

Radcliffe Manor House

'Where care is at our heart'



52 Main Road, Radcliffe on Trent
Nottingham NG12 2AA

Telephone: 01159 110138
Mobile: 07535 304750

WELCOME TO
RADCLIFFE
MANOR HOUSE

YOUR ROOM

The bedroom is yours; it is your right to do as you wish in your room. You may decorate the room and you can place the furniture as you wish. We positively encourage residents to bring in their own personal belongings to make their rooms homely and comfortable. Consider bringing in photographs, pictures for the walls, ornaments and items of furniture.

You may have a key to your room and you can keep your room locked if you wish.

Staff must knock before entering your room and if you are not present they must ask your permission to go in to the room and give the reason why they need to go in to your room, it might be to put away your laundry or to change a light bulb.

You have the freedom to come and go as you please, all we ask is that you let staff know if you go out and roughly what time you will be back.

CALL BELL SYSTEM

Your room has a call bell in it and if you have an en suite there is one there also. Please do not hesitate to use these if you wish to speak to a member of staff or if you need assistance with anything.

VISITING

You may have visitors at any time night or day. However, we ask that your visitors respect the privacy of other residents at all times. Please try and keep the noise down at night and we ask that visitors sign the visitors book when they come in to the home.

TELEPHONES

All bedrooms have telephone call points and you can arrange for a telephone to be installed. You are responsible for the bills for this phone including the line rental.

TELEVISIONS

All rooms have aerial points; you may have your own television in your room. There are televisions in two of the three lounges. The home has a television licence but we have to apply for a licence for individual rooms also.

ELECTRICAL APPLIANCES

You may bring electrical items into the home. However, we ask that you let us know so we can test the item for safety.

WIFI AND LAPTOPS

The Home has Wifi installed and so residents are very welcome to bring in their own laptops for use in their rooms. We also have a laptop available for residents to borrow at any time and relatives and friends are welcome to borrow it when they are visiting. This will enable the sharing of photographs, phoning people on Skype, the sending and receiving of emails etc.

ACTIVITIES

There is an activities co-ordinator employed at Radcliffe Manor House. They organise all the social activities, trips out and the activities in the home. A survey is carried out at least once a year to find out what activities residents would like.

CHURCH SERVICES

Communion takes place in the Home every month for Anglican and Catholic residents, details of this are on display in the main entrance. All residents are supported to maintain their links with their own churches. We would be happy to arrange for ministers to visit you.

VALUABLES

Your room has a lockable drawer or tin to secure your valuables and personal items. We cannot accept responsibility for valuables or money left in your room. If any items are of value we strongly advise you to take out separate insurance for this.

Small amounts of money can be stored in the office safe. We are not able to store or keep anything of value in the safe.

LETTERS

All mail is delivered to residents. If you would like someone to post mail for you please talk to a member of staff.

Correspondence for families will be available in the Care Office.

CARE PLANS

All residents have a plan of care. We are obliged by law to document everything we do for the residents and everything we intend to do for the residents. These care plans belong to you and you may have access to these at any time.

Each month a review of your care plan is carried out by a Senior Care worker and this should be done with you and if you wish your relative or friend.

The plans include how best to support you, your preferences, risk assessments, care plans and records of any treatment you may have received from external practitioners.

KEY WORKERS

You will be allocated a key worker when you come in to the home. This is a member of the care staff who will support you with your daily needs and personal requirements. They will also look after all the other residents but that is the person you need to speak to if you have things you wish to discuss about your care needs.

Your Senior Care worker will do your monthly care plan reviews with you and also discuss any issues or concerns you may have.

MEDICATION

All medication is administered by trained staff. If you wish to continue to manage your own medication you may do so following a risk assessment and you are assessed as being able to do this. You will be asked to keep all your medication locked in your room and we would prefer that your room is also kept locked.

HEALTH CARE

If you wish to see your own doctor you may arrange your own appointments or ask a member of staff to do this for you. We respectfully request that a family member takes you to your appointments. However, we can arrange for staff to escort you to appointments but we may charge for this service.

District Nurses visit the home regularly to assist residents with such things as dressings, injections or carry out blood tests.

Dentists, opticians and chiropodist also visit the home but you may wish to continue to use your own. Please arrange appointments and transport with your relatives.

Please advise us if you have any hospital appointments and if you need transport arranging. We prefer that family escort you to these appointments but a member of staff is available if this is required. If you need to use a taxi to get to your appointments you will have to pay for this service. Most hospitals will arrange for hospital transport to collect you, there is no charge for this.

CONFIDENTIALITY

In the course of their duties, employees of Radcliffe Manor House will be privy to confidential information about residents. It is a condition of employment within the Home that such information shall not be disclosed to any unauthorised third party without the express consent of the resident or their immediate family (Power of Attorney) or advocate.

Confidential information will not be sought from a resident unless expressly in the interest of that resident. The resident shall be kept informed at all times of the outcome of confidential discussions by the care staff concerning them.

It is the policy of Radcliffe Manor House that the resident has the right of access to his/her personal records at any time.

Employees will always consult with their immediate supervisor or Manager if they are unclear with respect to any item concerning confidentiality. Any breach of this policy will be dealt with under an established and documented disciplinary procedure.

MEALS AND MENUS

Breakfast is served at around 7.30am up until 10am, a cooked breakfast is available every day along with cereals and toast.

Lunch 12.30 pm

Tea 5pm

Supper 8pm

The menu varies and this is on display in the dining area. You will be asked each afternoon what you would like for your tea that day. If you change your mind when your food arrives please let the staff know and they can offer you something else. There are alternatives to the menu if you do not want what is on the menu.

Supper consists of snacks such as sandwiches, cakes and biscuits. If you would like more than this please let the staff know.

If you have any special dietary requirements these can be catered for and arrangements can be made for this prior to admission to the home.

We encourage people to take their lunch and tea in the communal dining areas. If you would like your food at different times please let us know, this can be accommodated.

The kitchen is open 24 hours a day and all staff have training in food hygiene. If you are hungry or if you would like something to drink please ask a member of staff and they will get these things for you.

The menus are changed each season, if you would like to see a sample of the menus please ask one of the staff and they will give you a copy of the menu.

Relatives and friends are welcome to join us for meals; a small private dining area is available in one of the lounges for people wishing to entertain. We ask that a small donation be made for these meals, the money will go to the 'Residents' Fund'.

SMOKING

Radcliffe Manor House is a no smoking home both in the home and in the grounds of the home.

It is the law from 1st July 2007 that all public spaces are no smoking.

We have a designated smoking area in the home and if visitors wish to smoke please use this area.

LAUNDRY

All your items of clothes will be laundered. We request that you clearly label all your clothing with your name. Items are easily lost if they are not labelled properly.

Dry cleaning cannot be carried out by us but you can make arrangements for this to be done. A member of staff or your relatives could take clothes to the dry cleaners for you.

HAIR DRESSING

We have a permanent hairdresser who visits the home on Thursday. If you would like to have your hair done please let us know and we can arrange an appointment for you.

You may wish to carry on using your own hairdresser and you can make arrangements for them to come to see you or for you to go out to them.

TOILETRIES

You should provide your own toiletries but we do have a small supply of items such as soap, shampoo, toothpaste and combs. Please let a member of staff know if you need any of these items. The cost of these is kept to a minimum.

COMPLAINTS PROCEDURE

Our philosophy at Radcliffe Manor House is to treat our residents as individuals with their own ideas, beliefs, feelings and needs and recognising each individual's privacy and dignity.

We will provide care within a safe and homely environment taking into consideration the physical, emotional, psychological needs and wishes of the individual.

Should anyone feel we are not meeting this philosophy please bring your concerns to the attention of the person in charge. All complaints and concerns will be treated with the respect they deserve.

Report the concern to the Person in Charge.

The complaint will be recorded and reported to the Manager.

You will receive a written response within 28 days.

You will receive a written explanation once the complaint has been investigated.

If you are dissatisfied with the response please contact the Management Committee.

If you would like a copy of the Complaints Policy and Procedure please ask the Manager for this.

THE HISTORY OF THE MANOR HOUSE

Although there was a Manor House on the site in medieval times the building we now know as 'The Manor House' dates 'only' from the 17th Century. Major alterations and extensions were made during the 1800's and of course new rooms and facilities have been added in recent years.

During the 19th Century Radcliffe was home to several excellent cricketers; one of them, George Parr was born at the Manor House. George Parr captained Nottinghamshire and England and led undefeated cricket teams to America in 1859 and Australia and New Zealand in 1863-4. There is still a flourishing cricket club in the village today.

Another resident of the Manor House was James Gorse; a Nottingham business man. He campaigned for a gas supply to be brought to the village, this happened in 1867. James Gorse was also active in promoting efficient drainage, water supplies and sanitation at the time when illnesses such as scarlet fever or typhoid fever were having devastating effects on the villagers.

James Gorse was also involved with the rebuilding of the Church and replacing the bells. We can imagine him and his family of eight children looking out towards the Church and the busy village roads. In 1861 the Manor House had five bedrooms and a nursery and was worth £40 a year. Sadly it was not to last. James suffered financial difficulties and he and his family had to leave the Manor House and he later became bankrupt.

The owner of the Manor House, Lord Manvers, then let the house to the Dowson family hence the 'Dowson Room', Lord Manvers sold the house in 1920 with 2 acres of land for £2,850.

The Manor House became a charitable residential home in 1955. In the early days it was suitable for people who were still able to live fairly independent lives in flatlets, with some help available when necessary. In 1969 the rent for these flatlets was 2 guineas a week, while full board cost 5 guineas weekly.

Hopefully the centuries when the Manor House was a happy family home helps to provide the background for a warm and caring home today.

(With thanks to Pam Priestland for the use of material from her book on the history of Radcliffe, copies of which are on sale in the library.)

RADCLIFFE MANOR HOUSE

PHILOSOPHY OF CARE

Radcliffe Manor House Care Home aims to provide Residents with a secure, relaxed and homely environment in which their care, well-being and comfort is of prime importance.

The care team will strive to preserve and maintain the dignity, individuality and privacy of all Residents within a warm and caring environment and in doing so will be sensitive to the Residents ever changing needs. Such needs may be medical, cultural, psychological, spiritual, emotional or social. Each Resident will have a plan of care in which, with their consent, the involvement of family and friends may be appropriate and is greatly valued.

This will be achieved through programmes of activities designed to encourage stimulation, self-esteem and social interaction with the recognition of the following core values of care which are fundamental to the philosophy of our home:

Privacy, dignity, independence, choice, rights, fulfilment, equality, respect and security.

All staff within the home will be appropriately qualified to deliver the highest standards of care. A continuous staff training programme is implemented to ensure high standards are maintained in line with the latest initiatives and developments in practices as may be laid down in appropriate legislation and regulation.

RADCLIFFE MANOR HOUSE

STATEMENT SUPPORTED BY STAFF

AS PART OF OUR PHILOSOPHY OF CARE

A resident is the most important person in our Residential Care Home. He is not an interruption of our work he is the purpose of it.

He is not an outsider in our home he is part of it. We are not doing him a favour by serving him; he is doing us a favour by giving us an opportunity to do so.

M Gandhi

RADCLIFFE MANOR CARE HOME

STATEMENT OF PURPOSE

1. AIMS AND OBJECTIVES OF THE CARE HOME

Radcliffe Manor House aims to provide good quality care for the elderly.

The Trustees, Management and staff aim to:-

- provide a secure home for as long as is needed;
- seek maximum development of each individual within their potential;
- promote behaviour which conforms to socially acceptable norms;
- promote within each individual the belief that his or her life and activities are as valuable and as valid as those of the rest of the population.

The aims will result in management setting objectives. These are set out below:

- To promote useful social contact with other members of the local community.
- To provide a variety of meaningful activities for all Residents.
- To provide individual personal plans for each Resident. Issues relating to leisure/occupation/employment will be included in individual care plans and appropriate support arranged to ensure that opportunities to participate in community life are maximised.

A properly prepared individual care plan will provide:

- information on needs;
- the management's ability to meet these needs;
- identification of any unmet needs and how these will be met.

To assist Residents in securing appropriate medical care and to ensure the public services provide them with the same standard supplied to others. To counsel Residents on the choice of services available to them.

2. FACILITIES AND SERVICES WHICH ARE PROVIDED FOR RESIDENTS

Facilities and services provided include:

Residents have their own room, some are en suite.

The Care Home provides for the use of all Residents:

1. A minimum of one Bathroom for every eight Residents
2. A minimum of one Toilet for every nine Residents
3. Lounges
4. Quiet lounges
5. Dining Areas
6. Hairdressing
7. Chiropody
8. Dentistry
9. Opticians

3. THE NAME AND ADDRESS OF THE REGISTERED PROVIDER AND NAME OF THE REGISTERED MANAGER

The Registered Provider is:

The Trustees of Radcliffe Manor House Care Home
Radcliffe Manor House
52 Main Road
Radcliffe on Trent
Nottingham
NG12 2AA

The Responsible Individual is:

Mr John Ellison

The Registered Manager is:

Karen Squire

4. THE RELEVANT QUALIFICATIONS AND EXPERIENCE OF THE REGISTERED PROVIDER AND REGISTERED MANAGER

The Trustees and Management Committee comprises of people from the local community with varied backgrounds and experience; these include banking, the church, local councillors and health care providers.

5. THE NUMBER, RELEVANT QUALIFICATIONS AND EXPERIENCE OF THE STAFF WORKING AT THE CARE HOME

The Home employs a Care Manager and a full compliment of Care Assistants (full-time and part-time). In addition, the Home also employs two cooks and two kitchen assistants, three housekeepers and one full-time maintenance person.

There are always two care staff members on duty through the night; a Manager is always on call. All ancillary staff undergo training in the Home's philosophy and values.

The Company is fully committed to staff learning and development. All of our care staff have undertaken Level 2 National Vocational Qualifications in Health and Care and other Care staff are working towards their Level 2.

6. THE ORGANISATIONAL STRUCTURE OF THE HOME

The home can accommodate 25 older people. The original building was built in Tudor times and was the Manor House in what was then the very small village of Radcliffe on Trent. Two modern extensions have been added to the home but as the home is a Grade II listed building none of the character features have been lost.

The Care Manager is responsible to the Registered Manager who in turn is responsible to the Trustees and Management Committee.

The Care Home has a full ratio of staff well in excess of the National Minimum Standard.

7. THE RANGE OF NEEDS THAT THE CARE HOME IS INTENDED TO MEET

To provide 24-hour care in a safe and reassuring environment for people who are unable to look after themselves or for people who do not want the responsibility of looking after themselves at home.

The Care Home supports a range of Residents' needs including:

Social contact and leisure activities

Healthy and nutritious Meals

Health Care including Regular Doctors visits and the support of the District Nurses

Help with personal care

Respect of Privacy and Dignity at all times

Respect of Residents' rights.

8. NURSING

Radcliffe Manor House is registered as a Care Home without Nursing.

9. CRITERIA USED FOR ADMISSION TO THE CARE HOME, INCLUDING THE CARE HOME'S POLICY AND PROCEDURES (IF ANY) FOR EMERGENCY ADMISSIONS

Each resident goes through a pre admission assessment process to ensure that the Care Home can fulfil and meet each individual Resident's needs. In the case of emergency admissions, the assessment process is carried out within five working days of admission.

Residents are admitted on a 'trial period' basis of six weeks, notice of one week may be given during this period from the resident and the Home.

The criteria used for admission are set out in the written policies. The policy folder is located in the offices of the home and is freely available for inspection by any Resident and/or relative.

10. ARRANGEMENTS FOR RESIDENTS TO ENGAGE IN SOCIAL ACTIVITIES, HOBBIES AND LEISURE INTERESTS

The range of activities, hobbies and leisure offered include:

Organised day trips

Library

TV lounges

Quiet lounges

Luncheon parties

Extensive garden and seating facilities

Regular church services

11. ARRANGEMENTS MADE FOR CONSULTATION WITH RESIDENTS ABOUT THE OPERATION OF THE CARE HOME

An annual survey is carried out with the residents and relatives to receive 'feedback' regarding the care given and all other aspects of the running of the home.

12. FIRE PRECAUTIONS AND ASSOCIATED EMERGENCY PROCEDURES IN THE CARE HOME

Weekly fire drills and procedures are carried out and documented. Emergency evacuation procedures and instructions are displayed throughout the Care Home together with clearly labelled exit signs.

Annual training is given to all staff.

13. ARRANGEMENTS FOR RESIDENTS TO ATTEND RELIGIOUS SERVICES OF THEIR CHOICE

For those Residents wishing to attend religious services the Care Home endeavours to accommodate any religious preferences.

There are regular Church service and Communion in the Home and attendees include people from the local community and churches.

14. ARRANGEMENTS FOR CONTACT BETWEEN RESIDENTS AND THEIR RELATIVES, FRIENDS AND REPRESENTATIVES

Relatives, friends and representatives are encouraged to visit the Home at any time but are requested to respect the Resident's daily life and routines. From our experience it is recommended that visiting times be arranged between 10am and 7:30pm, however visits at any time will be accommodated and welcomed.

15. ARRANGEMENTS FOR DEALING WITH REVIEWS OF THE RESIDENT'S CARE PLAN

The Resident's Care Plan is continually reviewed depending on the needs of the Resident. This process is carried out once a month or more frequently if required depending on the changing needs. Residents' relatives or representatives may be asked to participate in the review process. The reviews are carried out by the Resident's Key Worker.

16. THE NUMBER AND SIZE OF ROOMS IN THE CARE HOME

Accommodation is provided with 25 rooms available for Residents. The rooms are all single occupancy, some of the rooms are en-suite. All accommodation complies with the National Minimum Standards with most of the room sizes well in excess of this.

17. THE ARRANGEMENTS MADE FOR RESPECTING THE PRIVACY AND DIGNITY OF RESIDENTS

The Care Home has a written Policy setting out the above, which is made available to both Staff and Residents in the Policy Folder located in the offices of the home.

18. SERVICE USERS GUIDE

Please see our Service Users Guide for further information or alternatively please contact the Registered Manager or Care Manager who will only be too pleased to assist.

Radcliffe Manor House Care Home

Service User Guide

**Radcliffe Manor House
52 Main Road
Radcliffe on Trent
Nottingham
NG12 2AA**

Telephone: 0115 911 0138

Fax: 0115 911 0138

Email: Radcliffe.Manor@ntlbusiness.com

The Registered Provider is:

Radcliffe Manor House
52 Main Road
Radcliffe on Trent
Nottingham
NG12 2AA

Tel: 0115 911 0138

Founded in 1956 Radcliffe Manor House is a grade II listed Manor House and is a charitable non-profit making organisation.

Radcliffe Manor House is supported by a dedicated team of staff who are qualified and experienced to meet the assessed needs of Service Users.

Hallmarks of Radcliffe Manor House are the comfortable and homely environment of the home and the high standard of the service offered to the Service Users. As a rule the accommodation exceeds the norm for the amount of day space provided and several of the bedrooms are much larger than required by the National Minimum Standards of the Care Standards Act 2000.

Staffing levels exceed the National Minimum Standard.

The home provides accommodation for 25 older people and is close to the village centre where there are a variety of shops, a library, health centre, community centre and we are situated opposite St. Mary's Church. The village also has a Methodist and Catholic Church.

Accommodation

Radcliffe Manor House is an adapted listed building, which has been extended to provide accommodation for 25 people. Eleven of the rooms have en-suite facilities and all have telephone and television aerial points.

The first floor is served by a passenger lift with the 'annexe' area of the home having a stair lift. A majority of the home is accessible to wheelchair users.

Radcliffe Manor House has five bathrooms of which some are fitted with hoists or there is a choice of shower rooms to use.

There are three lounges offering a choice of television and activities or quiet areas if this is preferred. The large attractive garden is accessible and offers seating areas around the home. There is a large green house and vegetable garden and Service Users are welcome to potter in the garden if they wish.

Aims and Objectives of the Home

- Twenty four hour care will be provided by skilled, qualified staff
- The privacy and dignity of all Service Users will be respected at all times
- Religious beliefs will be respected
- Independence will be encouraged and supported
- A full and well balanced diet will be provided and 'special diets' will be catered for
- Each Service User will be provided with a detailed plan of care which will be reviewed monthly
- Each Service User will be allocated a Key Worker
- Administration of medication will be carried out by trained staff
- Service Users can live in a clean and safe environment
- Service Users will have the choice to join in the varied activities

Quality policy

Radcliffe Manor House is committed to providing quality services to residents by caring, competent, highly trained staff in a homely atmosphere.

Resident's rights

- The right to be called by the name of your choice
- The right to care for yourself as far as you are able
- The right to take personal responsibility for your own actions and expect all staff to accept that a degree of risk is involved
- The right to personal privacy at all times
- The right to invite whoever you choose into your room
- The right to independence
- The right to have your dignity respected and to be treated as an individual

- The right to receive an anti-discriminatory service which is responsive to your race, religion, culture, language, gender, sexuality, disability and age
- The right to live your chosen lifestyle where medically practical
- The right of access to your own personal records and information relating to decisions made with all staff that effect your life, and where necessary to be assisted with this
- The right to take an active part in any decisions about daily living arrangements that effect your life
- The right of access to outside agencies of your choice e.g. Doctor, Optician, Chiropodist etc. and where necessary to be assisted with this
- The right to look after your own medicines, if you are able to do so
- The right to control your own finances, if you are able to do so
- The right to make personal choices such as what you eat and what time you get up and go to bed
- The right to be involved in your own Care Plan and be involved in any formal reviews of your needs, which take place at regular intervals
- The right to access a formal complaints procedure and to be represented by a friend, relative or advisor if necessary
- The right to participate in voting at elections

Admission criteria

Prior to admission a 'pre-admission assessment' is carried out to ensure that the Home is able to meet the needs of Service Users presenting themselves for admission to the Home.

Emergency admissions are accepted only where the GP or Social Worker is familiar with the services offered by the Care Home and is satisfied that the skills and experience of the care staff are capable of meeting the needs of the prospective Service User being admitted in an emergency. The Person in Charge will gather as much information as is possible and commence an assessment on admission for emergency admissions from other sources. The Manager will then ensure that the key aspects of the Home are explained to the resident within 48 hours of admission.

Statement of aims of assessment and care

- Admission to a Care Home follows a careful assessment of your personal care needs and we ensure that before you come to the Home, you have an opportunity to visit to see your room, to meet the Home Manager and staff and to talk to the Key Worker who will be responsible for your personal needs
- Qualified staff will administer medication except when a Service User has the ability to retain the necessary techniques to promote or maintain independence
- As part of your assessment, we take account of your needs but we appreciate you have a right to make decisions which affect the way you live and your own preferred lifestyle

- In having that right, there are responsibilities to staff and other residents and also risks to yourself, which your plan of care would indicate
- We cannot provide a completely safe environment and it would not be appropriate to do so, your assessment will take account of such things as your risk of falling
- We can reduce these risks but we cannot eliminate the possibility of accidental injury whilst you exercise your independence
- We operate a no restraint policy and would, therefore, only use equipment such as bed rails in special circumstances. We also have a no lifting policy for staff, therefore, you must recognise that we reserve the right to use mechanical hoists where necessary.

Qualifications and experience of the Registered Provider

Radcliffe Manor House has been managed by a Committee who are required to comply with the Charities Commission code of practice and has provided a high standard of service to older people since 1956.

The Home is recognised as a leading quality provider of care services to older people in a residential setting and caters for those wishing to purchase a high standard of service and accommodation.

Qualifications of Registered Manager and staff

Karen Squire is the Registered Manager and she has the Registered Managers award.

All care staff have or are working toward NVQ level 2, although some staff have their NVQ level 3. Mandatory training is given to all staff including Fire Safety, Food Hygiene, Moving and Handling, Health and Safety, First Aid. Catering and Housekeeping staff are also supported to carry out NVQ training.

Arrangements for consultation with Service Users

The Home is run for the benefit of Service Users and the views and observations of Service Users are important in ensuring that whenever possible, Service Users participate in the way it is organised.

We expect to inform Service Users in good time of any changes, which may affect them, and periodically we will be inviting Service Users to comment and participate in surveys.

We will also arrange Service Users meetings to which residents and their supporters are encouraged to attend. During these meetings there will be an opportunity to make comments and suggestions. At any time however, we welcome comments and

observations on how we can change and improve the services we offer and you are welcome to make such observations to the Home's Registered Manager or in their absence the person 'acting' as the Manager.

Visiting arrangements and maintaining contact with relatives

The Home encourages regular contact between Service Users, their family, friends and representatives. They are encouraged to participate in all events, to join in the social activities at the Home and to assist in the organisation of regular social activities. The Home has an Activities Organiser and relatives and friends are encouraged to participate in the organisation of activities, which are provided for the benefit of the Service Users, their families and friends.

Relatives and friends wishing to organise or assist in organising events should contact the Activities Organiser or the Home Manager.

Attending religious services

If you wish to attend religious services outside the Home on a regular or periodic basis then we will arrange for someone from the church of your choice to help make such arrangements.

Religious services take place in the home and the dates for these are shown in the main entrance of the home and on the activities board.

Social activities

The Activities Organiser is employed on a flexible basis. A full range of activities are available, guided by the Service User's preferences. These activities will contribute to the overall personal needs, health needs and preferences of Service Users to ensure the individuals inclusion in the community.

Reviews of the Service Users Plan of Care

The new Care Standards Act 2000 requires that the Service Users Plan of Care be:

- a) made available to the service user
- b) kept under review
- c) where appropriate and after consultation with the Service User to revise the plan
- d) that revisions are notified to the Service User if not made in conjunction with the service user

The policy of the Home is to carry out reviews monthly, unless circumstances change which necessitate a review of the plan.

The named Key Worker and the Service User together with those members of the residents' family who are closely involved with the support and the provision of care carry out this review for the resident.

Privacy and dignity

When being admitted to a care home, it is important that you make every effort to retain your privacy, dignity and independence. In many respects, a care home is similar to a hotel; for instance, you can keep your room locked at all times and staff should knock and only enter with your permission. If this does not happen, then you should report such instances to the Home Manager.

You can decide who visits you and whom you meet in the Home and if you wish to meet family members in private then you may do so in your room or in an area of the Home set-aside for this purpose if it is available. If you do not wish to see a visitor then you should make your wishes known to the Home Manager.

Your room is your own private space and will only be entered with your permission.

You can discuss with your Key Worker how your personal care needs will be met, for instance, you can bathe alone but staff are available to help you in and out of the bath. This will be planned in conjunction with a risk assessment on how to ensure that these arrangements are made having due regard to your risk of falling or accidental injury.

Fire precautions and emergency procedure

What to do in the event of a fire

The fire alarms are tested every Friday. You do not need to leave the building unless staff tell you to do so. All our staff receive regular training in what to do in the event of a fire, and meet at an assembly point for instructions.

If the alarm sounds leave the building at the nearest fire exit and meet in the car park. If you cannot leave the building wait where you are and staff will tell you what you need to do and they will help you if this is required.

It is important that Service Users make staff aware they are going out, all visitors **must** sign in and out at reception. This is a requirement under Health & Safety, as we need to know who is in the building and who may need to be helped from the building. If we don't know you are there we cannot 'rescue' you.

Complaints, suggestions and comments

If you have a complaint about any aspect of the service or care, please speak to the Person in Charge

If the Person in Charge is not able to resolve the problem please speak or write to the Home Manager. All complaints will be investigated and we undertake to inform you of the outcome within 28 days or such shorter period as is reasonable. If there is no resolution to the matter or you do not feel comfortable discussing the matter with the Home Manager then you can contact the Chair Person of the Committee who will investigate your complaint or concerns further and inform you of the outcome.

We will always do our best to resolve your complaint as soon as possible and then tell you what we have actually done to sort out your problem.

The complaints policy can be read to you if your vision is impaired and arrangements can be made.

If you remain dissatisfied, then you may also complain to the Care Quality Commission, their address is:

Care Quality Commission
East Midlands Region
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Tel: 03000 616161

Fax: 03000 616171

Email: enquiries.eastmidlands@cqo.org.uk

Any other suggestions or comments you have on the service provided should be taken into account in the provision of services wherever possible.

Visits by person in control

The Home is managed and supervised by the Trustees who have a responsibility to ensure that the services provided meet the needs of the Service Users and that the Home continues to provide the high standards which are an inherent part of the Radcliffe Manor House philosophy.

On a regular basis, the Home is visited by a member of the Committee, during which time the opportunity is taken to discuss all matters relating to the smooth and efficient running of the Home, this review includes the Home Manager, members of staff and the Service Users.

Should any resident or their families wish to meet a representative of the Committee then they should inform the Home Manager who will ensure that a meeting is arranged at the next visit.

Service Users' views

We receive many letters of commendation from satisfied residents and their families; these are displayed in a book in the main entrance.

'Annual Customer Satisfaction Surveys' are undertaken and the results are shared with both staff and residents.

RADCLIFFE MANOR HOUSE

RESIDENT SURVEY 2013

All our residents were asked to complete a survey in October to December 2013. Out of 25 residents 15 forms were returned. Residents are also encouraged to voice any complaints and concerns via our resident meetings. Any issues raised are addressed at the time. The complaints procedure is on display in the entrance hall and is contained in our brochure. We continue to positively encourage people to voice complaints and concerns.

The results were collated and are published below, along with some of the comments people made and the action we intend to take.

A – VERY SATISFIED

B – QUITE SATISFIED

C – NOT VERY SATISFIED

D – NOT SATISFIED AT ALL

CATERING AND FOOD

How satisfied are you with:

1. a) The choice 9A, 6B
- b) variety and 8A, 7B
- c) amount of food provided? 10A, 5B

Comments: Sometimes too much for me; The choice is good also the variety, perhaps a little more fish

2. Efforts to satisfy your individual requirements 11A, 2B, 2N/A
- COMMENTS: Would like less vegetables; Quite satisfied;**

3. How menus are planned? 6A, 6B, 3N/A
- COMMENTS: New menus everyday, good choices; Quite satisfied**

4. How food is presented 10A, 4B, 1N/A
- COMMENTS: When meat is cut up small I am satisfied but meat is still not being cut small enough; Food is presented well**

5. a) starting times for meals 8A, 6B, 1N/A
- b) the time taken over meals 10A, 4B, 1C
- c) you can make a choice when you eat your meals? 9A, 6B

COMMENTS: Except breakfast; Sometimes sit for too long; Often wait a long time in the morning; Prefer to eat with people

6. Seating and table arrangements? 6A, 6B, 1D, 2N/A
COMMENTS: This is alright
7. The general atmosphere at mealtimes? 5A, 7B, 3N/A
COMMENTS: Could do with a lift
8. Additional snacks and drinks provided? 8A, 4B, 2D, 1N/A
COMMENTS: Doesn't think she can ask for tea and coffee; Good; Perhaps sometimes the drinks could be hotter but this can sometimes be difficult to do, covering a large area

PERSONAL CARE AND SUPPORT

How satisfied are you with:

9. The way that staff try to help and look after you? 7A, 6B, 1D, 1N/A
COMMENTS: Not satisfied at all with some staff; Some staff are more helpful; Good
10. Staff availability – do they come to help you when you need them? 7A, 6B, 2N/A
COMMENTS: It takes a long time; Yes at present, when asked
11. How staff carry out their work 7A, 6B, 2N/A
COMMENTS: Not satisfied at all with some staff, Good
12. Staff attitudes and general manner? 8A, 5B, 2N/A
COMMENTS: Seem to wait ages 10 - 15 minutes, Good
13. Any additional services or treatment arranged (eg hairdressing, aromatherapy)? 7A, 2B, 1D, 5N/A
Comments: I don't go; Good; Hairdressing;

DAILY LIVING

How satisfied are you with:

14. The arrangements that you have for getting up and going to bed? 8A, 5B, 2N/A

COMMENTS: Finds it a long wait from getting up and getting breakfast. Often doesn't get a cup of tea first thing; Good; Woken up too early at 7am and then have to sit in bed too long

15. The arrangements for your personal care (eg washing, bathing, going to the toilet)? 9A,3B, 3N/A

COMMENTS: Just with bathing

16. Arrangements for cleaning and tidying your room? 9A,3B,1C, 2N/A

17. The social activities provided or arranged? 4A, 6B, 5N/A

Comments: Don't go

18. Efforts to help you keep up with your personal interests and hobbies? 2A,4B, 1D, 8N/A

19. How residents in general get on with each other? 4A, 4B,7N/A

COMMENTS: Don't know, Ok, They all find it difficult due to bad hearing and eyesight; Generally alright

20. How residents and staff get on with each other? 8A, 3B,4N/A

COMMENTS: Ok; Generally alright; Satisfactory, quite pleasant; Seem to take interest in work and trying to help where possible. Their attitude with residents is good

PREMISES

How satisfied are you with:

21. The home's decorations and furnishings? 7A,5B, 1C, 2N/A

COMMENTS: Corridors need attention; Decor to hallways needs attention; Rooms generally good; Ok bit shabby; They are alright but some areas need a bit of fresh paint

22. The facilities and amenities? 8A,5B, 2N/A

COMMENTS: Ok; Good

23. The accessibility of lounges, dining room and other public areas? 9A, 3B, 3N/A

COMMENTS: As long as residents are independent; With help I can access the lounges, dining room etc; Quite a way from the public areas - building has its limitations; Suitable, nice to look out to gardens

24. The general cleanliness and tidiness of the building 13A, 1B, 1N/A
and grounds?

COMMENTS: Martyn does an excellent job looking after the grounds; Generally good, looks very pleasant with the beautiful trees

25. How well repairs and general maintenance are 10A, 3B, 2N/A
carried out?

COMMENTS: Had trouble with hot water for a long time; Good

MANAGEMENT

How satisfied are you with:

26. The availability of the home's Managers to 10A, 4B, 1N/A
discuss day problems when you need to?

COMMENTS: Mel always happy to discuss things; Satisfactory

27. Whether they get things done when asked? 9A,4B, 2N/A

COMMENTS: They always try their best; They try to

28. How they involve residents and families in the 8A, 2B, 5N/A
affairs of the home?

COMMENTS: As much as they can; Yes I believe they do

29. Management's efforts to create a good atmosphere? 9A, 3B, 3N/A

COMMENTS: No problem

Other comments

I am very satisfied

Actions Required:

Following on from completion of the works to modernise the hot water system an extensive programme of redecoration is to commence.

The activities programme has been reviewed and extended to allow for more one to one activities and outings

Karen Squire

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Radcliffe Manor House

52 Main Road, Radcliffe-on-Trent, Nottingham,
NG12 2AA

Tel: 01159110138

Date of Inspection: 14 August 2013

Date of Publication:
September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Action needed
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Trustees of Radcliffe Manor House
Registered Manager	Miss Karen Jane Squire
Overview of the service	Radcliffe Manor House is a care home for older people. It is located in Radcliffe-on-Trent in Nottinghamshire and is close to the shops and community amenities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with two people using the service. They told us their needs were met and staff were caring. One person said, "Oh they're very caring" and "Nothing [is] too much trouble for them."

We spoke with three relatives. They told us their family members received good care that met their needs. One relative said, "I think it's very good actually."

During our visit we saw positive interactions between staff and people using the service. We spent 40 minutes observing the care at lunchtime in the dining room. We saw staff provided support to people who needed this. We also saw staff communicated warmly with people as they were supporting them.

People using the service who we spoke with told us they were happy with arrangements for their medication. However, we found some gaps in the medication records. We also found that medication was not always stored at an appropriate temperature.

We found that there were enough qualified, skilled and experienced staff to meet people's needs.

We also found staff received inductions, supervision, training and appraisals.

We found that the provider had an effective system to regularly assess and monitor the quality of service that people receive.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 09 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

When we inspected the service on 8 February 2013 we found that some risk assessments had not been updated when needs had changed. We also saw examples of monthly reviews where information had not been recorded each month. We received an action plan from the provider to tell us the actions they would take to improve people's experiences in this area. When we visited the service on 14 August 2013 we checked whether improvements had been made.

We spoke with two people using the service. They told us their needs were met and staff were caring. One person said, "Oh they're very caring" and "Nothing [is] too much trouble for them." They told us they got enough to eat and drink and staff provided choices and respected their choices. One person told us they could see their GP and other professionals when needed.

We spoke with three relatives. They told us their family members received good care that met their needs. One relative said, "I think it's very good actually." Another relative said, "Absolutely. [Family member] is well cared for."

During our visit we saw positive interactions between staff and people using the service. We spent 40 minutes observing the care at lunchtime in the dining room. We saw staff provided support to people who needed this. We saw people were provided with enough to eat and drink and were offered choices. We also saw staff communicated warmly with people as they were supporting them.

We also spent time in the lounge in the morning and observed a staff member running a bingo session. We saw that the atmosphere was relaxed. The registered manager told us that the service employed activities coordinators and we saw in a newsletter that different

activities took place such as music for health.

We spoke with two care staff. They told us how they supported people to maintain their health and wellbeing and could tell us about the needs of people we asked them about. They also told us what actions they would take to meet people's cultural and spiritual needs. They told us they offered choices to people and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain injury or learning disability. If a person lacks the capacity to make a decision for themselves, staff can make a decision in their best interests once an appropriate assessment has taken place.

The registered manager told us that the care records for people using the service had been reviewed since our inspection on 8 February 2013. They told us that most people using the service had care records that were using new documentation and all records were reviewed on a monthly basis. They also told us they had commenced monthly audits of the care records to regularly check that they were complete and up-to-date.

We looked at the care records for three people and saw that the registered manager had checked the care records in July 2013. We saw care plans on different subjects such as personal hygiene and dressing, communication, mobility, continence care, social needs and nutritional needs. We saw these included information about people's preferences and their care and support needs. We saw these had been produced during 2013 and had been reviewed monthly.

We also saw risk assessments on different subjects such as falls, moving and handling, pressure ulcers and infection prevention and control. We saw these had been reviewed monthly. This meant the provider had taken action to make improvements since our inspection on 8 February 2013.

We saw in the care records that people using the service had access to support from external professionals such as health professionals.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not fully protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Appropriate arrangements were not in place in relation to the recording of medicines.

When we inspected the service on 8 February 2013 we found gaps in some medication records. We also saw that the care office containing the medication trolley and medication administration records (MAR) charts was not locked. We received an action plan from the provider to tell us the actions they would take to improve people's experiences in this area. When we visited the service on 14 August 2013 we checked whether improvements had been made.

We spoke with two people using the service. They told us they were happy with the arrangements for their medication and had no concerns. They also told us they got their medication when they should.

We spoke with three relatives. They told us they had no concerns with the medication arrangements for their family members.

We spent 40 minutes in the dining room at lunchtime and saw a staff member administering medication during part of this time. We saw they locked the trolley containing medication when they left it to give people their medication. We also saw they observed people taking their medication before returning to the trolley to record this.

We spoke with two care staff. One staff member told us they did not administer medication. Another staff member who did administer medication told us they observed people taking their medication before recording it and they kept medication secure. They also told us what actions they would take if an error had been made. They told us they had completed some recent medication training and the registered manager was arranging additional medication training.

The registered manager told us some staff had attended medication training in April 2013 and more training was being arranged for staff who had recently started. We also saw in

some staff files that medication administration competency checks had been completed. We saw a medication policy was in place.

We looked at the medication room with the registered manager and saw it had a lock on the door. We saw that controlled drugs were locked in a cabinet. We checked the quantity of one drug and saw it matched the records in the controlled drugs register. We looked at all of the records in the register since 15 April 2013. We saw that signatures had been provided by two staff on all but one day. However, the second staff signature was missing on 9 August 2013.

We saw that a new lockable fridge for storing medication had been obtained since our inspection on 8 February 2013. This meant the provider had taken some action to make improvements. However, we looked at the records for recording the fridge temperature from the beginning of July 2013 until the date of our inspection and saw seven gaps where the temperature had not been recorded. Medication should be stored at certain temperatures to ensure its effectiveness and temperature checks should be completed. We saw that the fridge temperatures when recorded were within an acceptable range.

We also saw seven gaps in the temperature records for the medication room for the same time period and saw that the temperature had exceeded the acceptable temperature of 25°C on five days with 28°C recorded as the temperature on one day. We also saw seven gaps in the records for the care office where the medication trolley was stored and saw four entries at 26°C. This meant staff had not always recorded temperatures and there had been times when medication had been stored at an inappropriate temperature. We also saw no evidence that action had been taken when staff had identified that the temperature of the medication room and care office were not within an acceptable range. This meant there was a risk that medication would no longer be as effective as it should.

We saw that a lock had been added to the care office where the medication trolley was kept. We looked at the blister packs containing medication for six people from 12 August 2013 and these seemed appropriate.

We also looked at the medication administration record (MAR) charts for eight people from 5 August 2013 until 14 August 2013 and saw gaps for five people with a total of 13 gaps. The MAR charts provide a record of medication taken or not taken by a person using the service. We discussed the gaps with the registered manager during our visit who checked the blister packs containing medication and the medication returns book and told us there was no evidence that the medication had not been given or offered if it was 'as required' medication. However, the lack of records meant it was not always clear whether staff had acted in accordance with the instructions on the MAR charts. The registered manager told us they would notify the GP about the gaps in the records. They also told us they would address the issue with staff and remind them again of the importance of maintaining appropriate records. They told us they had planned a meeting with staff to discuss the medication issues.

We also looked at the cream charts for four people from 5 August 2013 until our visit and saw that staff had provided appropriate entries.

Overall, we found that the provider had taken some action to make improvements since we inspected the service on 8 February 2013, but further improvements were required.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

We spoke with two people using the service. They told us their needs were met. One person said, "I think they could do with a few more [staff]" and told us there was sometimes a short delay in receiving assistance, but they also said, "Normally it's quite acceptable." Another person said, "Yes I think so" when we asked them whether they felt there were enough staff.

We spoke with three relatives. They told us they felt there were enough staff to meet their family members' needs.

We observed the care for 40 minutes in the dining room at lunchtime and saw that people received appropriate support.

We discussed staffing arrangements with the registered manager. They told us 24 people were using the service at the time of our inspection. They told us they did not use a specific tool for working out the appropriate staffing arrangements, but considered the needs of people using the service and would increase the number of staff if people's needs increased. They told us they felt the staffing arrangements at the time of our inspection were appropriate.

The registered manager told us a senior carer and three care assistants worked from 8am to 2.30pm, a senior carer and two care assistants worked from 2.30pm to 9pm and three care assistants worked during the night. They also told us the service employed a cook, a kitchen assistant, housekeeping, laundry, administrative, activities and maintenance staff. The registered manager told us they had a team of permanent staff and also employed bank staff. They told us they used agency staff to fill gaps.

We spoke with two care staff. They told us they felt there were enough staff to meet people's needs. They told us cover was arranged from staff employed by the service if staff were unavailable to work, for example, due to sickness, and agency staff cover was arranged if needed. One staff member told us that agency staff would usually be staff that regularly provided support at the service.

We looked at the staff rota from 22 July 2013 until 19 August 2013 and saw this reflected the staffing levels that the registered manager told us were appropriate.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

When we inspected the service on 8 February 2013 we found mixed evidence as to whether staff inductions had been taking place. We also found some gaps in training, supervision and appraisals. We received an action plan from the provider to tell us the actions they would take to improve people's experiences in this area. When we visited the service on 14 August 2013 we checked whether improvements had been made.

We spoke with two people using the service. They told us they felt staff were well trained. However, one person said, "Some of the agency ones could do with a bit more training."

We spoke with three relatives. They told us they felt staff were well trained. One relative said, "I think they're amazing."

The registered manager told us an induction programme was in place and staff completed work books as part of their induction. They told us a three month probationary period was in place and staff completed their induction during this period.

We spoke with two care staff. One staff member told us they had completed an induction. Another staff member told us they were in the process of completing this and had been provided with an induction pack and work books to complete.

We looked at three staff files and saw that inductions had been completed or were in progress for staff who had recently started to work for the service. We saw the inductions included regular appraisals and direct observations. An induction form was also used to record when staff had received different information, such as information about safeguarding and the complaints procedure.

Staff we spoke with told us they felt supported. One staff member told us they had received regular supervision and an annual appraisal. Another staff member who was new in post told us supervision had been arranged. We looked at the staff files for three staff. We saw in two that supervision had taken place. The third staff member was new in post,

but a one month appraisal form had been completed. We saw that training was discussed during supervision. We looked at the staff supervision matrix. We saw that one to one supervision had been taking place and took place every two months. We also saw that annual appraisals had taken place during 2013.

We saw in the staff files that staff had received training on different subjects. We saw this had included some training in 2013. We discussed training with two care staff. One staff member told us they were working through their work books as part of their induction and had received training in previous roles. Another staff member told us they had received a lot of training in 2013 and felt they had received enough training to provide appropriate care.

We looked at the staff training matrix. We saw that a lot of staff training had taken place since our inspection on 8 February 2013. The provider may find it useful to note that we saw a small number of gaps in moving and handling practical training. This meant there was a risk some staff would not have up-to-date knowledge in this area. We discussed this with the registered manager. They told us training had been arranged and they confirmed after our inspection that this had taken place for most staff, and the remaining staff would have this training in early September 2013. We also saw seven gaps in COSHH (control of substances hazardous to health) training. However, the registered manager told us this was covered under health and safety training that had been provided and COSHH training had been arranged for September 2013. They also told us other training was planned such as falls prevention, audiology and refresher fire warden training. We also saw on the matrix that most staff had a National Vocational Qualification in Health and Social Care at levels two or three and two staff had this at level four.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We spoke with two people using the service. One person told us they felt listened to and the registered manager was approachable. Another person said, "It's a nice place. It's lovely here." They told us they felt listened to and had attended some residents' meetings.

A relative we spoke with told us the registered manager was good. Another relative said, "I have faith in this place. I'm so grateful that I've found it." They told us they liked to attend the relatives' meetings that took place and knew how to make a complaint.

We spoke with two care staff. They told us they felt the service was well run and they could have a say in how it was run and they felt listened to. They told us they had read the complaints policy and would take appropriate action if a person wished to make a complaint. One staff member said, "The residents are happy. The management team are a happy team" and, "Here is a brilliant place."

We saw that a residents' meeting for people using the service had taken place in May 2013. We saw that the registered manager had asked people for their views on different aspects of the service such as social activities and the food. We also saw that a relatives' meeting had taken place. This meant systems were in place for obtaining people's views on the service. The registered manager told us they had not sent out survey forms to gather people's views but were planning to do this.

We saw minutes from staff meetings, which meant staff also had opportunities to provide feedback on the service. We saw that one set of minutes highlighted that senior care assistants were responsible for specific care plans and for directly observing care staff who are key workers for particular people using the service. This meant systems were in place for monitoring the care.

We saw that the registered manager had an audit folder. We saw that medication audits

had been completed in June and July 2013. We also saw that they had completed a home audit on 13 June 2013, which had included looking at the home presentation, the exterior of the building, care documents, the pressure ulcer audit review, accident records, complaints, training records, staff supervision and social activities. We saw other completed audits such as monthly kitchen audits, room and complaints audits and health and safety and infection control checks. We saw that some checks on the building and equipment had taken place. We also saw in the care records we looked at that the registered manager had started in July 2013 to complete monthly audits of the care records. This meant systems were in place for monitoring the service.

We saw that a complaints and concerns policy was in place and information was recorded about the investigations and outcomes when complaints had been made.

We also saw that other policies and procedures were in place. However, the provider may find it useful to note that some policies had review dates in 2009, but had not been reviewed. This meant there was a risk they did not all contain up-to-date information. We saw that the abuse policy had been produced in 2008 and did not include some up-to-date details about who safeguarding concerns should be reported to. The registered manager did know how to report allegations of abuse. They told us that they and the provider were aware of the need to review some policies and procedures and were taking action in relation to this.

The registered manager told us they attended the monthly management committee meetings for the service and provided information to the committee members. They told us that the provider had representation on the management committee.

We saw that a providers visit folder was in place that contained records of monthly visits by members of the management committee. We saw that the monitoring visits had included considering whether the issues raised at the Care Quality Commission inspection in February 2013 had been addressed and had included talking with people using the service, reviewing activities, interviewing staff, and checking audits, complaints, and the condition of the internal environment.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: People were not protected against the risks associated with the unsafe use and management of medicines because the provider did not have appropriate arrangements for the recording, handling and safe keeping of medicines. Regulation 13

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 09 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

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✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

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Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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Glossary of terms we use in this report (continued)

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Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Radcliffe Manor House

52 Main Road, Radcliffe-on-Trent, Nottingham,
NG12 2AA

Tel: 01159110138

Date of Inspection: 11 December 2013

Date of Publication: January
2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Management of medicines



Met this standard

Details about this location

Registered Provider	Homes of Rest for Old People, also known as Radcliffe Manor House
Registered Manager	Miss Karen Jane Squire
Overview of the service	Radcliffe Manor House is a care home for older people. It is located in Radcliffe-on-Trent in Nottinghamshire and is close to the shops and community amenities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Radcliffe Manor House had taken action to meet the following essential standards:

- Management of medicines

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We visited the location to check that the provider was compliant with the regulation about which we had set a compliance action at our previous inspection on 14 August 2013.

We spoke with three people using the service. They told us they were happy with the arrangements for their medication and they always got it on time.

We observed a staff member administering medication to people in the dining room at lunchtime. We saw they wore a tabard to identify their role and they were not disturbed by other staff members. We saw they waited with people whilst they took their medication. This meant people who used the service were supported by staff when they took their medicines.

We found that medicines were safely administered and appropriate arrangements were in place in relation to the recording of medicine.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Management of medicines

✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were safely administered. Appropriate arrangements were in place in relation to the recording of medicine.

When we inspected Radcliffe Manor House on 14 August 2013 we found gaps in the temperature records for the treatment room, fridge and care office where medication was stored. We saw medication was not always stored at appropriate temperatures. We also found gaps on the medication administration record (MAR) charts. MAR charts are used to record when people have and have not taken their medication. We received an action plan from the provider to tell us the action they would take to improve people's experiences in this area. When we visited the service on 11 December 2013 we checked whether improvements had been made.

We spoke with three people using the service. They told us they were happy with the arrangements for their medication and they always got it on time.

We observed a staff member administering medication to people in the dining room at lunchtime. We saw they wore a tabard to identify their role and they were not disturbed by other staff members. We saw they waited with people whilst they took their medication. This meant people who used the service were supported by staff when they took their medicines. We also saw that the staff member locked the medication trolley when they left it to give people their medication. This meant medication was kept securely.

We spoke with two care staff members. They explained the process for ordering, booking in, recording and administering medication. They told us they waited with people until medication had been taken and would inform the manager and contact appropriate health services for advice if a medication error was made. They also told us they had received medication training during 2013.

We looked at the treatment room where some medication was stored. We saw this was

locked, which meant the room was kept secure. We also saw that the medication fridge in the room was locked.

We saw that controlled drugs were stored in a cabinet attached to the wall. Controlled drugs are a group of medicines that have the potential to be abused. For this reason, the handling of these drugs is subject to certain controls set out in law. We looked at entries in the controlled drugs register from 21 November 2013 to the day of our visit and saw that two staff had signed the register each day. We checked the stock of a controlled drug for one person and saw the quantity matched the records.

We looked at the charts for recording the temperatures of the treatment room, fridge and care office from the beginning of October 2013 until our visit. Medication should be stored at certain temperatures to ensure its effectiveness. We saw temperatures had been recorded on most days. However, the provider may find it useful to note that we saw three days in November and one day in December where the temperatures had not been recorded. We discussed this with the registered manager. They told us they checked the records during the monthly audits and would have identified the gaps during the audit that was due. They told us they would check the charts weekly from 16 December 2013 to ensure any gaps were identified and appropriate action taken quickly.

We saw that the room temperature of the care office where the medication trolley was kept had not been within an acceptable range on three days. However, action had been taken straight away when this had been identified and the temperatures had been checked again later on these days and were acceptable. All other records we looked at showed that medication was stored at appropriate temperatures. This meant the provider had taken action since our inspection on 14 August 2013 to make improvements.

We looked at the care office and saw it was kept locked when staff were not present. We also saw that the medication trolley was locked. This meant medication was kept securely.

We looked at the MAR charts for seven people from 25 November 2013 until the day of our visit and saw no gaps. This meant the provider had taken action since our inspection on 14 August 2013 to make improvements. However, the provider may find it useful to note that we saw that information on one recent MAR chart stated in one section that the person should be offered lactulose twice a day, but staff had only recorded entries for once a day. The registered manager told us incorrect information had been provided on the MAR chart they had received, but this should have been identified by staff. They told us the medication was 'when required' medication that should be offered twice a day. This meant the person had not always been offered one type of medication when appropriate since 25 November 2013. The registered manager told us that no concerns had been reported in the care records and the person using the service had not expressed any concerns. They also told us they would rectify the situation straight away.

The provider may also find it useful to note that the instructions on a MAR chart had not been fully updated for another person regarding a change to the time of day when their medication should be administered. We saw that staff had recorded that the person had received their medication at the appropriate times. However, the lack of up-to-date information meant staff did not have clear guidance. The registered manager told us they would take action to ensure that the information was accurate.

We looked at the charts for recording when creams had been applied for four people using the service from 25 November 2013 until the day of our visit and saw these had been

completed appropriately.

We looked at the blister packs containing medication for the period from 9 December 2013 until the day of our visit for six people and saw empty sections for the days that had passed, which meant people had been given their medication.

We looked at the training matrix, five staff files and other training information and saw that most staff involved in administering medication had received medication training. We saw a small number of gaps in the records. The registered manager told us some staff had received training but were waiting for their certificates and some staff were in their induction period or were not actively working for the service at the time of our visit. The registered manager told us that trained staff only were authorised to administer medication.

The registered manager told us they assessed people's knowledge in this area each year and we saw an example of a medication competency assessment they had completed for a staff member. They also told us medication was discussed during supervision.

We saw that the registered manager had completed weekly audits of the MAR charts to check records were appropriate and had taken action when they had identified issues. We also saw they had completed monthly medication audits. This meant systems were in place for monitoring how medicines were being managed.

We also saw that the medication policy had been updated since our inspection on 14 August 2013.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

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