Morris Care Limited

Radbrook Nursing Home

Inspection report

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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

The inspection was carried out on 21 September 2016 and was unannounced.

Radbrook Nursing Home is registered to provide accommodation with nursing care for up to a maximum of 43 people. There were 42 people living at the home on the day of our inspection. Some people were living with dementia

There was a registered manager in post. They were not present during the inspection due to being on annual leave. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from harm and abuse by staff who had been trained in how to recognise and report abuse. Staff were aware of the risks associated with people's needs and how to minimise these. There were enough staff to safely meet people's needs. People were supported to take their medicines safely and accurate records were maintained. Staff monitored people's health and arranged health appointments as needed.

People were supported by staff who had the skills and knowledge to meet their individual needs. There was an open and positive working culture where staff felt well supported by the management team and peers. Staff sought people's consent and respected their wishes. Where people were unable to make decisions for themselves these were made in their best interest by people who knew them well.

People were pleased with the quality and choice of food available to them. People were provided with equipment and support to eat their food independently. People's nutritional needs were routinely assessed, monitored and reviewed. Where there were concerns about people's dietary needs specialist advice was sought and followed.

People received care and support that was personalised to their individual needs and preferences. Staff spoke with and about people with warmth and respect. Staff treated people with dignity and promoted their independence. People were able to spend their time as they wished. People were pleased with the range of activities offered.

The registered manager was open and approachable. The provider had a range of checks in place to monitor the health, safety and wellbeing of people living at the home. The registered manager sought the views of people and staff to make improvements to the service.

People felt able to raise concerns with staff or management and were confident that these would be dealt with promptly. The provider had a clear complaints procedure that was followed by staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt they and their belongings were kept safe. Staff were knowledgeable about the different forms of abuse and knew how to report concerns. Staff were aware of the risks associated with people's needs and how to minimise these. People were supported to take their medicine as prescribed to promote good health.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training and guidance to meet their individual needs. Staff sought people's consent before supporting them. Where people were unable to make decisions for themselves these were made in their best interest by people who knew them well. People were able to choose what they wanted to eat and enjoyed the food. Staff monitored people's health and arranged health appointments as needed.

Is the service caring?

Good

The service was caring.

People had positive working relationships with staff. Staff spoke about people with warmth and compassion. People were supported to be as independent as possible. Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care. People were able to spend their time doing things they enjoyed doing. People were pleased with the range of activities offered. People felt able to speak to the registered manager or staff if they had any concerns and were confident that these would be acted upon.

Is the service well-led?

Good

The service was well led.

The registered manager was open and approachable. Staff enjoyed a positive working culture where they were supported by the management team and their peers. The provider had a range of checks in place to monitor the health, safety and wellbeing of people living at the home. The registered manager sought the views of people and staff to drive improvements in the service.

Radbrook Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 September 2016 and was unannounced. The inspection was conducted by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with ten people who used the service and three relatives. We spoke with 12 staff which included the deputy manager, a registered manager from another service, three nurses, five care staff and two activity workers. We viewed five records which related to assessment of needs and risk. We also viewed other records which related to management of the service such as medicine records, accidents reports and recruitment records. We spent time observing how staff supported people and how they interacted with them.

Good

Is the service safe?

Our findings

People felt that they and their belongings were safe and secure. One person told us, "I feel safe because I trust the staff. I have a safe in my wardrobe, I hold the key. A bigger safe is downstairs if needed." Another person said they felt safe because, "At night they [Staff] tuck you in bed and the night nurse goes around and checks on everyone." A relative told us, "My [Spouse] is safe here. The staff check on them and talk to them regularly." Staff recognised it was their responsibility to ensure people received safe care and treatment. One staff member said, "We make sure everything is put away to prevent trips or falls. Make sure you give them the right medicine, the right care at the right time." Another staff member told us everyone was closely observed to ensure their safety and wellbeing.

People were encouraged to report concerns to staff and felt able to do so. One person told us they were looked after very well but if they had any worries at all they would tell the registered manager. Staff received training on how to keep people safe from harm. They were able to recognise the different signs of abuse and how to report concerns of abuse and poor practice. One staff member said they would go straight to the registered manager if they were worried or witnessed poor practice. They knew they could use the whistleblowing policy to report poor practice as this information was in their staff handbook. Staff we spoke with were confident that any abuse would be reported to the registered manager and appropriately dealt with. One nurse told us, "These are some of the best carers I've worked with. I know I can trust them. They will report any concerns straight away." The deputy manager said they would ensure people's safety and consult with their seniors in making referrals of abuse to the local authority.

Staff were aware of the risks associated with people's needs and how to minimise these. They had access to detailed care plans and risk assessment. These guided them on the support and equipment people needed to keep them safe. One staff member stressed the importance of keeping these up to date and ensuring staff were aware of any changes. It was the nurses responsibility to complete the risk assessment but care staff contributed to them. If people became unsteady on their feet staff would refer them to the manual handling trainers to look at safer ways to help them move around. Another staff member told us they took care to ensure they used the most appropriate method to keep people safe. For example, some people were assessed for the use of bedrails to reduce the risk of them falling out of bed. Where these were inappropriate people's beds were lowered as much as possible and pads put on the floor to cushion them should they fall out of bed. Records we looked at confirmed the rationale for the methods used. We saw that people were supported to move around safely with the use of hoists. Staff explained clearly to people what they were doing and ensured they were comfortable during and after the transfer.

Staff told us in the event of an accident or incident they ensured the person's safety and alerted the nurse in charge. The nurse subsequently sought medical attention if needed, completed the relevant form and informed the person's relative where appropriate. A nurse explained that if the person had suffered a fall they recorded this in their 'falls log' and updated their care plan to reflect. If frequent falls were experienced they referred to the doctor and the falls clinic.

People had different views on staffing levels and call bell response times. One person said, "I ring the buzzer,

sometimes have to wait, sometimes pretty good." They explained that this did not have a serious effect on them but caused a delay in the support provided. Another person said, "Usually the buzzer is answered fairly quickly. I have no complaints on the staff or the service." One person told us although staff answered the call bell promptly the previous day they had not returned to support them until an hour later. This was discussed with the deputy manager who assured us they would discuss this with the person and staff. Staff told us they had recently had to use agency to cover staff sickness and holidays. To ensure consistency of support agency staff were partnered with permanent staff. While some staff felt that staffing levels were good others felt that additional staff would allow them more time to spend with people. One staff member told us they needed more staff in the morning and evenings. They said, "You don't rush but you feel that you need to get everything done." However, another staff member said, "Overall staffing is very good" They explained that people's needs were constantly changing and that staff assisted on other floors when needed. They offered respite care where a lot of people came in for rehabilitation. They told us staff enjoyed this as they got satisfaction from seeing people improve and go home.

The deputy manager told us they determined staffing levels with the use of a dependency tool. They monitored people's needs and adapted staffing levels when changes occurred. We saw that there were enough staff to safely meet people's needs and people were supported in a timely manner. Staff told us and we saw that the provider completed checks to ensure people were suitable to work with people before they started working at the home. These included the provision of references from previous employers and disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions.

People received their medicine when they needed it and staff explained what it was for. One person told us, "Medicines are brought around in a big metal trolley. Whoever is in charge puts it down for you. They stop with you so that they know you have taken it." They explained that some of their medicine was given in liquid form because they had swallowing problems. They had recently had some new tablets and staff had to cut these in half to enable them to swallow them. We saw that the nurse asked people if they required any pain relief along with their other medicine. We heard them say to one person, "Hello [Person's name] I'm just doing the medicines. Do you have any pain? Would you like something for this?" Only staff who had received medicine training administered it. They received yearly competency assessments to ensure the continued safe management of medicine.

Good

Is the service effective?

Our findings

People and their relatives felt staff were competent in their roles. One person told us, "They [Staff] are very good. At least they are in my opinion." They went on to explain that staff had got to know them well over time and thought that they were well trained. Another person said, "Staff are knowledgeable, they know my care needs and support me." A relative told us, "The staff appear very well trained."

Staff were positive about the training offered by the provider and felt there were plenty of opportunities to further their knowledge and career. This included training on specific illnesses and any specialist equipment needed to meet people's individual needs. One staff member told us they found the stroke training particularly beneficial. This had increased their knowledge of how a stroke affected people's ability to coordinate their thoughts and actions. They now understood the frustration people experienced when they could not do things they used to be able to do with ease or when they got their words mixed up. Another staff member told us their training was up to date and this allowed them to keep abreast of any changes in the law. They said, "Training makes us more professional. It ensures that we are looking after people right. Also so we don't infringe on their rights." The deputy manager told us the provider had their own training department and trainers. They kept a log of people's training requirements and were able to discuss these with people during appraisal and supervision.

A new staff member described the induction process as very valuable. They were encouraged to read people's care plans and continued to do so on a regular basis. They were allocated a mentor and worked alongside other staff until they felt confident to work alone. They learnt from both the people they supported and other staff. They got to know about people's needs, their preferences and how to use equipment safely. A senior staff member told us how much they enjoyed passing their knowledge and experience on to new staff. The deputy manager told us that they had a structured induction in place. Where staff had not had experience in working in care they were supported to complete the care certificate. The care certificate is a nationally recognised qualification which provides staff with the knowledge and experience to achieve the standards in care expected of them. Where new staff had previously worked in care they were still expected to complete sections of the care certificate to ensure consistent standards were maintained.

Staff told us they did not receive regular supervision but felt that they could approach the managers for guidance or support as needed. One staff member said, "I know if I have any problems I can go and sit with [registered manager] and I know they will listen." Another staff member could not remember when their last supervision. However, they received feedback on their practice at their yearly appraisal and could talk to the manager at any time. Nurses we spoke with told us the provider supported them to maintain their professional registration. One nurse said the registered manager had offered help on the new revalidation requirements. The deputy manager told us both they and the registered manager were new to their roles. They intended to look at the structure of the service and put in place a tiered process to facilitate more regular one to one meetings.

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 told us staff asked their permission before supporting them. One person said, "The staff are always helpful. The staff explain everything and ask my consent." Staff told us they supported people to make their own choices where able. To enable them to do this they showed them the choices available to them and presented information in a way they understood. One staff member told us it was important to, "Take your time and listen to what they have to say. Have patience make suggestions and keep things simple." Where people needed support to make decisions we saw that this was reflected in their care plans. Staff ensured people were happy to be supported and returned at a later time if they wished. One staff member told us if the person understood how to use the call bell they would ask them to use it to alert staff when they were ready to be helped. If people were unable to make certain decisions staff understood these decisions would need to be made in their best interest. The nurses arranged best interest meetings where required. A nurse we spoke with told us they would involve the person, their relatives and the doctor if the decisions were of a medical nature. This ensured people's rights were protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The deputy manager told us two applications for DoLs had been submitted one of which had been authorised. We saw that there was a condition applied to the granted DoLS. This required the provider to complete a care plan to identify potential triggers and interventions for the person which we saw had been done. However, while some staff had a good understanding of the DoLS process not all staff were aware what the DoLS was for. Staff must be aware of who and why people are subject to DoLs and the impact for the person and staff practice. The deputy acknowledged this was an area for development and agreed to discuss this with the providers training department to ensure that people's rights were protected.

People were pleased with the choice and quality of food available to them. One person told us "The food is good with choices including a vegetarian option. Morning coffee and biscuits and afternoon tea is served." Another person said, "The food is very good. I can't eat certain foods so the kitchen provide me with things I can have." The person explained that they had been seen by the speech and language therapist (SaLT) who had advised a soft diet. They went on to tell us that staff came around with a list for them to choose from. Staff were aware of their dietary needs and offered alternatives. For example, they said, "If it is chips on the menu, the staff will cross this out and give me something more suitable." They were also provided with a choice of drinks and their water jug was refreshed on a regular basis. One person showed us that they had received a letter from the catering staff inviting them to tell them what they would like to see on the autumn menu. They were asked about their favourite dishes and advised to contact the kitchen staff if they needed any advice.

Lunch was a social experience where people chatted and laughed with staff. Where required, people were discreetly supported to cut up their food so they could eat independently. Some people required support to eat, this was provided in a patient and dignified manner.

People's nutritional needs were routinely assessed and monitored. Staff told us if there were concerns about what people ate or drank charts were put in place to monitor their intake. They also requested referral to the dietician or SaLT via the doctor. People were weighed on a monthly basis or more often if there were concerns. We saw where weight loss was evident there was a clear audit trail of action taken to address the concern. One person was prescribed supplement drinks and we saw staff explained the importance of

taking these and maintaining their fluid intake.

People told us they had access to a range of health care services at the home such as the doctor, chiropody and physiotherapy. One person told us that staff had arranged for them to be see the doctor previous week. Another person told us that the chiropodist and optician visited the home but they still went out to appointments while they were still able. A relative explained that their family member had a blood condition and staff regularly did blood tests. The staff recently arranged for immediate analysis of a blood sample. In their opinion this prompt action by staff prevented a hospital admission for their family member. Staff explained that the local doctor visited the home on a weekly basis and they arranged health care appointments as and when required.

Good

Is the service caring?

Our findings

People we spoke with were very complimentary about the staff and the support they provided. One person told us that staff would have a chat and laugh with them. They said, "I'm very happy. They [Staff] are tremendous. Very caring." Another person said, "They [Staff] are very good, they are patient and listen to you." A relative told us, "The staff are brilliant. There's always someone around if I need to speak to them."

People and their relatives told us they had good working relationships with staff and management. One person told us, "We have some jokes. Life is not worth living if you can't have a joke." They went on to tell us they thought the staff were "lovely". Another person said, "My visitors are welcomed and offered tea if I'm having a cup." A relative we spoke with told us, "My [Spouse] loves the staff here." They went on to tell us, "The staff look after them very well and know the support they need." Another relative said, "I can visit anytime, last week I came at 8.30pm in the evening, it wasn't a problem." Both people and their relatives told us they enjoyed a warm atmosphere at the home. Staff we spoke were proud of this achievement. One staff member said, "I think a lot of residents are happy here. Their guests feel comfortable. We get to know visitors. Homely, plenty of laughter. A happy home." Another staff member said they enjoyed their work. They strove to give people quality of life at the end of their life. They said they did everything they could to make people comfortable and this included supporting their relatives.

People were involved in decisions about their care and felt listened to. One person told us. "I can get up and go to bed when I like." Another person told us staff explained things to them and listened to their wishes. For example, they had chosen to have their meal in their bedroom on the day of our visit and this had been respected. Staff told us that everyone was different and liked things done differently. One staff member told us, "I ask and give people choice. I don't presume. They are all individuals."

Staff were mindful of people's communication needs. One person showed us they had a large button telephone which staff supported them to use. Some people had talking newspapers or books and staff would help them order different ones. If people had difficulty hearing staff ensured they were facing them when they were talking with them to aid their communication. Where staff had difficulty communicating with people verbally they told us they would write things down for them. They also had communication boards that they could use to help people make choices. A staff member told us one person's speech was sometimes unclear. They said it was important to explain what they wanted them to do, to wait for them to process their thoughts and listen for their response. One person had limited movements in their limbs and was unable to use the standard call bell system. The assisted communication technology team had provided a system that required minimal movement to allow the person to call for support independently. The system also enabled them to operate their telephone and television by themselves.

Staff treated people with dignity and respect. One person explained that staff put a towel over them when washing them. They said, "That way if someone knocks and walks in you are covered up." Another person told us they had a choice of whether they were supported by male or female staff. Staff told us they promoted people's dignity by ensuring they addressed them in their preferred manner. One staff member told us, "The most important thing to remember is that this is their home." Another staff member said they

were careful not to talk over people and included them in conversations. We saw staff were discreet when supporting people with their personal care and when they helped them to eat. They ensured people's doors were kept shut when providing personal care and do not disturb signs were used by some staff.

People and their relatives told us people were supported to maintain their independence. One person said, "I like to be as independent as I can. Staff said to say if I need any help, just ring the bell." Another person told us they were receiving physiotherapy to improve them mobility to enable them to return home. A relative said although their family member used a wheelchair to get about staff helped to remain as independent as possible. They said, "We chose this home because of its wide corridors and good access for wheelchairs. [Person] likes to be independent as they can." Staff recognised the importance of supporting people to be as independent as possible. A staff member told us, "I encourage them to do things. The physiotherapist leaves staff exercises to do with people."

Good

Is the service responsive?

Our findings

People received personalised care to their individual needs and preferences. One person told us, "They [Staff] are very good. They listen to how I like things done." A relative told us, "The care here is very good. The staff know [Person's name] and know what support they need." The staff told us they liked spending time with people and getting to know them. One staff said, "I like being with people. Their individual stories are so interesting. Get to know what they did before they moved to the home. Some have a real sense of humour."

The registered manager assessed people's needs prior to them moving to ensure that they could meet their needs and expectations. People's needs were reviewed within the first few weeks. This was confirmed by a person who told us that they had decided to move in permanently. They had a met with the deputy the previous day to review their needs. They said, "The deputy spent an hour with me discussing food, how I sleep, my medication. I felt listened to. The deputy made lots of notes and today they gave me a copy of the notes." Staff told us they found out about people's preferences by reading their care plans and by talking with them. Another staff member told us they spent as much time as possible with people when they first moved in to provide reassurance and help them settle. They went on to explain that some people were admitted for end of life care and sometimes struggled to accept their diagnosis. Staff liaised with the local hospice team who provided advice and visited people as needed. We saw that one person had received a visit from a hospice worker during our visit.

The nurses were responsible for reviewing and updating people's care plans. One staff member told us, "The nurses write the care plans. We inform them of people's needs and preferences. We are the eyes and ears for the nurse." They explained that one person's mobility had recently worsened and they had been assessed as needing a piece of equipment to help them stand. The nurse had therefore updated their care plan and risk assessments to inform and guide staff on how to support them safely. Staff told us they were kept informed of and reported changes in people's needs through staff handover. We found that two care plans we looked at did not accurately reflect people's needs and support. One person's care plan was duly updated during our visit. The named nurse for the other person had been absent and the deputy agreed that they would arrange for their care plan to be reviewed. This had however, not impacted on the quality of support as staff knew the people and their support needs well.

People were supported to do things they enjoyed. One person told us, "I've been out on the trip and thoroughly enjoyed it." Another person said they spent as much time as they could out in the garden. People were also impressed with the variety of activities offered at the home. One person said, "The activities are varied and very good. I am going out to a garden centre today on the minibus." Another person told us "We have activities every day and it changes every day. We are well entertained we do have quizzes and that sort of thing. We can go out anytime we want to." A relative said, "[Person] enjoys the activities and receives an activity schedule for the month. I take a look at it and plan my visits so I don't interfere with the activities." The provider produced a monthly newsletter which had a schedule of activities and events held at the home. They employed two activity workers who organised and facilitated activities. We spoke with one of the workers who told us they worked flexible hours to accommodate evening and weekend events. They talked with people and familiarised themselves with people's 'This is me form'. This enabled them to learn

about people's interests, their past and what was important to them. This helped them to arrange things that people liked to do. They told us about the range of activities which included visiting speakers and singers. They held themed days; the last one was a Caribbean day where a steel band performed. The activity workers and some people dressed up, people were offered 'Mocktails" and Caribbean food was offered. We saw pictures of people enjoying the events of the day.

People had not had cause to complain but were confident should the need arise these would be dealt with promptly. One person said, "I could speak with any of the senior staff, they're all very good." Another person told us "I would speak to the manager or deputy if I had any concerns". There was a clear complaints process in place. This formed part of information pack given to people on admission to the home. Records we looked at confirmed that a full investigation is undertaken and the complainant is given a written response to concerns raised. The deputy manager told us, "People will let us know if they have any concerns and we encourage them to voice any worries."

Good

Is the service well-led?

Our findings

People and their relatives knew the registered manager well and found them easy to talk to. One person said, "I see the manager regularly and if I had any concerns I would see them, they would sort them out." A relative told us, "I know the manager. They're here every day and is always available if I want to talk to them."

The registered manager had been promoted from deputy manager and had previously worked as a nurse at the home. Staff knew them well and found them approachable. One staff member told us, "[Registered manager] is very fair and they will let you know if there is a problem." Another staff member agreed and was confident in their abilities. They described them as, "Excellent nurse, very knowledgeable." The registered manager was on holiday on the day of our visit and had made provision for the day to day running of the home in their absence.

The deputy manager told us the aim of the service was to provide safe nursing care and a warm and welcoming atmosphere that was enjoyed by people, their relatives and friends. They felt they were achieving this aim as they had received positive feedback from people living at the home. They told us many people who accessed respite at the home eventually went on to move in permanently. They had a good reputation that attracted both people and staff to the home.

Staff told us they benefitted from a positive working culture at the home. One staff member told us, "It's fantastic. I've worked in many other homes. Hand on heart, this is the best one ever. It has a nice atmosphere." They went on to tell us that they were part of a close team who talked to each other. They felt it was well organised and that everyone genuinely did their best. Another staff member said, "There is a good sense of team work. If I'm working with someone, it is automatic to offer help." Although staff meetings were not held staff were asked to put forward their views about how the service could be improved. For example, one staff member suggested the purchase of wheeled shower chairs and these were provided. They went on to tell us they always discussed things as a team as they were able to provide different ideas on how best to deal with a situation.

People and their relatives were given the opportunity to comment on the quality of the service through surveys and during care plan reviews. A relative told us meetings were held at the home twice a year and that they were invited to attend. The deputy manager told us the surveys completed by people were sent to head of office to be analysed. They would develop an action plan for any required improvement. People were also asked to provide feedback on the quality of food and what they would like to see on the menu.

The provider had a number of checks in place to monitor the quality of the service. These included medicine competency assessments and care plan audits. Any shortfalls identified in care planning would be given to the person's named nurse to rectify. The provider intended to introduce resident of the day where each day they would select a different person and complete a full review of their needs. This would involve the person and all staff involved in providing their care and support such as care, catering and domestic staff. The provider had recently visited to complete an audit but due to the registered managers absence it was

unclear if they had received an action plan.

The deputy manager told us they encouraged links with the local community. There was a resident forum where people from the community came in and talked with people living at the home. Some people visited the local cafe. Holy communion was offered at the home on a monthly basis and people were able to access the local church. People were asked about their religion on admission and contact made with the relevant person where appropriate. The provider had their own minibus which was used to facilitate trips and outings.

The provider had their own training department and training officers who kept abreast of best practice. They also used local training resources and accessed on line training packages. The deputy told us staff were asked to reflect on training and they completed observations to ensure staff were working to the required standards of care. There was a clear management structure in place where the registered manager was supported by a deputy and team leaders. They were also able to contact the provider and managers of other homes if they needed guidance or support.