Colleycare Limited

The Radley Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
The Radley Care Home is a residential care home providing personal care to 36 people at the time of the inspection. The service can support up to 37 people. Care and support was provided to older people living with dementia as well as and people with a learning disability. The building was designed across two floors and purpose built to support people living with dementia. Each person had their own ensuite facilities and access to various shared spaces and gardens.

People's experience of using this service and what we found
Right Support:
Staff did not always support people to monitor their medicines safely in a way that achieved the best possible health outcomes.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to pursue their interests. The service made reasonable adjustments for people so they could be fully in discussions about how they received support, including support to travel wherever they needed to go.

People had a choice about their living environment and were able to personalise their rooms. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

The building design was not typical for accommodating people with a learning disability as it was larger and focused primarily on supporting older people and people living with dementia. However, this was appropriate for the people with a learning disability who were living at the service as learning disability services had not been able to support their needs.

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.

Staff supported people to play an active role in maintaining their own health and wellbeing. Staff enabled people to access specialist health and social care support in the community.

We made a recommendation about reviewing auditing systems to ensure they were effective in identifying any ongoing monitoring requirements for people's health conditions and medicines.

Right Care:
Senior staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse. However, not all staff had a full understanding of what different forms of abuse looked like or who they could report concerns to external to the organisation.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. One person told us, "This is a lovely place to be if you need help, because you will get it. I feel very happy here and well looked after. The food is also very good. The place is clean. I would recommend it if somebody asked because the care is very good. I love all [staff]. I don't know where they find them, but they are all very kind and work very hard."

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. Staff and people worked together to assess risks people might face and agree ways of reducing the likelihood or harm.

Right Culture:
People were supported by staff who understood best practice in relation to the wide range of strengths, impairments, or sensitivities people with a learning disability may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

Staff turnover was low, which supported people to receive consistent care from staff who knew them well.

People and those important to them, including advocates, were involved in planning their care.
Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

People's quality of life was enhanced by the service's culture of improvement and inclusivity.
Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection
The last rating for this service was good (published 11 April 2018).

Why we inspected
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.

We received concerns in relation to the management of medicines and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The provider responded immediately and took action to make the required improvements and ensure people were safe.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Radley Care Home on our website at www.cqc.org.uk.

Enforcement
We have identified a breach in relation to the safe management of medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Radley Care 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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by 2 inspectors and 2 Experts 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
The Radley Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Radley Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch England. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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. We used all this information to plan our inspection.

During the inspection
We spoke with 7 people and 16 of their relatives. We spoke with 9 staff members including the registered manager, senior care staff, care staff and housekeeping staff. We spoke with 2 professionals.

We reviewed 7 people's care records and 9 people's medicine records. We reviewed 2 staff recruitment records and a variety of quality assurance documentation and policies.

Requires Improvement

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.

Using medicines safely

● Staff did not always organise people's blood tests in a timely manner, which impacted on safe medication monitoring practices. For 1 person who was prescribed an anti-coagulant, staff had failed to arrange a blood test for 7 months. The blood test for this person was required at 12-week intervals to calculate the dose of the anti-coagulant. This put the person at risk of harm. Anti-coagulants are medicines to help prevent blood clots.

● Staff did not audit medicines purchased over the counter held in stock at the home. The stock count for one of these medicines did not match the current stock records. This meant people might not have access to medicines when they needed them.

● Care plans did not always have the necessary information to guide staff on when to seek emergency healthcare. For example, for 1 person who experienced seizures there was a care plan in place. However, there was no information included on when to contact the ambulance services. This put the person at risk of harm. Also, this did not meet the national guidance issued by National Institute for Health and Care Excellence (NICE).

Systems had not been established to identify the ongoing monitoring needs for specific medicines and health conditions. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They provided evidence of the urgent concerns having been resolved and told us about other measures they planned to implement to ensure people's medicines were managed safely.

● There was a medicine management policy in place. There was a process in place to report and investigate medicine errors.

● The service ensured how people expressed themselves was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

● Medicines including controlled drugs (CD's) were stored securely and at appropriate temperatures. There was adequate stock of prescribed medicines.

● We observed staff give medicines to people. The staff were polite, gained consent, and signed for each medicine after giving it on the medicine administration record (MAR).

● Some people at the home were prescribed medicines for pain and constipation to be given on a when-

required basis. Information was available in peoples' care plans or there were protocols in place to give these medicines consistently as prescribed.

Systems and processes to safeguard people from the risk of abuse

● Systems and processes were in place in most areas to keep people safe. Senior staff had a good understanding of safeguarding, whistleblowing, what abuse looked like and how to report concerns. However, non-senior staff were not able to describe what most forms of abuse looked like and did not know who they could report abuse to external to the organisation. This meant there was a risk not all forms of abuse would be recognised and reported by all staff. We spoke to the registered manager about this during our feedback session and they will be following up with staff to ensure their awareness.

● However, people told us they felt safe. One person said, "[This is a] very good place to be, very safe and feels like home." Another person told us, "I feel safe with staff. They are working hard to help." A relative said, "[My family member] seems safe and happy. They are unstressed and happy, therefore we feel the care is good and safe."

● The registered manager conducted audits and observations of staff practice and addressed any concerns identified straight away including use techniques such as on the job coaching.

● The registered manager understood the need to report to the relevant authorities when things went wrong and was open about what had happened and what action they had taken.

Assessing risk, safety monitoring and management

● With the exception of medicines, risks to people and their care needs had been assessed, including risks to people about choking, falls, the environment and equipment. Risk assessments and care plans detailed information about the risk and gave clear guidance for staff about how to reduce it. Care records also gave advice about what to look out for to suggest a deterioration in condition and what to do should that occur, for example if a person with diabetes experienced a change in their blood glucose levels.

● The registered manager and senior staff team regularly reviewed risk assessments and made changes where required. The provider had implemented an electronic care planning system, which meant that staff had instant access to any updates and changes. People told us their health needs were being met. One person said, "This is a well organised place; I have everything I need. Staff organise once a year health visits [for me], even when everything is ok, just in case." Another person said, "[I have a] 'purple folder.' This is [my] health folder in case I go to hospital, I would take that with me. Its more than a health passport, but I know my health passport is inside."

● A purple folder was offered to all people with a learning disability and was used in Hertfordshire. It contained important person information that helps doctors, nurses, pharmacists and other health professionals give the person the healthcare and treatment that is best for them.

● People were involved in managing risks to themselves and in taking decisions about how to keep safe. They had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Relatives were also informed about risks with people's consent. One relative told us, "If anything happens the staff are on the phone. If [my family member] has fallen out of bed, the ambulance and GP will be called. Someone always sits in the dining room to support [my family member] when they are eating."

● One person who became distressed at staff handover time due to watching staff leave was offered opportunities to engage in other interests during this period. This had reduced the number of times they became distressed or harmed themselves and also reduced the need of requiring medicines to help reduce their distress.

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 service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
● While the registered manager had completed all applications and fulfilled their legal requirements in relation to MCA and DoLS, some applications for DoLS were still pending approval from 1 local authority who had not yet been out to assess people. We spoke with a representative of the DoLS team for that local authority as some people had been waiting for assessment for over 4 years. They told us they continually re-prioritise the applications they receive for assessment. This meant that some people might never be assessed and could be subject to unlawful restrictions or missing conditions on DoLS due to long delays in assessment.

Staffing and recruitment
● The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The numbers and skills of staff matched the needs of people using the service.
● Staff induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals. One relative told us, "Staff are exemplary, when you speak with them you can see they are really caring for residents. They all work very hard and they do work together, including [the registered] manager, they are very good at organising everything."
● Staff recruitment procedures were effective which meant people employed were assessed as suitable and of good character to meet the needs of the role. This included conducting Disclosure and Barring Checks (DBS). (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection
● 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. A relative told us, "The bedroom is nice and clean. There is a nice smell which is a big thing for me, the [housekeeping] staff are always out and about."
● 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 promoting safety through the layout and hygiene practices of the premises.
● 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

● The provider actively encouraged people to have visitors and there were no restrictions on visiting at the service. People's visitors were encouraged to meet them at the home or in the community and to also join them for meals. One relative told us, "We come twice a week and we can see [our family member] is content and comfortable. They have lots of attention from staff. For us this is not a care home it feels like a big family home, our family home where we are welcomed to come any time."

Learning lessons when things go wrong

● The registered manager and other senior managers reflected when things went wrong to identify the cause of the problem and what they could do to resolve it. Staff told us, and records showed, that they were also supported by the registered manager to reflect on their practice and look at how they could do things differently.

● The registered manager was very quick to react and put measures in place to improve care delivery when a problem had been identified. They were very open in their approach to improvements.

● The registered manager was aware of the Learning from Deaths Mortality Review (LeDeR) Programme. Managers and staff supported the review process and changes made from any learning shared. LeDer helped to improve care and health equalities for people with a learning disability, reducing their risk of experiencing an early death.

Requires Improvement

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

- Managers and staff had a good understanding of their role and of the needs of people being supported. However, while staff had received training in all aspects of their roles and were naturally practicing person centred care, not all staff were not aware of the right support, right care, right culture policy.
- This policy along with CQC's Quality of life tool, provides a framework for providers to ensure they are providing person centred care and that people with a learning disability are afforded the same opportunities of independence, choice and to be in control of their care. It is important that staff understand the principles of this policy and why it was developed to ensure continued promotion of people's rights.
- The provider had implemented numerous auditing and quality assurance measures that were able to be updated and adapted when reflecting on what worked well and what was lacking in the electronic systems. Audits and observations of staff practice were taking place, but they had failed to identify the issues found during the inspection in relation to medicines and staff knowledge of safeguarding. This brought into question the effectiveness of the quality assurance systems in place.

We recommend the provider review their auditing systems to ensure they identify ongoing monitoring requirements of people's medicines, health needs and staff knowledge. Quality assurance systems should also help to identify trends and provide information that would be effective in driving improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. When speaking about the care, a relative told us, "It is person centred care and very considerate. [My family member] is well cared for. I am happy we found this home in their local area."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, relatives and external professionals had to say. The registered manager worked directly with people and led by example.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. The registered manager promoted equality and diversity in all aspects of the running of the service. This included identifying people's preferences in relation to culture and sexual orientation and gender identity.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's

communication support and sensory needs. The care plans were holistic and reflected the whole person rather than one aspect of their diagnosis. One person told us, "What I like about this place is the staff. They know me and they know what I can do myself and where I need help. I don't need much help, but I do need help in other things and that is working perfectly. I have trust in all staff, they are watching my health because that is what I struggle with. Staff are good at explaining it to me so I understand what is going on with me. There is always some communication about my health.

● Whilst clear goal planning and outcomes were not yet used, we were told the provider had plans to implement this where appropriate. Although there were no goals in place, people's desires, needs, preferences and personal history were all detailed and covered all aspects of how they liked to live their life.

● Independence, choice and control were paramount, including supporting people to access work opportunities where desired. People told us how they were involved (where they requested it), in cleaning their rooms and windows, helping in the dining room and gardening. People told us how they were supported to access kitchen facilities to make their own tea or meals if they chose to. One person was being supported to sell their paintings while other people were working to improve their mobility or go shopping, going to clubs and church or trips to the coast.

● People had developed meaningful friendships amongst their peers and were supported to maintain previous friendships in the community and have relatives visit. One person told us, "I have a lot of friends here. I like to make their company and help them. My very good friend is one [person] [living with] dementia and I help them when we are doing word [puzzles]."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

● The registered manager understood their responsibilities in relation to duty of candour and reported concerns to the appropriate authorities.

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

● People and relatives told us they were supported to give feedback on the care delivery, their care planning and the service as a whole. They felt happy to raise concerns should they have any. One person told us, "I know who the [registered] manager is. They are often around and I can see them if I need to. I don't because I have staff to ask for things I need. I do receive questionnaires; I sometimes answer but if I don't staff come and help me to answer. I prefer that way." A relative said, "I would speak to the [registered] manager if I had a complaint, they do listen and are respectful I feel listened to."

● Staff told us they felt supported by the registered manager and worked well as a team. They received regular supervision, and all knew how to raise concerns internally without fear of what might happen as a result and were happy to do so. They felt they were supported to learn and further develop their skills and knowledge including becoming champions or progressing their career.

Continuous learning and improving care

● The registered manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.

● Staff had received training in all aspects of their role and were booked for further training. They had experienced immersive training in dementia awareness and were booked to attend the Oliver McGowan training to further develop their understanding of supporting people with learning disabilities.

● Lessons learned from reflective practice and any identified concerns was carried forward into the service improvement plan (SIP), which detailed how the provider intended to make improvements and continually

learn from experiences.

Working in partnership with others

● Professional feedback was mixed. One professional had raised concerns about people's health needs being accurately recorded. The provider was engaged with other organisations and safeguarding teams to resolve these concerns and improve care and support for people using the service / the wider system.

● Another professional who worked closely with the service gave positive feedback. They told us, "I can confidently state the service is very well led by [registered manager] through their team. All staff members are highly motivated with patient care in mind. The service is safe, caring and very responsive for both residents and health care professionals, for example after hospital discharges, we are always informed of any medication changes and they are followed through."

● The service worked in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. For example, 1 person told us how staff had worked with the occupational therapist to develop a plan to improve their mobility from using a walking frame to just using a walking stick.

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to identify the ongoing monitoring needs for specific medicines and health conditions.