

Warrington Community Living

# Radcliffe Meadows Learning Disability Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Radcliffe Meadows is a single storey building that provides accommodation and nursing care for up to twelve adults who have a learning / physical disability and /or mental health needs. Radcliffe Meadows was providing personal and nursing care to 11 adults at the time of the inspection. This home is larger than current best practice guidance and did not fit with the guidance contained in the Registering Right Support review document. The home was clearly identifiable as a care home with large signage at the top of the road and outside the premises, four large industrial size bins were visible at the front of the property. However, staff were not required to wear uniforms so there was no suggestion they were care staff as they were coming and going from the property.

### People's experience of using this service:

People told us that they liked living in Radcliffe Meadows and many of people had lived there many years. People were complimentary about the staff who cared for them. Relatives told us that they were satisfied with the care their loved ones received.

However, we found some areas of concern.

Improvements were needed to the environment, which have proved difficult to implement by the provider. In part due to a covenant on the property and the materials used in the original construction of the building.

There were sufficient staff to meet people's needs. There was a high dependency on agency staff. This could mean people are unfamiliar with the staff working with them. Improvements were needed to recruit permanent staff. Agency staff were not always appropriately trained in fire evacuation procedures, which could put themselves and others at risk.

Ineffective systems were in place for people to raise complaints and concerns and for the service to consult people living in the home, family and stakeholder, including staff.

Risks were identified and managed to minimise harm. Appropriate recruitment checks were carried out to ensure staff were suitable to work in the care environment. Medicines were managed safely by trained staff in the home. However, there was insufficient overview and effective monitoring of the service.

The home complied with the principals of Mental Capacity Act 2005 (MCA), measures were in place to ensure consent to care and treatment. People were well cared for by staff who treated them with respect and dignity.

You can see what action we told the provider to take at the back of the full version of the report.

Rating at last inspection:

The rating was good at the inspection dated 17 May 2016.

Why we inspected:

This inspection was scheduled/planned inspection in accordance with our inspection schedule. The rating is now Requires Improvement.

Follow up:

We will continue to monitor any intelligence we receive about the service until we return to visit as per our inspection schedule. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details of our findings can be seen in the safe section of this report.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details of our findings can be seen in the effective section of this report.

### Is the service caring?

Good ●

The service was caring.

Details of our findings can be seen in the caring section of this report.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details of our findings can be seen in the responsive section of this report.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details of our findings can be seen in the well-led section of this report.

# Radcliffe Meadows Learning Disability Nursing 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:

The inspection was carried out by one inspector.

#### Service and service type:

Radcliffe Meadows is a 'care home'. People in care homes receive accommodation and nursing or personal care under one contractual agreement. Care Quality Commission (CQC) regulates both the care and the accommodation provided, both were looked at during the inspection. This home provides accommodation for up to 12 people, there were 11 people receiving a service at the time of the 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:

The inspection was unannounced

#### What we did:

Before the inspection we reviewed information, we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people receive. We used all this information to plan our inspection.

During the inspection we spoke with five people using the service and three relatives. We spoke with the

manager, the clinical lead (the person responsible for managing nursing outcomes) and four staff. Following the inspection, we spoke with the fire officer from Warrington fire service and an advocate who visited the home regularly. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included two people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for two members of staff. We looked at a recent quality assurance audit completed by the management team. Following the inspection, we asked the provider to send us evidence of completed work in relation to the fire risk assessment.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us that they liked living in the home and that they felt safe.
- We spoke with relatives who told us that they felt confident their relatives were safe.
- The provider had policies and procedures to safeguard people living in the home and provided regular training for staff so that they understood their responsibility to safeguard people living in the home.

Assessing risk, safety monitoring and management

- We found that risks associated with daily living and health had been assessed and were monitored.
- Risks associated with the environment and roof void had been identified and were being managed within the organisations fire risk assessment. However, this had not been updated on completion of the remedial work required. Assurances were given that a further fire risk assessment would be commissioned by the provider.
- The premises had safety measures in place for gas, electric and fire-fighting equipment such as extinguishers and fire detection equipment. Up to date information was received following the inspection.
- People had an up to date Personal Emergency Evacuation Plan, this instructs staff how to safely support people in the event of an emergency.

Staffing and recruitment

- Staff recruitment was thorough and recruitment processes including checks to ensure people were suitable to work with vulnerable people.
- From the rotas we saw that there was a heavy reliance on agency staff in the home. This was confirmed by the relatives we spoke with who said there was a lot of unfamiliar faces when they visit.

Using medicines safely

- Medicines were given by trained and qualified nursing staff.
- Medicines were stored securely, guidance was in place for staff for when to administer PRN (as required) medicines.
- We found some stocks of medication which clearly had not been used in some time. We recommend that the home request a full review of individuals' medications with their GP.

Preventing and controlling infection

- The home appeared clean and tidy. Staff were observed wearing personal protective clothing, aprons and gloves when required.
- The infection prevention control score from the last visit scored the home at 85%, which meant the home was compliant.

### Learning lessons when things go wrong

- The registered provider ensured that all accidents and incidents were recorded and trends were established as a measure of mitigating risk.

# 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had comprehensive care plans in place that covered their physical and mental health needs and risks. These were evaluated and updated as required. One person told us, "I like it here I don't want to move anywhere, I like all the staff, they help me do things".

Staff support: induction, training, skills and experience

- People we spoke with were positive about the knowledge and skills of the staff team.
- The organisation had a full training plan. Staff uptake of training was good, so that staff had the knowledge to fulfil their role.
- Agency staff had received training from the agency for whom they worked. Agency staff told us that they had been shown the fire exits as part of their induction but had never received instruction as part of a fire drill.

A heavy dependency on agency staff during each shift including night shifts meant that high proportions of staff did not have enough knowledge to safely evacuate the home in the event of a fire. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff had identified people's likes and dislikes in relation to the foods they preferred. People told us that they liked the food.
- People's weight and food and fluid intake was monitored and recorded when necessary, for example when people had been identified as needing supplements, and assessed by dietetic services.
- Appropriate records were maintained when people's needs required them to receive nutrition via a percutaneous endoscopic gastrostomy (PEG) tube. This is when a tube is put directly through the skin to enable the person to receive adequate nutrition.

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

- The environment was not very homely, it lacked pictures on the walls, window coverings and most communal lounges needed refurbishment. We found that improvements were needed to the environment.
- The layout of the building did not effectively support people with specific mobility issues and mobility aids. Corridors were narrow and did not allow easy passage of people living in the home. Not all bedrooms were of a sufficient size to accommodate the specialised equipment necessary for people.
- People displaying challenging behaviours were difficult to support effectively. The layout of the building

meant that staff could not safely move people around the home, noise was of an unacceptable level for rest and relaxation. This had a negative impact on people living in Radcliffe Meadows.

The design and furnishing was poorly maintained and unsuitable for the purpose it was being used. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Relatives were kept informed about their relatives' well-being and health matters.
- Records were maintained of all interventions from medical professionals.
  
- Care files contained of evidence that people were referred to appropriate health care professionals as required and advise clearly recorded.

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 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 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.

- Overall, we found that when people who lack capacity to make decisions about aspects of their life, authorised DOLS were in place and best interests meetings had taken place.

# 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.

Ensuring people are well treated and supported; equality and diversity; supporting people to express their views and be involved in making decisions about their care.

People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

- For people who did not have any family or friends to represent them, contact details of a local advocacy service were available. Advocacy services support people to make decisions with different areas of care and support they may need. Advocates were involved with three people living in the home.
- When people found it difficult to express themselves verbally work had been completed to record mannerisms and facial expressions that would inform staff about the person's willingness or unwillingness to be involved.
- We saw staff engaging with the people they supported and involving them with activities and how their care would be done. Staff responded well in ensuring people's comfort when being hoisted and moved around the home.

Respecting and promoting people's privacy, dignity and independence

- We observed care and support was delivered in private and/or the most discreet way possible.
- People's confidential information was protected in line with General Data Protection Regulations (GDPR).
- Improvements were needed in sharing useful information that enables relatives and loved ones engage with their relative, for example what they had been doing or what they had enjoyed whilst maintaining their privacy.
- People were supported to maintain and develop relationships, loved ones could visit without restrictions.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- People's needs were assessed before and as they moved into the home.
- Care files showed that physical and emotional care was provided in a person-centred way according to people's individual needs.
- Each person's plan identified a timetable how they liked to enjoy their day and the level of support needed to accomplish that.
- People had their life histories recorded, their hobbies and interests and the sort of activities they would like to take part in as part of their daily lives.
- One person liked to spend time in the area where they grew up, this should be explored further, we discussed this with the Advocacy service.

Improving care quality in response to complaints or concerns

- We were told no formal complaints had been received in the 12 months prior to our visit.
- The provider had a complaints procedure available to relatives.
- A relative said that when they had identified concerns with their relative's care and support, it took the service too long to respond. Action was only taken when the matter was referred to the funding authority. No records were available in the home relating to this.
- Another relative told us that they saw no point in complaining as the management team were ineffective, "they don't listen and don't make themselves accessible. As a matter of fact, the manager has never spoken to me".

The provider must operate effectively their complaints procedure and maintain a record of all complaints and the outcome of any investigations. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- Nobody was receiving end of life care at the time of our visit.
- One member of staff had received appropriate training to support people to stay at home should they approach the end of their life.

# 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Plans were audited and regularly up dated, improvement was needed to ensure complete accuracy in the records. Some of the documents used to monitor plans were misleading, in respect of the reviewing period.
- Improvement was needed in respect of storage of information, to ensure it was relevant and for the correct person.

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

- The manager was registered with the Care Quality Commission.
- Clear lines of responsibility had been established relevant to staff roles, the organisation training plan reflected the knowledge and skills required to fulfil individual roles.
- Staff had not been issued with terms and conditions of employment and job descriptions, despite requesting them.
- Quality audits were undertaken monthly by the provider, however they had not identified or addressed issues with the environment, inaccuracies in records or incomplete documentation in respect of the fire risk assessment.
- Managers and staff had little knowledge of the "registering the right support" document.

Systems must be established and operated effectively to assess and monitor the quality and safety of the service provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Very little attempt was made to seek the views of those living in the home, the staff and visiting professionals which would identify involvement and responses to develop the service. The service needs to find ways to regularly and effectively engage with stakeholders.
- Feedback from relatives was not acted upon to continually improve the service. A relatives' survey was provided which had been undertaken in 2018, however no analysis was completed until after our first day of inspection.

Systems must be established and operated effectively to regularly seek the views of all stakeholders and respond to complaints. This is a further breach of Regulation 17 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

Continuous learning and improving care

- We looked at records in respect of accident and incidents. Records looked for trends to support any necessary learning or safety issues.

Working in partnership with others

- We were told by the advocacy service who visits the home that there is "goodwill amongst the staff and a lot of good staff".
- The registered providers had developed effective working relationships with other agencies who were supporting the home. Relationships had been developed between the Local Authority, GP's and the local Advocacy service.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The design, decoration and furnishings were poorly maintained and not suitable for the needs of the people living in the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  Records were not maintained regarding complaints received, investigations carried out and any action taken as a result of the complaint.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems must be effective and operated to assess and monitor the quality, and safety of the service provided, including seeking the views of all stakeholders.
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  Agency staff had not received appropriate fire training, attended drills or received instruction on fire evacuation procedures

