.

We have identified breaches in relation to good governance and safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.
Details are in our safe findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Radcliffe Manor 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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Radcliffe Manor 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 both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection as well as the information shared with us by the local authority and the coroner's office, such as details of any safeguarding concerns that had been raised. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 4 people who used the service and 1 relative about their experience of the care provided. We spoke with 7 members of staff including the cook, senior care staff, care assistants, maintenance person, domestic staff, and the registered manager.

We reviewed a range of records. This included 5 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed training data and the provider's quality assurance records.

After the first day of inspection, we received information of concern regarding risk management for a person at risk of leaving the building unattended. We completed a second day of inspection on 12 April 2023.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection, the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's safety were not always managed in a safe way. Risk assessments and care plans did not always reflect people's health, safety and welfare. For example, we received information of concern regarding a person who lacked capacity had left the building unattended. There were no control measures in place for staff to ensure the person would be kept safe from harm between the dates 9/11/22 to 31/03/2023.
- Risks for people were assessed and risk assessments were completed to identify and manage most people's risks. However, we found no risk assessment in place for the person who had left the building on 5 occasions, without staff knowledge. There were no detailed instructions how staff would manage the risk for this person.
- Accidents and incidents were reviewed in order to reduce reoccurrence. However, there was no incident record of the 5 incidents the person had left the home. This meant there was a risk the person could abscond and be at risk of harm.

Records were not accurate or detailed to ensure the provider was assessing the risk in a safe way. We were not assured the provider was mitigating risk where people were at risk of absconding.

The provider failed to manage and mitigate all risks. This placed people at risk of harm. This was a breach of regulation 12(2)(a) and 12(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People and staff who were more vulnerable to severe disease or elevated risk from COVID-19 had individual risk assessments in place to reduce the risk of the infection.
- Information was available to ensure people would be supported safely in an emergency evacuation situation. Fire safety and electrical testing had been completed to ensure the building environment was safe.

Using medicines safely

- Medicines were not always managed in a safe way. We found PRN (as required) protocols were not in place. We were not assured people would receive their PRN medicine as required.
- People's allergies had been identified but not included on the medication administration record (MAR). An external professional audit was completed after our inspection, and they also identified minor discrepancies in this area. Experienced members of staff, who were responsible for administering medicines knew people's allergies. However, people may be at risk as their allergies may not be identified to all staff administering medicines. We identified this as a recording issue.

- Controlled drugs were not always recorded accurately. For example, we found medicines documented on a person's arrival to the home had been recorded incorrectly for 6 consecutive days. We brought this to the attention of the registered manager. They completed a medicine audit after our inspection and told us the issue had been addressed. There was no impact on people as the medicines remained unopened.
- Storage of medicines were not always safe. Staff recorded fridge and room temperatures where medicines were stored, however we found gaps in the records. We were not assured that the temperature sensitive medicines would be effective as they may not always be stored at the correct temperature. This had also been identified on the providers medicine audit but not addressed effectively. After our inspection they put a more robust plan in place to ensure the monitoring would be more effective.
- Medicines were administered safely. Consent was requested prior to any medicines been given and staff observed that people took their medicine. When covert medicines were required, covert medication is where medicine given in disguise, such as hidden in food the required authorisations and guidance were in place.
- Staff completed medicines training and an assessment of their competency prior to them administering people's medicines.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found concerns regarding the skirting boards, as deep gouges and damaged paint work were seen in doorways and corridors. we discussed this with the registered manager. They told us there were plans to redecorate. We saw quotes had been requested and discussed at meetings with the provider, however they had agreed this would be looked at in the next financial year.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People received visitors in the home without restriction, in line with current government guidance.

Staffing and recruitment

- Staff numbers were determined by people's needs. Staff felt there was a need for more staff. They also told us the home was using agency staff to cover shortfalls. We spoke with the registered manager who told us where agency staff was used, they requested the same staff member for continuity.
- People also felt there could be more staff. One person said, "I think it would be good to have a couple more staff to help assist." Another person told us they use the call bell, they said, "They [staff] try their best, they are short staffed, I can go to the toilet myself, but if I do need help, I have to wait."

- We did not observe any staffing issues during the inspection. We spoke with the registered manager, and they told us their biggest challenge was staffing the kitchen and sometimes care staff were required to assist when staff shortages arise. They told us they were actively recruiting and reviewing the possibility of twilight shift to cover busy times.
- On the second day of inspection 3 new staff had been employed and were undertaking their induction and staff shadowing.

Systems and processes to safeguard people from abuse

- Safeguarding systems were in place to ensure safeguarding referrals were managed and monitored. The management team had oversight of safeguarding concerns.
- People told us they felt safe living in the home. One person said, "Staff are on the ball and keep checking we are alright. One relative said, "They were happy with the home and felt their family member was safe.
- Staff told us they would be confident in reporting safeguarding to the registered manager or externally if needed. Staff also confirmed they had received safeguarding training.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong

- Accidents and incidents were recorded and transferred onto an accident and incident matrix tracker. We saw that accidents and incidents were analysed to look for trends, with action plans and lessons learned in place. In addition, we saw that information was shared with staff via handover meetings at the start of each shift. However, staff reported there were a lack of team meetings. The registered manager told us they had plans in place to address this.
- The provider employed a consultancy company when concerns were identified by an incident that formed part of an inquest. The provider made significant changes to improve care and management oversight to ensure they mitigated risk of it happening again.
- As part of the regulation 28 from the coroner's inquest falls analysis had improved to identify patterns that may form, and when staff should refer people to healthcare professional for additional support. For example, referrals to the falls team.
- The provider had put hourly monitoring and floor/bed leaving sensor equipment in place for a person at risk of leaving their room at night. This was to alert staff the person was out of bed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection, the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The systems and processes to monitor quality and safety were not fully effective in protecting people from the potential risk of harm. The provider had not identified all the shortfalls found during the inspection.
 - We found a number of recording issues that could prevent people from receiving good care and treatment. Records were not always accurate. Some audits were not robust and did not identify issues we found. For example, allergies were missing from people's medicine MAR charts, Controlled drugs entries were not always recorded accurately. PRN protocols were missing for all people. Medicine audits had not identified these issues.
 - Care plans, risk assessments, accident and incident forms did not contain sufficient detailed information to make sure staff were aware of what they should do to manage all risks for people.
 - Infection control audits were completed and where issues and concerns were identified there was no action plan to show how these issues would be addressed. For example, there was no refurbishment plan to ensure the time scale for the replaced/ painting of the skirting boards.
- The provider had not ensured accurate and contemporaneous records were kept to assess, monitor and mitigate risk for people.

Systems and records had not been established to assess, monitor and fully mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Environmental audits were not robust. They did not ensure the provider could identify and drive improvements at the service. Weekly and monthly water tests were carried out; however, we found some records were 'tick box' exercise, no hot or cold-water temperature test had been recorded for peoples' occupied bedrooms. This meant there was nothing to measure the temperature against. The providers environmental audits had not identified this issue. This meant the audit was not fit for purpose. This placed people at risk of scalding. There was no evidence of any scalding incident. We were not assured the provider was working in line with health and safety measures for the detection of Legionella.

We recommend the provider consider current guidance health and safety guidelines including the L8 document. (The L8 document is control of legionella in water systems) and review their procedures for monitoring water temperatures.

- Staff understood their roles and responsibilities, and felt it was clear what the provider expected of them in terms of quality of care. Staff said, and records confirmed they had regular training how to ensure care

was provided in an open and transparent way. However, staff felt they would benefit from face-to-face training especially for people who were anxious and lived with the condition of dementia. One staff said, "This would give us practical training to know exactly how we should distract people more effectively." On our second day of inspection the registered manager told us they were researching face to face dementia training.

- Staff we spoke with on the second day of inspection, who had previous experience with working with people with dementia told us they felt confident to support people with dementia from the on line training they had received.
- The registered manager was receiving professional support from other managers in the area and sharing best practice.
- The provider adhered to their legal obligation, for example they had displayed the rating of the last report.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider told us they had an open-door policy, and 24-hour support was available to staff. The staff we spoke with had mixed comments about management support, they felt the management of the service was fair, and available. However, some staff felt not listened to when they raised concerns.
- Staff told us they did not feel fully confident in expressing their ideas as they had no opportunity to bring up suggestions in team meetings and supervisions, because they were limited or not scheduled. When we spoke with the registered manager, they told us they had reimplemented staff meetings, which they hoped would ease staff concerns.
- The provider had ways to gain feedback about the service. They sent surveys out on a yearly basis. People also told us they communicated with the registered manager and staff. One person said, "Firstly staff are content, I don't hear complaints about the manager from staff." Another person said, "I get to go to the office and speak to them [the registered manager]."
- People were involved in developing their care plans so that staff had guidance to support people to maintain their dignity, independence and individual characteristics, such as, sexuality, religion and culture in the way they preferred.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a friendly, collaborative culture within the service, and people's independence was promoted by staff. For example, we observed warm, friendly, comfortable bonding between staff and people.
- The registered manager demonstrated a good knowledge of their role including their regulatory responsibilities. However, they had not always notified the CQC of relevant incidents that occurred at the service.
- The provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.

Continuous learning and improving care

- The provider had improved the care planning system by implementing a new electronic care records system. Staff used handheld tablets to input care in real time (as it happened). This was to make staff tasks and delivery of care people received more efficient. However, this had not been fully embedded by staff and some staff were struggling with its use. The system had only been implemented in January 2023 and the home was going through a period of learning. The registered manager told us they were organising a reflective learning session, which may mean staff require further training in using the equipment.
- The provider had improved access to policy and procedures. Staff would be automatically informed of

changes and updates to the policies.

- We contacted the provider on 31/03/2023 regarding concerns that had been raised with us. During our second visit we identified the provider had started to implement control measures for the person at risk of leaving the building.

Working in partnership with others

- Staff and the management team recognised when people's needs changed. They made appropriate referrals and met with health and social care professionals promptly to address this. This included referrals to the falls team. This ensured people received the care they needed.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure accurate and complete contemporaneous records were in place.