

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

### About the service

Radbroke Nursing Home is a residential care home providing personal and nursing care to up to 63 people. The service provides support to people over the age of 18 years. The home's Cherry Tree Household supports up to 16 people who are living with dementia. At the time of our inspection there was refurbishment work being completed to a new wing of the home and there were 47 people using the service.

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

Improvements had been made since our previous inspection. Although we received some mixed feedback about staffing levels, there were enough staff to safely support people. Staff were recruited safely to the home. Risks to people were assessed and planned for to support them to stay safe. Staff practice helped to minimise the risk of cross infection. People's medicines were administered and managed safely. The provider had systems in place to make sure lessons could be learnt from accidents, incidents and when things went wrong.

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.

Staff had received training to give them the skills and knowledge to understand and support people's individual needs. People were supported to eat and drink in line with their needs. People's health needs were met and referrals were made when people needed other health care support or staff were worried about a person's health. The home's environment was clean, comfortable and gave people and their visitors access to communal and private spaces.

People were supported by staff who they told us were kind and caring. Staff had developed good relationships with people and supported them to make choices and retain their independence. People were treated with dignity and respect.

People's care was reviewed regularly to ensure the plans in place met their current needs. People had the opportunity to discuss and put in place their end of life wishes if they wanted to. Complaints received had been investigated and responded to in line with the provider's policy.

Staff and managers had created a positive and open culture. People and their relatives were happy with the care provided. Staff were clear about their roles and responsibilities; they felt supported by management and involved in the development of the service. The provider had effective quality assurance systems in place which were used to monitor the quality and safety of the service.

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 and update

The last rating for this service was requires improvement (published 18 September 2019) and there were breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

The inspection was prompted in part due to concerns about the admission of people to the home. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Please see the safe and well-led sections of this full report.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by three 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Radbrook Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

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.

During the inspection we spoke with 12 people and either spoke with or received written feedback from 12 relatives. We reviewed 7 people's care records and multiple medicines records. We also spoke with 11 members of staff including care staff, nursing staff, social life coordinator, cook, the deputy and registered manager, head of operations and the head of care quality for the provider.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our previous inspection, the provider had not ensured there were enough staff to meet the needs of people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and relatives were mostly positive about the number of staff at the home. One person told us, "They [staff] are very helpful, and you can always ask if you need anything, I can't say you get it immediately, but it depends on how busy they are." Whereas another person told us, "I am sure this place is safe because someone [staff] is always around."
- We shared this mixed feedback with the registered manager. They told us they were currently recruiting and had to rely on agency staff to cover some shifts. Some of these agency staff worked regularly at the home, so knew people well.
- We saw, on the day of our inspection, there were enough staff to provide people's planned care safely. One relative told us, "The staff are excellent, but are overstretched." Another relative told us, "[Person's name] is safe here, there is always someone around each time I come to visit."
- Staff were recruited safely. Staff were not permitted to start working at the service until the provider had received satisfactory references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider facilitated visits for people, which aligned with current Government guidance.

#### Learning lessons when things go wrong

- Due to a recent failure of the provider's admissions procedures, we looked at how the provider responded to this and any other incidents which happened at the home.
- Accidents and incidents were reported and reviewed to see if any improvements to people's care could be made. Staff knew how to and had reported any accidents and incidents when they occurred. Incidents along with any lessons learnt were discussed at staff meetings.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us they felt safe living at the home and when staff supported them. One person told us, "I have nothing to worry about."
- Staff had up to date training in safeguarding and described the actions they would take if they suspected abuse. Staff told us they were confident raising concerns with their managers.

#### Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. The provider had processes in place to manage and review risks to people's safety and wellbeing. Staff had the information they needed to safely support people's needs.
- The provider ensured people lived in a safe environment. Risks associated with the premises and equipment were managed through a programme of safety checks and maintenance at the home. This included areas such as fire safety, ensuring equipment was in good working order and ensuring all utilities were serviced and safe.

#### Using medicines safely

- Some people took medicines at specific times or only when they needed them, such as pain relief. The provider used an electronic recording system for medicines. This would alert staff if medicines were overdue or were given too soon after the last dose. One person told us, "I am never in much pain; they always give me pain killers if I am in pain."
- People were protected by safe systems for the storage, administration and recording of medicines. People received their medicine as prescribed, and staff ensured this was recorded appropriately.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our previous inspection, people's mealtime experience was negatively affected by the poor deployment of staff. 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 and 18.

- People had the support they needed with eating and drinking. They told us they enjoyed the food and had enough to eat and drink throughout the day. People had choice and could enjoy an alcoholic drink with their meal if they chose to.
- Information about people's specific diets was shared with the catering staff so their dietary needs could be catered for. This included specific requirements for the texture and thickness of food and drinks.
- Risks associated with people's nutrition were identified. Staff completed nutritional assessments and targets for fluid intake were in place and monitored.

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

- People's care plans were individual to them and centred around their assessed needs, choices and decisions. They covered a wide range of topics such as people's physical health, clinical support, emotional wellbeing, communication, personal care and sexuality. Care plans considered people's protected characteristics under the Equality Act 2010, including their religious beliefs.
- Staff supported people to use technology to help with their independence. Some people had call bells on pendants placed around their neck, so they could move around but still have the reassurance of being able to call for help. One person told us they also used a voice activated virtual assistant to help them make telephone calls.
- People's care was planned and delivered in line with current best practice and nationally recognised assessment tools. This was monitored to ensure consistency of staff practice.

Staff support: induction, training, skills and experience

- Staff received the training they needed to ensure they had the skills, knowledge and experience to deliver effective care.
- New staff were supported in their roles by mentors and where needed they were supported to complete

their Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- The provider worked in partnership with a range of external health professionals and services to ensure people's needs were met effectively. One relative told us their family member had put weight on since arriving at the home and looked healthier.
- People were referred to and had access to healthcare services as required. Records showed appropriate and timely referrals were made to specialists such as Tissue Viability Teams and Speech and Language Therapists. A GP from the local surgery visited the home at least weekly to discuss people's general health and any specific health concerns.

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

- The premises were adapted to meet people's needs. People had access to the home's gardens and there were a number of communal areas for people to spend time in. Relatives had access to drinks when they visited their family members.
- The home had a purpose designed Dementia "household" within the home. This household gave people access to a secure garden area, interactive elements for people to engage with and clear signage to enable people to easily find their way around.
- The provider had a maintenance programme which helped to ensure repairs and redecoration to the home were completed when needed.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff sought people's consent before providing assistance to them and staff supported them with decision making.
- People were supported in line with the principles of the MCA. Where people were thought not to have capacity to make certain decisions, capacity assessments and best interest decisions were made in line with the MCA to ensure their rights were respected.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 and their relatives were positive about the relationships they had with staff. One person said about staff, "They always stop and say are you ok?" One relative told us, "They are polite and helpful all the time." Another relative told us they felt all staff went the extra mile to support people at the home.
- We saw staff had a good rapport with people and engaged with them throughout the day. Some people used interactive toys and staff supported them to engage with these.
- Staff knew what was important to people. One staff member said, "Each and every staff member will go that extra mile, [person's name] has a toy cat, and staff go in and talk to them about their cat and that's really important to them."

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

- People told us they made day to day decisions about how they spent their time, and their preferences were respected. One person said, "Yes, I can get a shower whenever I want, all I do is ask."
- People were supported to be involved in decisions about their care and given support to express their views. Where appropriate, relatives were involved to help ensure people's beliefs and preferences were understood and followed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. One relative told us their family member's appearance was important to them and staff respected this. They told us, "They [staff] do their make-up and hair. They like being smart, they always looked after themselves and likes to match."
- Staff supported people in a dignified and unhurried way. People's independence was encouraged whenever possible and their privacy was respected. One relative summed up their thoughts by telling us, "All the staff; I have to commend their kindness, patience and hard work."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Staff recorded the care and support they provided to people. This helped the provider review care plans and make sure people received the care which had been planned and agreed.
- People's care plans contained relevant information regarding their preferences, life histories and what was important to them, such as preferred routines. We saw staff used this to provide support for people in the way they wanted.

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

- People had the opportunity to participate in interests and hobbies which were personal and relevant to them. Where people were cared for in their rooms, the activities went to them. One social life coordinator told us, "We will go to them with a condensed version of the group activity, for example a quiz which we can do with them in their room."
- People told us about tea and coffee afternoons, book club, Tai Chi, French and gardening groups they had taken part in. Some were led by different staff, so people benefitted from their wide range of interests. One person told us, "They [staff] keep us well entertained with activities and will take us if we want to go to the (local) shop."
- Staff utilised resources from a national activity and engagement charity to create activities to improve the wellbeing of people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider met the information and communication needs of people with a disability or sensory loss. People had communication needs assessments completed as part of the care planning process and information was available in accessible formats.
- The provider's website has accessibility tools available so readers can increase or decrease the font size and change the background and font colours.

Improving care quality in response to complaints or concerns

- Complaints were responded to in full and in line with the provider's policy. Where needed, investigations had been completed and complainants were sent responses to their concerns once they had been investigated.
- Concerns and complaints were discussed as part of staff and management meetings as an opportunity for learning and improvement.

#### End of life care and support

- People were asked about their end of life wishes and the provider had systems in place to support people and their families during this time.
- Staff used local resources for training and support so they could provide the end of care people wanted. This included the local hospice and GP services.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our previous inspection, the provider's monitoring of their governance systems at the home did not 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvement had been made to ensure when audits identified areas of improvement, appropriate actions were taken. The deputy and registered manager sent messages through the electronic care planning system. This was a way to quickly update nursing and care staff on any areas needing attention, for example reminders for daily checks in specific areas.
- The deputy and registered manager reviewed call bell times to ensure people received timely care and support. The week prior to our inspection the call bell audit showed staff's average response time to call bells was 4 minutes.
- The registered manager had ownership and accountability for any actions and improvements needed at the home. The quality systems in place ensured clear audit trails and there was good provider oversight of all aspects of the homes management and people's safety.
- A new registered manager was in post since our previous inspection. Staff spoke positively about their leadership of the service and felt all managers were open and honest. One relative told us they thought the home was a lot more settled since the new registered manager had been in post.
- Incidents were reviewed by the registered manager and were discussed as part of staff meetings. These were also discussed at provider level meetings so sharing could take place across all of the provider's homes. This helped to ensure lessons were learnt and practice in all the provider's homes changed where necessary.
- The registered manager understood their responsibilities in relation to their registration with us. We saw the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the service. These may include incidents such as alleged abuse and serious injuries.

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

- We looked at how the registered persons had applied duty of candour to a recent incident at the home. The duty of candour requires registered providers and registered managers (known as 'registered persons') to act in an open and transparent way with people receiving care or treatment from them. The regulation also defines 'notifiable safety incidents' and specifies how registered persons must apply the duty of candour if these incidents occur.
- The registered persons had followed the requirements under the duty of candour regulation. Following the incident, the provider had completed an internal investigation and notified external agencies as appropriate.

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

- We received positive feedback about the care people received and the commitment of all staff who worked at the home. One person said, "The atmosphere here is good." One relative told us staff were "fabulous" and said, "The staff, they make the home what it is."
- Staff told us they felt respected, supported and valued by managers and senior staff. They felt able to raise concerns and that they would be listened to. One member of staff said, "Everyone seems to come in with a positive attitude, they are all great to work with."

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

- A monthly newsletter was produced and shared with people living in the home and their relatives. This gave details of events and activities which had happened and what was planned for the month. This helped to keep people and relatives involved in what was happening at the home.
- The provider took steps to involve people, their relatives and staff in the service, and to invite their ideas and suggestions as to how the care and support provided could be further improved.

Working in partnership with others

- The service worked in partnership with other agencies to ensure people's needs were met. Staff sought guidance and made specialist referrals to ensure people's health, safety and well-being was supported.
- People told us they felt fully involved in their own care and were visited regularly by health professionals.