Mr BT Rawlinson & Mrs ML Knight

Bradmere Residential Care Home

Inspection report

14-18 Franklin Street
Patricroft
Eccles
Lancashire
M30 0QZ

Tel: 01617878631
Website: www.bradmereandmerrymeetcare.co.uk

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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
Bradmere Care Home is a residential care home providing personal care to sixteen people at the time of our inspection.

The service was a domestic style property. It was registered for the support of up to sixteen adults living with a mental health condition. The home was located close to transport links, shops, parks and other local amenities.

People's experience of using this service and what we found
At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good.

Bradmere Care Home had a relaxed, friendly informal environment. There was no formal routine at the home and people had choice in how they wanted to spend their day. Good links had been forged with the local community which people regularly accessed.

People were supported to maintain relationships with people who were important to them. The home did not have any restrictions on visiting.

People received care and support from staff who were kind and familiar to them. Staff provided support in a dignified way and with consideration. It was evident staff knew the needs of the people they supported. Staff were supported in their role with appropriate training and supervision.

People were supported in such a way that allowed them 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.

Feedback about the management of the service from people, their relatives and staff was positive.

Checks and audits were in place to determine the quality and safety of the care and support being provided. Risk to people was appropriately assessed and measures were put in place to support people safely, whilst still respecting their freedom and choices.

The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). They promoted person centred care and transparency within the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At our last inspection, the service was rated "Good." (Report published August 2017).

Why we inspected
This was a planned inspection based on the rating of the last inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Bradmere Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team
The inspection was completed by one inspector.

Service and service type
Bradmere 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
The inspection was unannounced.

What we did before the inspection
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 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.

During the inspection
We spoke with the registered manager, a representative of the provider, two support staff and the activities co-ordinator. We also spoke with seven people who used the service.

We reviewed a range of records. This included three people's care records 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 spoke with two relatives of people who use the service to help us gain a better understanding of people's experiences of their care and support.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
• People and their relatives told us they felt the care and support received by staff was safe. One person told us, "I feel safe here, nothing to feel unsafe about." A relative commented, "Yes, [Person] is safe there."
• Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
• The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Assessing risk, safety monitoring and management
• Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place providing staff with guidance on how to mitigate any identified risks to people, whilst still respecting people's freedom.
• We discussed with the registered manager to add further detail to people's risk assessments to align with the person centred care that staff delivered when managing risks.

Staffing and recruitment
• People received care and support by staff who were familiar with their individual needs, preferences and routines.
• Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Using medicines safely
• Medicines were managed safely and administered by staff who were trained to do so.
•We discussed with the registered manager to introduce more regular medication competency assessments for staff.

Preventing and controlling infection
• Staff received training in infection prevention and control and followed good practice guidance.
• Staff had access to personal protective equipment (PPE).

Learning lessons when things go wrong
• Any incidents and accidents were reviewed by the registered manager and provider to identify any themes and trends. Incidents were also discussed at provider meetings. This helped to prevent reoccurrence in the future and minimise risk to people.

Good

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
• Care and support records evidenced the involvement of people (wherever possible) and relevant others such as relatives.
• Records were individualised and contained details of people's preferences.
• Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records with the person and any relevant others, so that any changes in support needs could be implemented.

Staff support: induction, training, skills and experience
• Staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through inductions, supervisions and appraisals.
• Most staff had completed externally recognised qualifications in health and social care to enhance their knowledge.

Supporting people to eat and drink enough to maintain a balanced diet
• Care records contained information on how staff were to support people with any dietary needs and maintain a balanced diet. One person told us, "I like the food here, I like sausage, mash and jacket potato." Another person told us, "If I don't like what's on, I can have something else."
• People had access to the kitchen where they were able to prepare hot drinks and snacks of their choosing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People received the care and support they needed. The service referred people to external healthcare professionals where appropriate.
• Wherever possible, the service worked with external agencies to help people rehabilitate into a more independent way of living in the community.
• Staff supported people to attend external appointments where required, this was important for people who wanted an advocate to act on their behalf.

Adapting service, design, decoration to meet people's needs
• Risk assessments were carried out to check the environment was safe.
• People were able to personalise their own bedrooms.

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).
• Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
• Staff ensured people were involved in decisions about their care and support. We found recorded evidence of people's capacity to consent to care documented in their support files. Staff asked and explained to people before giving care and support.

Good

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 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
• Staff were motivated about ensuring people were well treated and supported. People received support from staff who knew people's individual needs and preferred routines well. One member of staff told us, "The staff team are all caring, staff are kind and good with people, there are enough staff to meet people's needs."
• People and their relatives told us they were satisfied with the care people received. People told us, "Staff are kind and staff know me well" and "Staff know me well, [They are] great staff, [Staff] know how to do the job, they are kind." A relative told us, "We see the same staff whenever we come in, staff are caring."

Supporting people to express their views and be involved in making decisions about their care
• People's communication needs and any assistance they needed was recorded in their care plan. This provided staff with guidance on the most effective way to communicate with each person.
• People were given the right support to make decisions and choices about their care. People were involved in their care and choices around their support.
• For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Respecting and promoting people's privacy, dignity and independence
• People were encouraged to be as independent as possible. Staff were considerate and supported people in a respectful and dignified manner.
• People's privacy was respected, and their confidential records were stored securely.

Good

Is the service responsive?

Our findings

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

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

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 had forged strong relationships with the local community and helped facilitate activities for people which were meaningful to them. Staff took the time to find out what people enjoyed doing. They then used this information to engage people in activities in which people had a genuine interest.
• People had a say in what they wanted to do and enjoyed trips to cafes, the shops and parks. The service had developed relationships with local shopkeepers. Some people accessed the community independently and people were well-known known in their community.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.
• The service arranged social activities such as afternoon tea and parties with its sister home, located a short distance away. This helped people from both homes to form social networks and friendships, which in turn helped to increase people's self-confidence.
• People's care and support plans reflected their individual wishes, needs and choices. Emphasis was placed on care and support being given from the person's perspective.
• People's protected characteristics were recorded such as their religion, culture, disability and sexual orientation.

End of life
• At the time of our inspection the service was not supporting anybody with end of life care and support. However, the service were able to offer dignified and compassionate end of life care and work in conjunction with other healthcare professionals.

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.
• Staff supported people who required assistance with reading or completing paperwork in relation to their care and support. Guidance on how best to communicate with the person was recorded in their support plan.
• Important information such as people's care plans and the service user guide were provided in alternative formats to ensure that each person's understanding.

Improving care quality in response to complaints or concerns
• There was an appropriate complaints management system in place.
• At the time of our inspection the service had not received any complaints. People told us they would talk to either the registered manager and staff if they had any issues. One person told us, "I could speak to staff if I am not happy."

Good

Is the service well-led?

Our findings

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

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

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

• People, relatives, staff and external health care professionals were encouraged to put their opinions and views forward. Regular meetings and questionnaires were used to gather feedback. People were also able to feed their views back to staff at any time. We saw positive written feedback from a relative, "Thanks for consistent care and full support in our quest for better health in rehabilitation, better feeling and comfortable and consistent wellbeing." A healthcare professional had written, "The staff appear motivated, they keep me informed and carry out any requests in an efficient manner."

•The registered manager held regular staff meetings. As the manager operated an 'open door policy', staff told us they felt comfortable to raise any issues or suggestions they had at any time. One told us, "If we say to the manager, we need something, it's done."

Working in partnership with others

• The service worked in partnership with others such as commissioners, safeguarding teams, health and social care professionals and community groups.

• Bradmere had formed a strong working relationship with the local health practice. This meant people had access to care and support provided by professionals who knew them well. As care professionals visited the service, this meant people had access to treatment and support which they ordinarily may not have accessed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• The registered manager was keen to work alongside people who used the service to provide individualised care and support. They demonstrated openness and transparency in the running of the service and was well respected by people, relatives and staff alike. One person told us, "[The manager] is excellent." A relative told us, "I have no problems with the way things are run."

• The prior inspection rating was displayed within the service's premises in accordance with regulatory requirements.

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

• The culture of the service focused on ensuring people received person-centred care and support that met their needs and choices.

• Systems were in place to monitor the safety and quality of the home.
• Audits identified actions required to ensure full compliance with the provider's objectives and regulations.

Continuous learning and improving care
• The service was committed to further enhancing the quality of care for the people it supported. The registered manager was keen to further develop relationships with external organisations (such as health care professionals and the community) to help provide better support for people.
• The registered manager and provider were continually reviewing and learning where possible.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The management team held regular meetings and discussed any incidents. This helped to further drive the quality of the service.
• The registered manager submitted any required notifications to CQC in a timely way.