

Morris Care Limited

# Radbrook Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Radbrook Nursing Home can provide personal and nursing care to 43 older people, some of who are living with a dementia type illness. The accommodation is provided in one adapted building over two floors. At the time of the inspection the service was undergoing a full refurbishment and had 32 people living at the home.

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

People and their relatives told us there was not always enough staff available at certain times of the day. The service used an assessment tool to determine the levels of staff required based on people's level of need. However, we saw people during the inspection waiting long periods of time for support. Staff told us they felt more staff were needed during busy times of the day.

Where people required support with eating and drinking, referrals had been made to Speech and Language Therapists (SALT). However, we saw some people not being supported appropriately with eating and drinking due to staff deployment.

The provider's quality assurance checks had not highlighted the issues found during this inspection regarding deployment of staff, people's dining experience and governance records.

Staff knew how to safeguard people from abuse. Risks to people's health needs were assessed to provide staff with guidance on how to keep people safe although some records were not fully up to date with current health needs. Medicine management was effective. The registered manager used information following accidents and incidents to reduce the likelihood of future harm.

Staff received training and supervision to support them to effectively carry out their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were able to participate in a range of activities if they chose to do so. The service worked with a range of professionals to best meet people's needs.

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

### Rating at last inspection

The last rating for this service was Good (published 11 October 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified two breaches in relation to the quality monitoring of the service and deployment of staffing to ensure the provision of effective, person-centred care.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Radbrook Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors and one 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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care

provided.

We spoke with nine members of staff including the registered manager, deputy manager, the providers operations manager, two registered nurses, one senior care worker, one care worker, the social-life coordinator and the cook.

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

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff were not always effectively deployed to meet people's individual needs in a timely manner.
- People who required support were waiting long periods of time for support. One person was waiting to get out of bed at lunchtime, another person waited 50 minutes before their lunch was served. In addition, some people's food became cold and they were observed attempting to eat their meal whilst waiting for staff to support them.
- People and their relatives told us there was not always enough staff on duty at certain times of the day. One person said, "There's not enough staff both night and day, it's not the carers fault, there are just too few of them." One relative said, "They could do with more staff, especially on a morning."
- Records showed people and their relatives had raised concerns about staffing levels and response times through the providers complaints system and at resident's meetings.
- The registered manager told us staffing levels were currently above the assessed dependency level for people's needs and included additional support for when there were changes in people's health, mobility or level of independence.

We could not be confident staff were effectively deployed to meet people's individual needs and therefore effective in keeping people safe. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a safe recruitment process in place.

### Preventing and controlling infection

- Systems were in place to promote good standards of infection prevention and control. However, we found some areas of the service were lacking in good housekeeping standards. For example, armchairs and wheelchairs were dirty, tables not cleaned and, tablecloths were stained.
- The registered manager told us infection prevention and control audits were undertaken. However, these had not been undertaken consistently and had failed to identify the areas found during the inspection.

We found no evidence that people had been harmed. However, governance systems were not robust enough to ensure risks to people's health, safety and welfare were being managed effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff used gloves and aprons appropriately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans and risk assessments reflected people's current needs and provided guidance to staff.
- Where people were assessed at risk of developing pressure damage to their skin, care plans and risk assessments were updated to reflect guidance from health professionals
- The registered manager analysed accidents and incidents to learn lessons from where things had gone wrong. However, these had not always been effectively acted upon.
- Healthcare professionals were consulted following any incidents and changes to people's physical or mental health.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt people were safe. Comments included, "I know I am supported and safe" and, "Staff work really hard to ensure people are safe."
- Staff were aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. Staff had access to a whistle blowing policy which detailed how to report any concerns.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed.
- People told us they received their medicines on time.
- Where people were prescribed medicines to take 'as and when required' guidance was available for staff to follow.
- Staff were trained to manage medicines safely.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's dietary needs were not fully catered for. Records showed people had been assessed for specialist diets. However, records were not always shared with the cook in a timely manner. For example, one person had recently been assessed as requiring a high calorie diet and this information had not been communicated with the kitchen.
- People's mealtime experience was not enjoyable due to staff being unavailable to provide support in a timely manner.

We found no evidence that people had been harmed. However, the deployment of staff and the governance systems in place were not robust enough to ensure people's health, safety and welfare were being managed effectively. This was a breach of regulations 17 and 18 (Good Governance and Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people were losing weight, records showed people had been referred to dieticians and SALT in a timely manner.
- People and relatives commented food was enjoyable and presented well. One person said, "The food is much better than I thought it would be, it's very nutritious and lovely."

Staff support: induction, training, skills and experience

- Staff told us they felt supported by their direct supervisors and received regular supervision and an annual appraisal. However, staff told us they felt their concerns about staffing levels had not been listened to by the management team.
- People were supported by staff who had the required skills, knowledge and training to effectively and safely support them.
- New staff completed an induction programme when they began work and had opportunities to shadow more experienced staff. One member of staff told us, "My induction was really good, I got to work alongside another member of staff and also do my training."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications were made appropriately and conditions were met.
- Staff were seen throughout the inspection seeking people's consent before undertaking any personal care and clearly explaining to people before using any moving and handling equipment.
- Where people lacked the mental capacity to make specific decisions the service worked with others to make sure decisions made were in the person's best interests. This included healthcare professionals and people's representatives.
- Care plans set out how staff should support people to make choices.

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

- People's needs were assessed before they moved into the service.
- Care and support plans set out people's needs and preferences for how they wished to be supported.

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

- People were supported with their healthcare needs and to attend appointments when necessary. One person told us, "If I ever need to see the doctor I just ask."
- Care records showed staff monitored people's health and reported any concerns. However, some records did not always reflect if concerns had been followed up and acted upon.
- The provider worked with other partner organisations to ensure they delivered joined up care and support for people.

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

- The layout of the building provided adequate space for people with mobility needs.
- The building met the current needs of people, however some areas required redecoration and improved signage to support people who were living with a dementia type illness. At the time of the inspection an extensive refurbishment programme was in place to modernise and improve the environment.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People told us staff were respectful and treated them with kindness. Comments included, "Staff are very kind, I can't praise them enough" and, "Staff are very good, there's just not enough of them."
- People were observed to be happy. When staff were present we saw positive and respectful interactions between them and people living at the home.
- People's cultural and spiritual needs were respected. One person told us "The church visits every month and if a Rabbi is needed one would be contacted."

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

- Staff used appropriate communication methods to support people to be involved in their care.
- People and their relatives told us they were involved in decisions about their support. One relative said, "I'm involved in all care plan issues."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to have their privacy and dignity promoted. Staff were seen to knock on doors before entering bedrooms or bathrooms, called people by their preferred name and asked permission before undertaking any task. However, staff told us they felt they did not always have enough time to promote people's independence. One said, "We can be so rushed at times it's hard to give the standard of person-centred care I want."
- Care plans reflected the steps staff should take to encourage and support people to be independent.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider has systems and processes in place to manage and investigate complaints. However, records showed people and their relatives had raised several concerns about staffing levels and response times during certain times of the day. These issues continued to be raised with us during the inspection as people felt their concerns had not been addressed.

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

- People's needs, and preferences were assessed. Care plans showed people were involved in planning their care and reviews were undertaken each month or when there were changes to people's needs or wishes.
- People's cultural and spiritual needs were considered as part of their assessment.
- Staff handed over information about people between each shift. This meant staff coming on duty had up to date information to support people effectively.

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

- The service provided a range of daily activities both within the service and the wider community which were socially and culturally relevant to people's needs.
- People were seen singing and dancing to songs from past musicals. A daily library service provided books and magazines to those who enjoyed reading, fresh flowers were displayed from a flower arranging class held the previous day and an outing was planned to a local pub for the following day.

Meeting people's communication needs

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

- The provider had information in place to support people's individual needs. This included documents in larger print.
- People's communication needs were recorded in care plans. We saw staff ensuring people always had their hearing equipment and glasses at hand.

End of life care and support

- The service worked with people, their families and professionals to develop end of life care plans to ensure people received joined up, dignified care at this important time of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality monitoring within the service was ineffective.
- The service's internal audits had failed to identify the issues found during this inspection regarding deployment of staffing, ensuring people received person-centred care, cleanliness of the service and governance records.
- The registered manager was relatively new in post. Some people told us they didn't know who the registered manager was.
- Notifications to the CQC had been undertaken when incidents occurred. However, some were not made in a timely manner.

Whilst we found no evidence that people had been harmed. We could not be confident that the governance and quality monitoring of the service was robust enough to ensure people were being protected from the risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was committed to offering a good service to people and making the necessary improvements.
- There was a commitment from the whole staff team to provide person-centred care by engaging with people using the service.
- The registered manager had undertaken advanced training to become an ambassador in tissue viability nursing to share current good practice amongst the staff team.

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

- Policies, procedures and best practice guidance was available and accessible to staff to support them in their roles.
- The provider understood their duty of candour responsibility to learn lessons and apologise if something was to go wrong.
- Staff meetings were held to give staff the opportunity to express their views and opinions on the day-to-day running of the service. However, some staff told us they felt their concerns regarding staffing at certain times

of the day had not been listened to.

- Meetings were held for people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback was sought from people and their relatives to share their views on the quality of the service received. However, people and their relatives felt their concerns regarding staffing had not been acted upon.
- Staff meetings were held to give staff the opportunity to express their views and opinions on the day-to-day running of the service.
- Care records demonstrated the service worked in partnership with wider stakeholders to meet people's needs. Records noted the involvement of GP's, tissue viability nurses, chiropodists and dieticians.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure governance and monitoring systems and processes were robust to provide effective care.  Regulation 17 (1)(2)(a)(b)(c)(d)(ii)(e)(f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 staffing  The provider had failed to ensure suitable levels of staff were deployed to meet people's person-centred care needs.  Regulation 18 (1).