

The Radway Lodge Partnership

Radway Lodge Residential Home

Inspection report

Vicarage Road
Sidmouth
Devon
EX10 8TS

Tel: 01395514015

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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

About the service: Radway Lodge is a residential care home that was providing personal and nursing care for up to 15 people aged 65 and over. 13 people lived there at the time of the inspection.

People's experience of using this service:

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Staff knew about people's life history, personal circumstances, their preferences, interests and communication needs.

People received person centred care from staff who developed positive, meaningful relationships with them. Radway Lodge provided a friendly, welcoming and peaceful environment for people and visitors.

People and relatives said the service was safe. Staff demonstrated an awareness of each person's safety and how to minimise risks for them. They were supported by staff with the skills and knowledge to meet their needs. Staff had regular training and felt confident in their role.

People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice.

People were encouraged to socialise and pursue their interests and hobbies, although some people said they would like to have more to do and wanted to go out more.

Care plans were detailed and up to date about people's individual needs and preferences.

People's concerns were listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service.

The service was well led. People, relatives and professionals gave us positive feedback about the quality of people's care. They said the registered manager was approachable, organised, and acted on feedback. Quality monitoring systems included audits, observation of staff practice and regular checks of the environment with continuous improvements in response to findings.

Rating at last inspection: Good. (report published 16 November 2016)

Why we inspected: This was a planned inspection based on the rating at the last comprehensive inspection. At this inspection, the service remained Good.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Radway Lodge Residential Home

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. This inspection was planned 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: An inspector and an expert by experience visited the service. An expert by experience is a person who has personal experience of using or caring for someone who uses care services for older people.

Service and service type: Radway Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at 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: This inspection was unannounced. We visited the service on 8 May 2019.

What we did: Prior to the inspection we reviewed all information we held about the home, such as details about safeguarding incidents the provider must notify CQC about. The provider sent us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 10 people, two relatives and a visitor to ask them about their experience of the care provided. We looked at three people's care records and at their medicine records. We spent time in communal areas and observed staff interactions with people.

We spoke with the lead partner, registered manager, and with four members of staff which included care and catering staff. We looked at four staff members files around staff recruitment, supervision, appraisal and at staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from commissioners, health and social care professionals who worked with staff at the home. We received a response from two of them.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm. Staff had regular safeguarding training and demonstrated a good understanding of how to protect people from abuse. They felt confident concerns reported would be listened to and responded to.
- The provider had effective safeguarding systems in place. Where safeguarding concerns had been identified, staff worked in partnership with the local authority and other professionals to ensure individual plans were in place to protect people.
- We followed up a concern raised with the Care Quality Commission about people's financial arrangements. We were satisfied these were suited to people's individual needs and wishes. Where people lacked capacity, they had been agreed with the person's legal representative for their support and protection. One person said, "I look after all my affairs, you know, money and so on. If I ever needed help though, I would ask [registered manager] and feel confident they would help."

Assessing risk, safety monitoring and management

- People said they felt safe living at the home and were well cared for. People's comments included; "I feel I'm as safe here as I have ever been, and "The main thing is that I'm safe here."
- People's risk assessments included measures to minimise risks as much as possible. For example, for a person identified at high risk of falling, staff made sure they had good fitting footwear, kept bedrooms and corridors clear of clutter and checked on them regularly.
- The environment and equipment were well maintained. There was an ongoing programme of servicing, repairs, maintenance and redecoration. For example, where water temperature monitoring identified water from a tap was too hot, it was adjusted to ensure it was within safe limits for handwashing. New hoists had recently been purchased to minimise moving and handling risks.

Staffing and recruitment

- There were enough staff on duty to keep people safe and meet their needs. People said they received support when they needed it. Staff were visible around the home, chatting and spending time with people. One person said, "If I need to call for assistance for any reason, I can press this button and they're always quick to arrive."
- The service had a well-established, experienced team. Staff worked flexibly, so people were always supported by staff they knew.
- The registered manager used a dependency tool to identify and monitor staffing levels met people's changing needs. For example, when a person was reaching the end of their life, they put extra staff on duty, so a staff member could sit with the person.
- Staff had been safely recruited. All staff pre-employment checks to check suitability had been carried out

before staff started working with people. For example, criminal record checks, and obtaining references from previous employers.

Using medicines safely

- People received their medicines safely and on time and said they were happy with the support they received. Where a person was unable to swallow tablets, an assessment identified a safe alternative, which their GP prescribed for them.
- Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.
- People's medicines were safely received, stored and administered. Medicines were audited regularly with action taken to follow up any areas for improvement. For example, accounting for all doses and following up any missing signatures.

Preventing and controlling infection

- People were protected from cross infection. The service was clean, tidy, odour free and was in good decorative order.
- Staff had completed infection control training and used protective clothing such as gloves and aprons during personal care. This helped prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Staff reported accidents and incidents. Forms were detailed and prompted staff to review circumstances and check for underlying causes. For example, following falls, to consider environmental hazards, lighting, footwear and whether person was using a mobility aid.
- The registered manager monitored accident/Incident reports to identify any trends or lessons learnt, which were discussed at staff handover meetings. For example, where a person had several falls, and tired easily, they were moved with their consent to a ground floor room.

Is the service effective?

Our findings

Effective – this means we looked for evidence 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

- People's needs were fully assessed before they began to use the service. This helped to make sure the service had staff with the right skills to provide the care each person needed.
- People received care and support in accordance with their assessed needs. Care plans clearly set out people's needs and preferences, staff updated them regularly as people's needs changed.

Staff support: induction, training, skills and experience

- People were well cared for by staff that had the training, knowledge and skills to meet their needs. One person said, "It's splendid here. The service is delivered to us by knowledgeable staff who do so in an agreeable way." A health professional said, "I have always found staff knowledgeable."
- Where staff were new to care, they completed the care certificate, a nationally agreed set of standards. Most staff had qualifications in care, and training methods included online, face to face training and competency assessments.
- The staff training programme included moving and handling, infection control, fire safety, safeguarding and dignity training. Also, training relevant to people's needs, For example, training on diabetes, Parkinson's (a neurological condition) and continence care.
- Staff felt well supported in their work. They had opportunities discuss any further training and development needs through regular supervision, in daily practice and at staff meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- People praised the food, menu choices for each day were displayed on a blackboard in the hall, with alternatives available, if needed. People's comments included; "I find the food here of a good quality," and "The meals here are really very good."
- The chef knew people's food preferences and any special dietary needs, for example, for a person with diabetes. Where people's diet was modified because of swallowing or choking difficulties, staff had been trained to support those needs.
- People at risk of poor nutrition and dehydration had detailed care plans to inform staff about their needs. For example, recording their food and drink each day, and through regular weight monitoring checks.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had their healthcare needs met, and staff worked closely with local health professionals. A relative said, "I have no doubt in my mind that my relative would have passed away some time ago were it not for the level of care they've received here ."
- Professional feedback showed staff recognised changes in people's health, sought professional advice

appropriately and followed that advice. For example, in relation to concerns about diabetes and weight loss.

- Staff supported people to organise routine medical, dental, and often supported people to visit their GP at the local surgery. When a person was admitted to hospital, the registered manager visited them to make sure they kept in touch with their changing needs.
- People were encouraged to improve their health and wellbeing. For example, a physiotherapist regularly visited the service to help people with physical problems related to ageing or illness.

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

- Improvements had been made to the environment of the to make it more suitable for the needs of people living there. For example, a new wet room had been installed upstairs, so people could choose to have a shower or bath. Height adjustable beds had also been purchased which made it easier for people to get in and out of bed. Further improvements were planned in the garden to provide a sheltered outside patio for people to enjoy.
- Word and symbol signage helped people identify and find toilet and bathroom areas independently. Staff also used temporary signs to help new people find their way around.

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

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. 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and found they were.

- People's consent was sought before they received care. For example, about personal care and how they wished to spend their day.
- Most people were able to make decisions for themselves and staff respected people's choices. Where a person made decisions some might consider unwise, staff respected the person's right to do so.
- Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. For example, about the use of bedrails for person's safety. Their relative said, "They have been brilliant, I'm involved in decisions, I'm very happy with that."

Is the service caring?

Our findings

Caring – this means we looked for evidence 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; equality and diversity

- People received care from staff who had positive, caring and meaningful relationships with them. People's comments included; "The way I'm cared for here is faultless," and "The carers here look after us really rather well. Nothing appears to be too much trouble, and they're always smiling". A relative said; "I visit once or twice a week, and at different times of the day. I always find a consistent atmosphere, homely and caring." Another wrote; "How can we thank you enough for the way in which you cared for our mother."
- Staff were kind, caring and there was a homely family atmosphere at the service. One person said, "Whenever it's someone's birthday chef always bakes a cake for us to share." Staff arranged for a couple to celebrate their Diamond wedding anniversary.
- Staff received training in equality and diversity and people's cultural and spiritual needs were respected. One person said, "I like to worship at the [name of church]. They see to it that I can attend regularly, and that the minister can visit me here if I wish."

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

- People felt consulted and involved in decision-making and their views were listened and responded to. Where people needed more support with decision making, family members, or other representatives were involved.
- Each person's care plan accurately reflected their individual communication needs. Instructions for staff about how to help people with visual problems or hearing loss communicate effectively.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke fondly about people they supported, using their preferred names. They respected people's privacy and dignity. For example, a member of staff asked a person in the lounge if they would prefer to go somewhere more private to have their hearing aids fitted.
- At lunchtime, people needing help were assisted with dignity. Plate guards and assisted cutlery were provided to people eat independently.
- People's care plans showed which aspects of care people could manage independently, and what they needed help with. For example, that one person needed a reminder about personal care and another person could wash the upper half of their body and only needed staff help with the rest. One person said, "The clothes they help me to choose to wear are always well matched."
- Several people told us they had their bath or shower on a set day each week, which was also recorded in a notebook. Most, but not all were happy with these arrangements. People's comments included; "I need a daily bed bath, and I always get one," "You can only have a shower or bath once a week, when it's your turn. I'd like a shower every day ideally." We followed this up with the registered manager and the provider. They said these were a guide only, and people could choose a different day to have a bath or shower or have one

more often if they wished. We recommend people are made more aware of this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which responded to their individual needs. People and relatives' comments included; ""Thank you to each and every one of you for the wonderful work you do," and "We all find the welcome and openness about our relative's care is consistent."
- Staff knew people well, about their life, family history, likes and dislikes, hobbies and interests. For example, that a person loved gardening, ballroom dancing, and listening to music. Staff arranged for another person to receive the village newsletter for the place they used to live, as they knew they liked to reminisce about their past life there. The registered manager also brought their dog into visit people regularly, which they enjoyed.
- People were encouraged to socialise and pursue their interests and hobbies. One person enjoyed helping to weed in the garden and others liked to grow plants. A monthly activity programme showed staff arranged a planned activity each day, for example, a quiz, game, singalong, or watching a film. The provider also arranged for external arts and crafts, musicians and a regular exercise class, according to people's preferences.
- Feedback about meaningful activities and opportunities to go out was mixed. One person said, "I marvel at much they arrange for us to do, if one so chooses." Others enjoyed going into Sidmouth to visit the hairdressers, coffee shops, post office, bank and shopping for clothes and toiletries. However, three people said there wasn't much to do and said they would like to go out more. Their comments included; "The day has a predictable pattern," and "There's really not that much to do here. Occasionally someone will come in and give us a talk, but that's it," and "If I could change anything at all, it would be to be able to get out into town more often, especially in the summer."
- We followed this up with the registered manager and provider, who told us about individual trips the registered manager took people on at weekends, for example, a trip to Exeter for one person and Darts farm for another. Also, about group trips to the donkey sanctuary, and plans to attend the folk festival later in the week. They said, "With weather improving, we will be offering everyone the opportunity to visit the sea front and the town gardens, plus being in our garden anytime the sun shines."
- Where people preferred to spend time in their room, their wishes were respected. One person said, "I choose to spend my time away from the others and stay in my room."
- Since we last visited, the service had introduced electronic care records, which all staff were positive about. People's care plans were detailed and up to date about people's individual physical, emotional and cultural needs. Daily records captured details of the care people received, their wellbeing and how they spent their day.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can get information they can access and understand. Staff knew about people's individual communication needs. For example, that a person liked information verbally or in an easy read format. Where a person didn't verbally communicate, staff knew they

would nod their head to confirm they were happy with what was suggested. Written information was available in bigger print for people who needed it.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to. People said if they were unhappy about anything, they would tell the registered manager who resolved them. One person said, "If I wanted to raise any concerns, then I would go to either [named staff], I'm sure they'd do their best to put things right or apologise if they couldn't." A relative said, "If I felt there was ever a need to raise a concern about my relative's care or general situation. I have total confidence that registered manager would see to it that action was taken."
- The provider had a complaints policy and procedure. Written information about how to raise a complaint was provided to each person and displayed on notice boards. At regular residents' meetings people were asked if they were happy with their care and encouraged to raise any issues. Where any concerns were raised, records showed these were investigated with improvements made.

End of life care and support

- People were supported to have a comfortable, dignified and pain-free death. Staff worked closely with community health professionals to support people to receive end of life care at the home.
- Where people had expressed any advanced decisions about resuscitation, end of life care wishes or preferred funeral arrangements these were recorded in their care plan.

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

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

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

- People, relatives, staff and visit professionals expressed confidence in the leadership at the home and said it was well run. Speaking about the registered manager one person said, "[The registered manager] is a dynamo, does everything, every job, they look after me very well and I have complete trust in them." A health professional said, "Radway Lodge has a homely atmosphere, with approachable and helpful staff and manager."

- There was an open culture at the home, based on key principles of kindness, compassion, respect for others, empowerment and promotion of dignity. Staff were encouraged to challenge any practice concerns in confidence through a whistleblowing policy.

- Where mistakes were made, the registered manager was open and honest with people and families and made improvements. Where any concerns about individual staff performance were identified, these were dealt with through training, supervision and where necessary, disciplinary processes.

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

- The registered manager set high expectations about standards of care. They worked alongside staff and led by example. They said, "I would never ask staff to do anything I wouldn't do myself." Staff understood their roles and responsibilities and were accountable for their practice.

- Staff all said they enjoyed working at the home and felt well supported. Their comments included; "Staff are friendly, caring with people, we have a good manager, who is always here," "People are well looked after, good teamwork" and "Lovely and homely, [registered manager] is approachable." Asked if they could identify any area for improvement, one staff said, "I would like to get people out more often."

- The service had a range of effective quality monitoring arrangements in place. Regular health and safety and infection control checks were completed. Audits of care records, medicines management, and regular surveys were undertaken with continuous improvements made in response to findings.

- The registered manager and lead partner worked closely together as a management team to continuously improve people's care and the environment of the home.

- The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the home.

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

- People were consulted and involved in day to day decisions about the running of the home through quarterly meetings. For example, people asked for quilts instead of blankets, and were involved in decisions

about planned redecoration, menu, trips and activity plans.

- A recent survey of people and relatives showed they were happy with their care and feedback given about any suggestions for improvement. For example, about menu changes and reminding people about the complaints procedure.
- Staff were consulted and involved in decision making and discussed people's changing care needs at daily handover meetings. Staff were encouraged to contribute ideas, raise issues, and regular staff meetings were held. For example, electronic care plans bathing, and confidentiality were discussed.

Continuous learning and improving care; Working in partnership with others

- People benefitted from partnership working with other local professionals, for example GPs, community nurses and a range of therapists.
- The service kept up to date with developments in practice through their membership of the Registered Nursing Home Association which provided them with regular updates and guidance. The registered manager received the monthly Care Quality Commission (CQC) newsletter to keep them up to date with regulatory requirements and attended local provider engagement meetings.
- In preparation for introducing electronic care records, the registered manager and provider visited another local service. This helped them choose which system to use and meant staff benefitted from their experience on how best to implement it. This approach resulted in a smooth implementation, which has reduced the paperwork burden and enabled care staff to spend more time with people.