

The Radway Lodge Partnership

# Radway Lodge Residential Home

## Inspection report

Vicarage Road  
Sidmouth  
Devon  
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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 Residential Home provides personal care for up to 15 older people. On the day of the inspection, there were 12 people living at the service. Radway lodge is an older building over two floors with a large lounge, separate dining room and set in beautiful gardens.

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

People were safe at Radway Lodge. Staff demonstrated a good knowledge of how to protect people from harm.

Medicines management was good and staff gave people their medicines as prescribed. We recommended that the provider review procedures for recording verbal dose changes and handwritten medicines records to make sure best practice guidance is always followed.

There was an effective system to identify risks associated with people's care. These were recorded and regularly reviewed. Health professionals were contacted, where appropriate, to support people as needed.

The home was clean and tidy. Radway Lodge had a robust cleaning regime in place to support good infection prevention and control.

People were supported by enough staff who were trained to meet their needs. Staff knew people well and were engaging in their interactions.

People were able to pursue their interests and attend activities in groups or one to one with staff. Mealtimes were a social event in a pleasant setting and people were able to enjoy food they liked in a way that met their needs.

People, relatives and staff spoke positively about the home. One person told us, "It is special that positive relationships extend to all staff, including the wonderful chef who gives his time freely. Dad appreciates that [Chef's name] will go the extra mile to ensure Dad can eat what he enjoys." A staff member said, "I love working here."

Robust audit systems were in place to identify any areas which required improvement and action was taken to develop practice if needed. Regular health and safety checks were made to ensure the environment was safe and well maintained.

People were involved in decision making about their care and were supported to maintain independence. They were given opportunities to give feedback on their care and told us they felt comfortable in doing so.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

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

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We also 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 reviewed the information we held about the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Radway Lodge Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information 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?**

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. 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 Care Act 2014.

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

The inspection was carried out by one inspector and one of our medicines team.

#### Service and service type

Radway Lodge Residential Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people and five members of staff including the registered manager, deputy manager and chef. We reviewed a range of documents which included three care plans and recent feedback from three relatives. We checked six peoples' medicines records and looked at arrangements for administering, storing and managing medicines. A variety of records relating to the management of the service, including records of meetings, incident and accident records, and policies and procedures were reviewed. We also spoke with one visiting health professional.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Staff gave people their medicines in a safe way. Records showed that people received them correctly in the way prescribed for them.
- Staff received training and were checked to make sure they gave medicines safely.
- There were protocols to guide staff when any medicines prescribed 'when required' should be given.
- Some handwritten entries on people's medicines records had not been signed and checked by two members of staff. One medicines which required regular dose checks after blood tests results came in, had on one occasion been recorded after a verbal message to staff in the home.

We recommend that the provider review procedures for recording verbal dose changes and handwritten medicines records to make sure best practice guidance is always followed.

- There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold-storage and extra security.
- Medicines policies were available and medicines audits were completed regularly to help identify any improvements needed

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us they felt safe in the home. One person told us, "Oh yes, you can't find a safer place."
- Effective systems and procedures were in place to protect people from the risk of abuse and harm. The provider had appropriately raised safeguarding issues with the correct authorities and had completed thorough investigations. Any lessons learnt were shared with staff through supervision, handover or team meetings.
- Staff had completed appropriate training in safeguarding and told us they would feel confident reporting any concerns. One staff member said, "We make sure people live a safe life and have the best time they can."
- The provider analysed accidents and incidents in order to identify any patterns or themes. Action had been taken to make improvements when necessary to drive good, safe practice. For example, ensuring that areas were uncluttered to enable people to mobilise safely.

### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were managed safely and effectively. Risk assessments were in place, for example, risk of falls, pressure areas and specific dietary needs. Guidance for staff on how to support people safely and minimise any risk was clear and precise.

- Risk assessments were up to date and relevant.
- The provider and deputy manager completed regular checks of the home environment, including equipment, fire safety and hot water checks, to ensure it was safe and complied with the necessary standards. For example, a low mantelpiece had a protective foam covering.

#### Staffing and recruitment

- People, relatives and staff all spoke positively about the level of staffing in the home. One relative feedback, "We have been delighted and impressed by the amount of care, assistance and support. There has been a great improvement in [person's name]'s wellbeing and he is still very much our Dad."
- We observed sufficient levels of staffing to meet people's needs effectively. Interactions between staff and people were friendly, warm and caring.
- Staff had been recruited safely with appropriate checks completed before staff started working. For example, references had been obtained and checks with the Disclosure and Barring Service (DBS) undertaken to ensure staff were suitable to work with vulnerable people living at the home.

#### 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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured that the provider was using PPE effectively and safely.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One relative commented on the staff efforts and new outside cabin saying, "Staff have all worked so hard throughout the pandemic to keep everyone super safe. We could happily spend all day in the cabin chatting and gazing at the beautiful garden."



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The registered manager had allocated training courses to staff, recorded completion dates and when their next refresher for that topic would become due. Care staff completed training in all aspects to ensure they could do their role safely and effectively. Face to face moving and handling and fire training had been booked.
- New staff completed an induction process which included initial training and shadowing shifts alongside an experienced member of staff until they felt confident in the role. Staff who showed particular aptitude for care work were supported to further their career with opportunities to progress, for example in senior and management roles.
- Regular supervision meetings were held for staff with the registered manager. Staff felt supported by the management team. One staff member said, "I love working here."

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

- There were adaptations around the home such as signage to help people find their way around.
- Radway Lodge is an older style building with the interior adapted and updated to meet people's physical needs. The premises were homely and well lit, with hand rails, allowing people to move about independently using their wheelchairs or walking aids.
- People were able to make use of a large lounge and separate dining room to read or relax in, and the lounge provided views over the beautiful gardens.
- The grounds and gardens were accessible for people with limited mobility.

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

- People told us the food was good and there was plenty of choice. One relative said, "It is special that positive relationships extend to all staff, including the wonderful chef who gives his time freely. Dad appreciates that [Chef's name] will go the extra mile to ensure Dad can eat what he enjoys."
- Some people chose to eat in the dining room, although during the pandemic, care had been taken to facilitate social distancing with people being able to eat in their rooms or in the lounge. Tables were attractively laid and music played in the background. The atmosphere was social and pleasant. Adapted tableware had been provided where required, which supported people to remain independent with eating and drinking.
- Care plans included nutritional assessments and guidance for staff on how to support people with eating and drinking. Where there were identified risks, staff were prompted by the care system to input amounts consumed. This enabled care staff to monitor intake and act quickly when concerns were identified. One

person had a soft diet but enjoyed cheesecake so staff had removed the biscuit base.

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

- Detailed initial assessments ensured the service could meet people's needs prior to them moving to the service. The information gathered had been used to create a detailed electronic care plan.
- The registered manager and staff referred to current legislation, standards and evidence-based guidance to achieve effective outcomes. Assessment tools such as the Waterlow tool for pressure care and the Malnutrition Universal Screening Tool (MUST) had been used to predict risks to people. Staff worked with other agencies to provide consistent, effective, timely care.

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

- The registered manager and their staff worked effectively with healthcare professionals including GPs, social workers and community-based health professionals. Advice was sought, acted upon and recorded appropriately.
- Records showed specialist support had been sought from physiotherapists, podiatrists, occupational therapists, palliative care nurses and GPs when required. Three people were being supported by the Parkinson's nurse, resulting in mobility improvements and medicine reviews. A physiotherapist was about to return to providing regular face to face exercise classes.

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 when this is in their best interests and legally authorised under the MCA. 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had ensured care plans included information about people's capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety.
- Staff had sought people's agreement before supporting them with personal care and other tasks.
- Staff had received MCA/DoLS training and understood their responsibilities around consent and mental capacity.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary in how they were treated. One person said, "They are all lovely here. We have nice conversations about things I like."
- People were attended to in a timely manner and staff were friendly and understanding when their support was required. One relative told us, "It is abundantly clear that the personal relationships staff maintain with [person's name] are sincere, authentic and caring and he enjoys their company."
- We observed positive interactions, appropriate communication and staff wanted to care for people. A care worker had been able to offer hairdressing during the pandemic lockdown to ensure people felt good about their appearance.

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

- People were involved in how their care was provided and able to influence how they lived their lives. The registered manager and staff were very knowledgeable about people and their backgrounds, using topics that facilitated animated conversations and made people smile.
- Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time.
- People were encouraged to make their own decisions such as where to go, whether inside or in the garden area, what to do, or what they wanted to eat and drink. When people were taken to the dining room, they were asked where they wanted to sit.

Respecting and promoting people's privacy, dignity and independence

- People felt comfortable when staff supported them.
- Care staff promoted people to remain as independent as possible, whether through their choices or in how they did things for themselves. Staff spoke about how they always tried to encourage people to exercise, walk to the newspaper shop and keep moving to maintain their mobility as much as possible. Staff also were able to understand how people communicated, for example one person with limited communication ability used 'home' as a signal they would like to return to their room.
- Everyone we spoke with thought they were well cared for and treated respectfully by staff who wanted them to enjoy their life at Radway Lodge.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- The registered manager had introduced an electronic care planning system where people's interests and preferences were recorded, and people were encouraged to continue their interests and activities of choice.
- People's care plans included information about their working life, family and pets and places they had travelled to, along with their hobbies and interests. This helped to guide the staff to provide personalised care.
- People had been regularly involved in reviews of their care which included their physical, mental health and social needs. One staff member said, "We know people and their families really well." They were able to discuss each person's preferences in depth. For example, one person liked pancakes every day so the chef had bought a special pancake pan.

End of life care and support

- People had been supported to discuss their preferences for end of life care at the very outset and these were recorded in their care plans. They included people's choices and wishes of where they would prefer to spend their final days and whether they would like peace and tranquillity, or for certain music to be played.
- The registered manager said they ensured relatives were felt well supported at this difficult time offered a room to sleep in and meals when caring for a person at the end stage of their life.
- The provider had made good links with local palliative care nurses who had provided counselling and support when needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included guidance for staff on how best to support people with their communication. For example, Another person was able to communicate but would not always press their bell for attention, so needed regular visits from staff to check they were alright. We saw that staff checked in with them to see if they needed anything regularly and respected when the person chose to have a lie down.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to maintain their interests and social engagements. During the pandemic staff had organised group projects so people felt included and part of the home community. For

example, they had made a 'lockdown quilt' and completed other arts and crafts. People had been supported to connect with their families and staff often used photo albums to remind people of their wider family.

- The provider had arranged trips out according to people's interests. People had been out individually in the car to see what a quiet lockdown town looked like and to help ease anxiety. There were drives out to get ice cream and fresh air. The registered manager regularly took one particular person out as they had no family. A play list had been made for songs and videos that people liked, which staff could show on a large television.
- People enjoyed being involved in maintaining the attractive garden and there were raised beds. One person liked to walk around with the gardener discussing plants. They had their own gardening tools.
- Staff said, "We always think about what is best for each person to make them feel good. One person likes quiet so we speak softly and are mindful of when they like to have a nap."

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable raising concerns.
- The registered manager had recorded complaints and concerns along with actions taken and the outcome. Records showed people received a prompt response, an apology where necessary and action had been taken to address the issue without delay.
- People had been encouraged to give their feedback by completing surveys on the quality of care which had been used to improve the service.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home had a positive culture and people were comfortable in the presence of staff. Staff told us there was a good atmosphere in the service saying, "We have been so well supported, especially during the pandemic." The provider saw maintaining staff wellbeing as important, with treats, bonuses and helping staff travel to work safely.
- Care plans supported staff to provide person centred care and it was evident they knew people well. The care plans included information about people's life histories, likes, dislikes and achievements which supported staff to get to know people. For example, promoting exercise, pampering sessions, drives out and maintaining family relationships.
- Relatives feedback was positive about being involved in their loved ones care and they felt staff knew their relatives well. One relative said, "We were so lucky to 'find' Radway Lodge."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager and deputy manager understood their roles and regulatory responsibilities.
- A robust audit system was in place, for example, of accident and incidents, falls, medicines and infection prevention and control. The audits completed were effective in ensuring that appropriate standards of quality and safety were maintained at the home.
- Staff understood their roles clearly and completed tasks relevant to the position they were assigned.
- The registered manager and deputy manager demonstrated a good knowledge of their duty of candour. There was a system to ensure all appropriate agencies were notified of any incidents that occurred. Statutory notifications had been submitted to CQC in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

- People told us they were asked for feedback. One person said, "I never have to complain, the staff are all wonderful. I want for nothing." Another person told us how they were able to give views on what activities they did. Two friends were doing a knitting project together.
- Staff were able to learn in a way that suited them. People's needs were met as individuals, for example staff knew how people communicated effectively.

#### Continuous learning and improving care

- Regular staff meetings were held to share learning and ideas to drive improvement within the home. Staff also took part in daily handovers to share any knowledge of people's changing needs.

#### Working in partnership with others

- Staff communicated appropriately with a range of professionals to ensure people's needs were met, and they received the support required. We saw that referrals had been made to appropriate services as needed. For example, there was close contact with a specialist psychiatric nurse and the person's anxiety was well managed.
- External professionals spoke positively about staff and their practice. One professional told us, "I have no issues with this home."