Mosaic Community Care Limited

Radcliffe Gardens Nursing Home

Inspection report

11 Radcliffe Gardens
Pudsey
Leeds
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This was an unannounced inspection carried out on 13 September 2015. Our last inspection took place on 8 September 2014 and at that time we found the regulations we looked at were being met.

Radcliffe Gardens Nursing Home is registered to provide accommodation for up to 20 people who require nursing or personal care. The home is located in a quiet area of Pudsey and close to local amenities, shops and churches. The home is on two levels with lift access and has a garden area and car parking to the front of the building.

At the time of this inspection the home 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

Summary of findings

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 we spoke with said they felt safe using this service. Staff received safeguarding training and were able to identify types of abuse and where they would report their concerns. Recruitment was not always robust as some checks had not been recorded. The administration of medicines and topical creams were overall, well managed. The provider did not notify us of an allegation of abuse and had not responded to this incident in accordance with their disciplinary policy.

People told us there were not enough staff and this was confirmed in our findings.

Staff did not have a clear understanding of the Deprivation of Liberty Safeguards (DoLS) and less than half had received this training. DoLS applications had not been sent to the local authority; therefore the service was not meeting the legal requirements relating to Deprivation of Liberty Safeguards. Staff did not receive regular supervisions and appraisals.

People were given adequate nutrition and hydration and records to support this were robust.

On the day of our inspection we saw people looked well cared for. Staff demonstrated they respected people's privacy and dignity. Staff were kind, caring and compassionate.

Care plans contained information which enabled staff to provide individualised support to meet their needs. People were supported with their health care needs.

People knew the management team who had a visible presence. Staff felt supported by the registered manager who they told us was approachable. Systems in place to monitor the quality of the service were not always effective. Surveys were not carried out regularly and feedback on the quality of the service had not been given by the provider to people who used the service.

Summary of findings

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.

Recruitment procedures were not always robust. Some staff background checks were not fully recorded.

Staffing levels had not been assessed over a 3 month period prior to the inspection.

The administration of medicines and topical creams was in the main, well managed.

Requires improvement

Is the service effective?
The service was not always effective

We found the service was not fully meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS) and staff had not received training regarding this.

People's nutrition and hydration were well managed and recorded. People told us they were supported to access healthcare services such as GP's, nurses and chiropodists.

Staff did not receive support through supervisions and appraisals in accordance with the provider's policy.

Requires improvement

Is the service caring?
The service was caring.

Staff knew the people they were caring for and how they preferred to receive support.

People's care plans contained information about individual needs, preferences and interests.

We saw people were supported in a dignified and compassionate way which respected their privacy.

Good

Is the service responsive?
The service was responsive to peoples' needs.

Care plans contained personalised information which enabled staff to build meaningful relationships with people.

Activities were engaging and people were encouraged to participate. The provider was also taking steps to increase the number of hours dedicated to activities.

Good

Summary of findings

People using the service knew who to approach if they had a concern or complaint.

Is the service well-led?

Requires improvement

The service was not always well led.

Staff told us they felt supported by the registered manager and the provider

Quality assurance systems were in place in the home to assess and monitor the quality of the service, although this information was not always used to identify service improvements.

The provider did not act on feedback which had been given in response to resident and staff surveys.

Radcliffe Gardens Nursing 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 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 13 October 2015 and was unannounced. The inspection team consisted of two adult social care inspectors 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.

At the time of our inspection there were 18 people living at the home. During our visit we spoke with nine people who lived at Radcliffe Gardens Nursing Home, six relatives/ visitors, three care workers, one nurse, two kitchen staff and the registered manager. We observed how care and support was provided to people throughout the inspection and we observed lunch in the dining room. We looked at documents and records related to people's care, and the management of the home such as staff recruitment and training records and quality audits. We looked at four people's care plans and three people's medication records.

Before the inspection we reviewed the information we held about the home. This included notifications from the provider and members of the public. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services in England.

Before the inspection the provider completed 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.

Requires improvement

Is the service safe?

Our findings

People were overall, protected from risks associated with medicines because the provider had systems in place to manage medicines safely. We observed the administration of medicine and saw staff explain to people what medicine they were taking.

We looked at a sample of Medicines Administration Record (MAR) forms. MAR sheets contained a picture of the person and information about any allergies to help staff ensure medicines were administered safely to the right person. Overall these were completed correctly, however staff had not always completed one person's record when they were in hospital and another had one missing signature. One person told us their medication had been late a couple of nights prior to our inspection. "It was a duty nurse, and they didn't know that I have to wait an hour before I can eat, so I was starving. It's only happened that once though."

The medication round was interrupted several times by people asking the staff member for assistance with other tasks. This meant the person responsible for medicine administration was unable to remain focused on this duty at all times. We brought this to the attention of the registered manager during our inspection for them to take action.

There were systems in place to ensure medicines had been ordered, stored and returned appropriately. We saw medicines to be returned were stored separately in a clearly marked container. We looked at the arrangements in place for the storage, administration and disposal of controlled drugs which require extra checks because of the potential for their misuse. These were clearly recorded in the controlled drugs book and were securely stored. We also checked the application of topical creams and ointments and found this was managed safely. We checked the stock held and found there were no discrepancies which meant people had received their medication as prescribed.

We saw people living in the home knew the staff and were comfortable and at ease with them. All the people we spoke with said they liked the staff. People told us, "I feel safe here." "If I ring my bell they come as soon as they can. If it's urgent I ring twice and they do come straight away."

Visitors told us, "I'm very pleased with this place. It's fine. All the staff are very good." Another said, "They haven't had the same number of staff and they're not as jolly as they used to be before the new owners took over." Staff we spoke with all told us people living in the home were safe. One staff member said, "Care staff are good at recognising potential conflict."

We asked people about staffing levels and they told us, "I like the staff, but there could be more of them. I think they have too much to do" and "Sometimes I wonder if they could do with more staff." Staff who we spoke with said, "Staffing levels are a bit low at the minute" and "There's definitely not enough staff on a morning." We asked the registered manager how staffing levels were calculated. We were shown a dependency tool which was last completed in July 2015. The registered manager told us "It's supposed to be done every month." This meant staffing levels had not been assessed against people's needs for three months. The registered manager told us the provider was in the process of recruiting another nurse to a part time position.

We checked the recruitment records for four staff members and found the process was not always safe. One of the files we checked did not contain a job application, certificates of qualification or a check on a professional registration. This meant the provider could not be sure the staff member was qualified to carry out their role. Following our inspection the registered manager contacted us with details of the professional registration which we were able to verify. We were told certificates of qualification for this person had also been obtained since our visit.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found Disclosure and Barring Service (DBS) checks had been carried out and the reference number for each person had been recorded. DBS checks are used to identify whether staff have any convictions or cautions which may prevent them from working with vulnerable people.

We looked at care plans for four people and saw risk was assessed across a number of areas including nutrition, falls and outings away from the home. Standard supporting tools such as the Waterlow pressure ulcer risk assessment and malnutrition universal screening tool were routinely used in the completion of individual risk assessments. We saw risk assessments were regularly reviewed by people's key workers to ensure their needs were met. We observed a

Requires improvement

Is the service safe?

number of moving and handling transfers which were safe and well managed. We saw staff speaking to people to provide support and encouragement throughout the process.

We saw the provider had personal emergency evacuation plans in place for people in the event of a fire. We checked fire safety records and found the alarm was tested on a weekly basis from different points in the building. We noted, however, when the person responsible for this had been absent the records showed the testing had not taken place. The registered manager told us the testing had continued, but they acknowledged it had not been recorded on these occasions. Staff were able to tell us how they would respond in the event of fire and were clear about their responsibilities.

Staff we spoke with were able to speak confidently about what they would do if they suspected abuse was occurring.

One staff member told us, "We get to notice small changes in people as it's a small home." All the staff we spoke with told us they had received safeguarding training. Before our visit the provider completed a PIR which stated 'Staff have updated training every year on Adult Safeguarding' The staff training records we saw showed safeguarding training was provided every three years. We spoke about this with the registered manager who told us they would be changing this to an annual refresher.

We reviewed the safeguarding log and saw an allegation of abuse had not referred to the CQC as required under the terms of the provider's registration. However, we noted this had been reported and investigated by the local authority safeguarding team. We asked the registered manager about this and found that people living in the home may not have been adequately protected from the risk of harm.

Requires improvement

Is the service effective?

Our findings

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.

We found people's care plans included detailed assessments of their mental capacity to make decisions and information about their choices in relation to their care. For example in one person's care plan we saw details of treatments they would not consent to because of their religious belief. We saw where people needed the support of family members in making decisions this was clearly recorded in their care plans. Staff we spoke with were able to demonstrate an understanding of the Mental Capacity Act (2005).

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 MCA. The application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive a person of their liberty. The registered manager told us four applications for DoLS had been prepared, but these had not been submitted as they had received conflicting advice about which applications should be made. The registered manager told us they would be seeking clarification from the local authority concerning which applications they should submit following our inspection.

We found staff were less knowledgeable in their understanding of DoLS. We looked at training records which showed only eight of 20 staff members had received training in this area. This meant people may have had their freedom unlawfully restricted.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans showed arrangements were in place to make sure their health needs were met and they had access to external health professionals when needed. Visits by health professionals were recorded in each person's daily notes. We saw input from GPs, dentists, opticians, community nurses and a physiotherapist. Nutrition and hydration records were kept in each person's care plan and we saw people's weight was regularly recorded. In most cases people told us they felt listened to and if they expressed the need, a GP or other health professional would come out to them.

We saw staff gained consent from people before any care tasks were undertaken. For example, before people were assisted to move and when being supported to eat and drink. This showed staff were making sure people were in agreement before any care was delivered.

Kitchen staff showed us well managed records of the different textures for food and drink needed to suit peoples' dietary requirements. These records included information on allergies, weight monitoring as well as likes and dislikes. Staff were able to tell us who needed their food thickened. Any changes to diets were recorded in care plans and in a kitchen handover diary. Staff told us they operated seasonal menus and had recently changed from summer to winter. We asked staff about food and they told us, "Somebody asked for a meal at an odd time yesterday and it was made for them", "There's a good variety" and "Everyone sits together for meals. There's lots of choice with food."

We observed the lunchtime experience and saw staff used laminated prompt cards to help people choose the meal they wanted. Staff provided assistance to people who needed help to eat their meals. This support was unhurried and staff talked to the person they were helping. We saw people were asked whether they wanted to have more to eat. At the end of the meal the chef came out and chatted to people who knew her well. People were either given wipes to clean their hands and faces, or staff supported them in this, both before and after the meal. The people we spoke with told us they liked the food. One relative told us about their family member "They've put weight on since they came here. They had been in a terrible state in the last place."

People told us they felt staff were competent in providing their care. We asked a member of staff about their induction and they told us, "It was actually quite good and

Requires improvement

Is the service effective?

really thorough." The training programme used in the home was delivered using DVD's and staff understanding was checked using question papers. The registered manager told us staff who did not meet the pass mark were given additional support and must re-take a test paper.

The registered manager told us the provider had trained all staff in 'Dementia Care', 'Dignity and Safeguarding' and in the future would provide 'End of Life Care' training. We looked at training records and found all staff received refresher training in areas such as safeguarding, moving and handling, fire safety and equality and diversity. The training programme was mostly up to date. Where this was not the case, we saw the registered manager was actively pursuing staff to complete outstanding training.

We asked staff about their supervision and appraisal sessions. They were unsure how often these should take place and one staff member told us, "We get them quite often. Is it every six weeks or every six months?" The registered manager told us supervisions should be held every 12 weeks and appraisals were scheduled to take place every 12 months. However, we found supervisions were last completed in April 2015 and appraisals last took place in April 2014. We also saw the last staff meeting was held in February 2015.The registered manager told us they would be working to provide all staff with supervision as described in their policy. We also saw that prior to our inspection the registered manager had asked staff to prepare their appraisal forms.

Good

Is the service caring?

Our findings

People living in the home and their relatives spoke positively about their experience of the service. One person told us, “It’s alright here. I like the staff.” Another person said, “They look after me alright.” The family of one person living in the home told us, “They've been very kind. They know how upset we are that we can't care for [name of person] at home any more. They've listened to us about how he should be cared for. They've been really kind when we've been upset.” Another relative said “I can't recommend them highly enough. I'd come here myself if I needed to. For me it's 12 out of 10.”

Visitors were able to arrive at any time and most seemed to know the staff well and chatted with them. One visitor told us, “I've found it very good. The staff are always friendly and welcoming. They offer me a cup of tea and that sort of thing. I've no complaints.”

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. Staff were kind, caring and compassionate.

Staff clearly knew people well and people were relaxed with each other. The staff on duty provided assistance at a pace suited to the needs of the person they were helping. We saw a member of staff filling one person’s pipe for them and helping them with their coat so they could smoke outside. Staff were seen chatting to people in their own rooms. We spoke with staff who told us, “It’s demanding at times, but it’s rewarding.” “We go the extra mile for our residents.”

We saw information about ‘Dignity’ on display in the dining room including examples of what this might look like when done well and poorly. We observed staff treating people with dignity and respect throughout our visit. We observed staff using a blanket to cover one person’s legs as they transferred them using a hoist in the lounge. People looked well cared for. They were tidy and clean in their appearance, which was achieved through good standards of care.

A person who preferred to remain in bed told us they appreciated being assisted to have a bath by the same member of staff each week.

People’s care plans contained information about individual needs, preferences and interests. The amount of information about people’s past lives varied in the care plans we looked at, with some showing clear evidence of family involvement. Relatives we spoke with felt included in discussions about their relative's care plan and listened to about their relative’s preferences.

When we looked in people’s bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people’s belongings.

Good

Is the service responsive?

Our findings

People's care records contained initial assessments which captured detail about people's lives and lifestyles, beliefs, sensory impairment, diet, mobility and mental health. This ensured the service was able to meet the needs of people they were planning to provide a service to.

Care plans contained personalised information such as their life history, important relationships, hobbies and things which might upset the person or give them comfort. This meant staff had access to information to help build meaningful relationships with people. Daily notes were kept for each person and we saw detail of engagement with activities, mood states and visits by family and health professionals alongside routine observations. We saw clear documentation which showed how people's care needs were being met. Visitors told us they felt included in discussions about their relative's care plan and listened to about their relatives' preferences. We saw evidence that care plans were regularly reviewed, although these did not show how people who used the service had been involved in the review.

We saw handover forms were completed at the end of each shift. These contained notes relating to all people living in the home and we saw evidence of how they enabled staff to be aware of any changes or urgent matters for attention, such as making appointments to see health professionals or making increased observations of people who had been unwell.

The provider had a part time activities coordinator who was responsible for organising and delivering activities in the home. The registered manager told us the number of hours worked by the activities coordinator was being increased, although we found no date for this to take effect.

During the morning of our inspection the TV was on in the lounge. Several people were asleep in their chairs, although some people were making choices about what to watch. We asked people what they were going to do on the day of our inspection. Their comments included; "Sometimes I go to the lounge room and do the activities. They're alright", "Sit and watch telly" and "Just sit." One visitor said, "They do allsorts with them. They have animals in and play bingo and all sorts." The home had a dog which people told us they enjoyed seeing and a donkey which visited every couple of months. Staff told us entertainment included 'music for health', reminiscence and live entertainment.

After lunch staff were chatting with people about where they grew up and discussed the upcoming afternoon activity. There was also a quiz about fruit followed by smoothie tasting and buns which had been advertised on the activities planner. We observed people enjoying this activity and saw staff take buns and smoothies to people who were in their rooms to ensure they were included.

People who used the service told us they would approach the registered manager or deputy manager if they had a concern or complaint. We spoke with a relative who was dissatisfied with the care provided for their family member. The registered manager told us they were aware of their concerns. However, we checked therecords for this person and found there was no evidence of these discussions. The absence of these records meant it was not possible to check whether the provider had taken appropriate action in response.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed. People who used the service knew the registered manager and deputy manager as they had a visible presence around the home. People told us they felt the staff worked well together as a team and were comfortable raising any concerns they had with the registered manager or deputy manager.

Staff we spoke with said, "You can go to the registered manager if you're not happy with something. They take our opinion into account." As part of its 'Investors in People' status, we saw the provider had been acknowledged by Leeds City College for taking students undertaking Health and Social Care qualifications. Staff also told us, "We've even had students come back to work for us."

We saw the provider had carried out a staff survey in February 2015. We found the style of questioning was not suited to gathering opinions from staff about the quality of care provided or what could be done to improve the service. This made it difficult for the provider to gather and analyse information which would help promote continuous improvement. The registered manager told us surveys for people living in the home should be carried out annually. We found the last survey took place in January 2014 and were told by the registered manager there had been no feedback to staff or people living in the home in response to either survey.

Quality assurance systems were in place in the home to assess and monitor the quality of the service. These included audits of infection control, housekeeping, mattresses, medication and wounds. We found some audits had not been carried out in September 2015. The registered manager told us this had not been done as they had been carrying out nursing shifts over the last two months to provide cover for staff absences. We looked at the accident and incident records and saw this data had been gathered, but found there was no analysis of this information which could be used to improve service quality.

We asked the registered manager if they carried out spot checks on staff working practice. We were told they regularly observed staff whilst delivering care, although they acknowledged these checks were not recorded.

The registered manager told us the provider visited monthly, although we saw their last visit took place in June 2015. We were told the provider had been occupied providing additional support to a sister home since this date. However, the registered manager told us they felt supported and said, "If I've got any problem, I can ring them."

We saw examples of compliments praising the care provided. These included 'Thank you for giving [name of person] the best care possible, making them comfortable and keeping them safe for us. We cannot thank you enough' and 'Thank you for everything you have done for our [name of person]. It meant the world to us to know they were cared for and looked after during their time at the home.'

The registered manager told us residents meetings should be held every two months. We saw meetings had been held in February and August 2015. In February 2015 no one living in the home attended the meeting and only one relative joined in. We saw more people attended the August 2015 meeting and follow-up discussions took place with people in response to comments and suggestions previously made regarding menu choices.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **A registered professional was unable to provide evidence that they continued to meet the professional standards which are a condition of their ability to practise or a requirement of their role.** Regulation 18 (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Service users were not protected from being deprived of their liberty.** Regulation 13(5).